



STATE OF WASHINGTON SECRETARY OF STATE

Charities Program • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Web Address: www.sos.wa.gov/charities

CHARITABLE ORGANIZATION REGISTRATION / RENEWAL
Including the WA STATE COMBINED FUND DRIVE

Check all that apply

- Initial/Re-Registration \$60 Expedited Service (optional) \$50
Renewal \$40 Late Fee/add additional \$50

This Box For Office Use Only

REGISTRATION NUMBER: (1-5 digits)

Need your registration number?
Search http://www.sos.wa.gov/charities/search.aspx

(Section 1) GENERAL INFORMATION

Organization's Legal Name The HUB - Youth Central
Mailing Address PO Box 1324 Phone (360) 221-0969
City Langley State WA Zip Code 98260
Email thehubyouthcentral@whidbey.com Website www.thehubafterschool.org

- Check here if the organization prefers to receive annual renewal reminders via email (Email address is required above)
Check if Street Address is the same as Mailing Address (unless Mailing Address is a PO Box or PMB) Provide County below.

Street Address 301 Anthes County (WA only) Island
(If no street address, please indicate by providing County, City, State and Zip)
City Langley State WA Zip Code 98260

Alternate Address(s):

If the organization, or a commercial fundraiser operating on its behalf, uses any other mailing, street, electronic or internet address(s) (excluding those already listed in Section 1) to conduct solicitations in Washington State, then you must enclose a list of the other address(s) used.

(Section 2) ORGANIZATIONAL STRUCTURE

- WA State Nonprofit Corporation WA State Unified Business Identifier (UBI) (Nine digits) 6 0 3 _ 2 4 0 _ 6 5 9
Foreign Nonprofit Corporation (Outside WA State) Other (State of Formation)

(Section 3) FEDERAL STATUS and TAX INFORMATION

- 1. Federal EIN/Tax ID # (Nine digits) 4 5 - 1 8 2 3 9 1 0
2. Federal Tax Exempt Status (Check one) Yes No Applied Will Apply Group (See instructions)
If Yes, type of IRS Federal exemption (Check one) 501(C) 3 501(C) 4 OTHER
If the organization's federal status has changed since its last filing with the Charities Program, a copy of its IRS Determination Letter must be provided. (Required)
3. If exempt from federal tax, but not required to apply for an IRS ruling/determination, check reason below:
Church/church affiliated Government entity Annual gross receipts normally \$5,000 or less

(Section 4)

ALSO KNOWN AS NAMES

List any other name(s) the organization may use to solicit contributions (AKA's) if different than legal name

dba The HUB - After School

dba The HUB

(Section 5) BRIEFLY DESCRIBE THE PURPOSE/MISSION OF THE ORGANIZATION (100 words or less)

- 1) To provide a safe, stable environment for middle and high school age youth to congregate, and provide a nutritious meal.
- 2) To promote community involvement in educational, social, and emotionally supportive programs for youth;
- 3) To offer a stimulating environment for the physical, intellectual, emotional, and social growth of each young person.

(Section 6)

NEW ENTITIES AND/OR FIRST TIME FILERS ONLY

Required Information and Enclosures

1. If federal tax-exempt status has been granted, attach a copy of the organization's **IRS Determination Letter**
2. **First Accounting Year End Date** 12 /31 /2013 (Provide only if organization has not completed its first accounting year)
(mm/dd/yyyy)

New organizations that have yet to complete their first accounting year, skip sections 7 and proceed to Section 8



TIP: Guidelines at www.sos.wa.gov/assets/charities/SolReportguidelinesfor990990EZ990PF.pdf

(Section 7) SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

*Please complete the financial sections below. **Do not** enclose a copy of Form 990 in lieu of completing Section 7.*

Begin Date of Accounting Year (mm/dd/yyyy) _____ End Date of Accounting Year (mm/dd/yyyy) _____

ASSETS 1. Beginning Gross Assets \$ _____

REVENUE 2. Gross Dollar Value of All Contributions from Solicitations \$ _____

3. Gross Dollar Value of Revenue from All Other Sources + \$ _____

4. **Total** Dollar Value of Gross Receipts (*sum of lines 2 and 3*) = \$ _____

EXPENSES 5. Gross Dollar Value of Expenditures for Program Services \$ _____

Note: Gross Dollar Value of Expenditures for Administration and Fundraising is no longer reported as a separate line item and is included in line 6.

6. **Total** Gross Dollar Value of Program Services, Administration and Fundraising Expenditures (*Note: Line 6 should not be less than line 5*) \$ _____

ASSETS 7. Ending Gross Assets \$ _____

(OPTIONAL) Solicitation Comments (*If necessary, attach an additional sheet*)

Did the organization solicit or collect contributions in WA during the accounting year reported in Section 7?

- Yes No If Yes, indicate the types of solicitations conducted (*Check all that apply*)
- Entertainment/Special Events Telephone Direct Mail Product Sale Personal Contact Email
- Vehicle Donations Internet Combined Fund Drive Other _____

Is the Organization registered to fundraise outside of Washington State? If so, please attach a list of states where the organization is registered to solicit contributions.

(Section 8) CURRENT OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION

Check if address and phone number for individuals listed is the same as Section 1. If checked, only name and title are needed below.

1. Name R. Bruce Allen Title President Phone (360) 221-2988
 Address 606 1st St. City Langley State WA Zip Code 98260

2. Name Henry Hall Title Executive Director Phone (360) 331-5408
 Address 1141 Honeymoon Lake Dr. City Greenbank State WA Zip Code 98253

Has the charitable organization or any individual in its registration been subject to any legal action in which a judgment or final order was entered, or action is currently pending? If so, please attach a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

“Legal Actions” include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity.

(Section 9) Does the organization pay any employee(s), officer(s) or other person(s)? (*Check one*)

- Yes (*If Yes, this section must be completed.*) No

THREE, CURRENT OFFICERS / EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Name Frankie Petittclerc Title Manager - The HUB After School
 Name Tom Stepanski Title Assistant Manager - The HUB After School
 Name _____ Title _____

(Section 10) PERSON OR ENTITY THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION REPORTED IN SECTION 7

Entity Name Dollars and Sense Bookkeeping
 Name Jeanne Celeste Address 920 East Bush Pt. Rd
 City Freeland State WA Zip Code 98249

(Section 11)

COMMERCIAL FUNDRAISERS

Does the organization use one or more commercial fundraisers to solicit contributions in WA? *(Check one)*

Yes *(If Yes, complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet.)*

No

Name of Company _____ Fundraiser Registration# _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

(Section 12)

SIGNATURE *(Required)*

By signing this form, the applicant –

A. States that the organization’s governing body or committee has reviewed and accepted the financial information provided in Section 7;

B. Certifies that the information contained in the registration, and its enclosures, are accurate and true to the best of the applicants knowledge;

C. Irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and

D. Certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X _____	Henry Hall / Executive Director	6-29-2013
Signature of Applicant	Printed Name / Title	Date

Contact phone number (425) 238-3229 _____

This form must be signed and dated by the organization’s President, Treasurer or a comparable officer.

A Charitable Organization Registration/Renewal is separate and in addition to any corporate filing requirements. To register with the Charities Program, please complete Sections 1 through 12 of the form. If you have questions, please contact the Charities Program at (360) 725-0378 during regular business hours.

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Please sign and date page 4 before placing in the mail!**
- **Make checks payable to the “Secretary of State.”**
- Renewal forms **received** by the Charities Program **after** the organization’s renewal due date are subject to a **\$50 late fee** and will not be filed without sufficient payment. The Postmark is **not** the received date. We suggest mailing the form 7 days before the renewal due date. To determine your renewal due date, you may review this information at www.sos.wa.gov/charities/search.aspx
- Please do not attach a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements.
- **Mail to:** Secretary of State, Charities Program, PO Box 40234, 801 Capitol Way S., Olympia, WA 98504-0234.

COMBINED FUND DRIVE (Optional) (WAC 434-750)

The following sections are optional and should only be completed if the organization would like to participate in the Combined Fund Drive. The Washington State Combined Fund Drive promotes workplace giving for all state employees. Personnel are encouraged to give to charities through payroll contributions or agency fundraising events. By agreeing to become a member of the Combined Fund Drive and completing the information in the following section, the organization will be provided access to the thousands of potential donors that the Combined Fund Drive has to offer. Any questions should be directed to the Combined Fund Drive at (360) 704-7143 during regular business hours or by email at cfid@sos.wa.gov

PRIMARY CATEGORY OF SERVICE

To participate, please indicate the organization's primary category of service. (Check up to three only)

- | | | |
|---|--|---|
| <input type="checkbox"/> A Arts, culture, humanities | <input type="checkbox"/> J Employment/jobs | <input type="checkbox"/> S Community improvement |
| <input checked="" type="checkbox"/> B Educational institutions & related activities | <input type="checkbox"/> K Food, nutrition, agriculture | <input type="checkbox"/> T Philanthropy & volunteerism |
| <input type="checkbox"/> C Environmental quality, protection | <input type="checkbox"/> L Housing Shelter | <input type="checkbox"/> U Science |
| <input type="checkbox"/> D Animal-related activities | <input type="checkbox"/> M Public safety/disaster preparedness & relief | <input type="checkbox"/> V Social sciences |
| <input type="checkbox"/> E Health-general & rehabilitative | <input type="checkbox"/> N Recreation, leisure, sports, athletics | <input type="checkbox"/> W Public affairs/society benefits |
| <input type="checkbox"/> F Mental health, crisis intervention | <input checked="" type="checkbox"/> O Youth Development | <input type="checkbox"/> X Religion/spiritual development |
| <input type="checkbox"/> G Disease/disorder/medical disciplines (multipurpose) | <input checked="" type="checkbox"/> P Human service - other multipurpose | <input type="checkbox"/> Y Mutual membership benefit organization |
| <input type="checkbox"/> H Medical research | <input type="checkbox"/> Q International | <input type="checkbox"/> Z Unknown, unclassifiable |
| <input type="checkbox"/> I Public Protection: crime/courts/legal services | <input type="checkbox"/> R Civil rights/civil liberties | |

Note: Purpose codes are adopted from the National Taxonomy of Exempt Organizations (NTEE)

CERTIFICATION STATEMENT

Yes No This organization adheres to generally accepted accounting principles in financial and record-keeping practices.

I certify that the organization named in this application is in compliance with all statutes, Executive Orders and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individual subject to economic sanctions administered by the U. S. Department of Treasury Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to sanctions, a list of Specially Designed nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at www.treas.gov/ofac. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify the Washington State Combined Fund Drive Office immediately.

Yes

Print Form