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Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning		July 1	, 2008, and ending	June 30	, 2009
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Seattle Indian Center		91 0877683	
<input type="checkbox"/> Name change		Doing Business As		E Telephone number	
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address)		(206) 329-8700	
<input type="checkbox"/> Termination		Room/suite		G Gross receipts \$ 1,230,847	
<input type="checkbox"/> Amended return		611 12th Ave S		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending		City or town, state or country, and ZIP + 4		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Seattle, WA 98144-1910		If "No," attach a list (see instructions)	
		F Name and address of principal officer		H(c) Group exemption number ►	
		Camille Monzon same as C above			
I Tax-exempt status		<input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► N/A					
K Type of organization		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1972 M State of legal domicile WA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Seattle Indian Center provides social services, educational services, food bank, emergency shelter, and support services for job training and job search for needy individuals and families located within the Seattle Metropolitan service area.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5 Total number of employees (Part V, line 2a)	5 9
	6 Total number of volunteers (estimate if necessary)	6 25
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	912,479 1,175,354
	9 Program service revenue (Part VIII, line 2g)	54,067 55,032
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	865 461
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,800 0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	969,211 1,230,847
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), lines 4-6)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	392,989 300,051
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (A), line 25)	659,206 958,904
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,052,195 1,258,955
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-82,984 -28,108
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	
	20 Total assets (Part X, line 16)	107,582 104,546
	21 Total liabilities (Part X, line 26)	158,585 183,657
	22 Net assets or fund balances. Subtract line 21 from line 20	-51,003 -79,111

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here*Camille Monzon*

8/3/10

Date

Signature of officer

Camille Monzon, MPA - Executive Director

Type or print name and title

Paid	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Preparer's Use Only	<i>Sarah Josefa V. Diam</i>	8/3/10		
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	SARAH JOSEFA V. DIAMA 4711 25TH AVE SW, SEATTLE WA 98106	EIN ►	
			Phone no ► (206) 329-8700	► Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

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