



Commonwealth of
Pennsylvania
Department of State

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

For Official Use Only	
COPY	Approved: _____
	Re: _____
	AF: _____
	LF: _____
	Fee Received: _____

Charitable Organization Registration Statement – Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: 35539
(Renewals Only)

Fiscal Year Ended: 12 / 31 / 2010

Employer Identification Number (EIN): 25-1823423

1. Legal name of organization: LOYALHANNA UNITED SOCCER CLUB, INC.

Check if name change Previous name: _____

2. All other names used to solicit contributions: N/A

3. Contact person: VINCENT PIMPINELLA

Contact's E-mail: VPIMPINELLA@ADVANCEDWEAR.COM

Physical address of organization: (Required) Mailing address: (If different than physical)

4005 FOREST GLEN DRIVE _____

City: GREENSBURG City: _____

State: PA Zip code: 15601 State: _____ Zip code: _____

County: WESTMORELAND 800 number: _____

Phone number: 724-834-3345 Fax number: _____

E-mail (If different that Contact's E-mail): _____

Website: WWW.LOYALHANNA.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

NONE

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
- 162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.): CORPORATION
Where established: PENNSYLVANIA Date established:** 2003

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. / /

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: / /

9. If organization solicited Pennsylvania residents and received *gross** contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. / /

**Includes contributions received both within and outside Pennsylvania*

10. Has organization been granted IRS tax-exempt status? Yes No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

TO PROVIDE CHARITABLE AND EDUCATIONAL SOCCER PROGRAMS THROUGH ITS AFFILIATION
WITH PA WEST SOCCER WITHIN THE EASTERN WESTMORELAND COUNTY AREA.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT CONTACT

14. Is organization registered to solicit contributions in any other state or municipality? Yes No (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

N/A

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

N/A

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations:
(For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE ATTACHED - ALL VOLUNTEERS, NO SALARIED EMPLOYEES

25. Names and addresses for: *(Attach separate sheet if necessary)*

A. Individual(s) in charge of solicitation activities:

DAVID GEBHART, 101 CARLSBAD COURT, LATROBE, PA 15650

B. Individual(s) with final responsibility for the custody of contributions:

SEE ATTACHED LIST

C. Individual(s) with final responsibility for final distribution of contributions:

SEE ATTACHED LIST

D. Individual(s) responsible for custody of financial records:

DAVID GEBHART, 101 CARLSBAD COURT, LATROBE, PA 15650

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer

Date _____

DAVID GEBHART, TREASURER
Type or Print Name and Title of Chief
Fiscal Officer

Signature of Another Authorized Officer

Date _____

VINCENT PIMPINELLA, PRESIDENT
Type or Print Name and Title of
Another Authorized Officer

- Checklist**
- Original Registration Statement Properly Signed and Dated
 - A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
 - Form BCO-23, if Required
 - Applicable Financial Statements
 - Registration Fee and any Late Filing Fees
 - Additional Filings, if an Initial Registrant

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME:	LOYALHANNA UNITED SOCCER CLUB, INC.		
CERTIFICATE NUMBER:	35539	FOR FISCAL YEAR ENDED:	12/31/2010

Part I: Gross Contributions

1) General Contributions	1	1,450
2) Gross Receipts from Special Events	2	13,466
3) Contributions from Affiliates	3	
4) Contributions Received from Federated Fundraising Organizations	4	
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	
6) Gross Contributions (add lines 1 through 5)	6	14,916

Part II: Other Income

7) Program Service Revenues	7	29,704
8) Bona Fide Membership Dues and Assessments	8	
9) Government Grants and Contracts	9	
10) Miscellaneous Income	10	56
11) Total Income (add lines 6 through 10)	11	44,676

Part III: Expenses

12) Program Services	12	34,965
13) Administrative Expenses	13	1,656
14) Fundraising Expenses	14	246
15) Payments to Affiliated Organizations	15	
16) Other Expenses from Special Events (other than fundraising expenses)	16	8,487
17) Miscellaneous Expenses	17	
18) Total Expenses (add lines 12 through 17)	18	45,354

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	-678
20) Net Assets or Fund Balances at Beginning of Year	20	122,155
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	22	121,477

(See Next Page for "Salaries and Expense Allowance Statement")

LOYALHANNA UNITED SOCCER CLUB, INC.

CERTIFICATE NUMBER: 35539

FEIN: 25-1823423

11. 990-EZ FILED
24. VINCENT PIMPINELLA PRESIDENT
4005 FOREST GLEN DRIVE
GREENSBURG, PA 15601
- DONALD EDWARDS VICE PRESIDENT
3136 MCCLELLAN DRIVE
GREENSBURG, PA 15601
- DAVID GEBHART TREASURER
101 CARLSBAD COURT
LATROBE, PA 15650
- ALAN TENNANT SECRETARY
200 WESTVIEW DRIVE
LIGONIER, PA 15658
- JACKIE PIMPINELLA MEMBER
4005 FOREST GLEN DRIVE
GREENSBURG, PA 15601
- ROMI GREEN REGISTRAR
3029 MCCLELLAN DRIVE
GREENSBURG, PA 15601
25. VINCENT PIMPINELLA PRESIDENT
4005 FOREST GLEN DRIVE
GREENSBURG, PA 15601
- DONALD EDWARDS VICE PRESIDENT
3136 MCCLELLAN DRIVE
GREENSBURG, PA 15601
- DAVID GEBHART TREASURER
101 CARLSBAD COURT
LATROBE, PA 15650
- ALAN TENNANT SECRETARY
200 WESTVIEW DRIVE
LIGONIER, PA 15658
26. VINCENT PIMPINELLA, PRESIDENT, IS MARRIED TO JACKIE PIMPINELLA, MEMBER.

LOYALHANNA UNITED SOCCER CLUB, INC
BALANCE SHEET
December 31, 2010

ASSETS

CURRENT ASSETS

CASH IN BANK - OPERATING	\$ 5,733.91
ING DIRERCT	10,577.96
SECURITY DEPOSIT	<u>294.05</u>

TOTAL CURRENT ASSETS 16,605.92

PROPERTY AND EQUIPMENT

FIELD ELECTRICAL SERVICE	69,051.33
FURNITURE, FIXTURES, & EQUIP	30,281.17
LAND IMPROVEMENTS	39,200.00
ACCUM DEPREC	<u>(33,660.10)</u>

NET PROPERTY AND EQUIPME 104,872.40

TOTAL ASSETS \$ 121,478.32

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES

LONG-TERM LIABILITIES

STOCKHOLDERS' EQUITY

NET INCOME (LOSS)	-677.44
RETAINED EARNINGS	<u>122,155.76</u>

TOTAL STOCKHOLDERS' EQUITY 121,478.32

**TOTAL LIABILITIES AND
STOCKHOLDERS' EQUITY** \$ 121,478.32

LOYALHANNA UNITED SOCCER CLUB, INC
INCOME STATEMENT
December 31, 2010

12 MONTHS

SALES

GOLF OUTING	\$	7,979.00
LOGO WEAR SALES		5,341.73
UNIFORM SALES		145.00
FIELD RENTAL		1,205.00
REGISTRATION		28,498.85
CONTRIBUTIONS		950.00
SPONSERSHIP		500.00
INTEREST INCOME		55.85
LESS RETURNS & ALLOWANCES		<u>0.00</u>

TOTAL SALES 44,675.43

GROSS PROFIT 44,675.43

OPERATING EXPENSES

ACCOUNTING FEES		990.00
BANK FEES		7.50
DUES		100.00
TAXES - OTHER		15.00
LICENSES AND FEES		70.00
DEPRECIATION & AMORTIZATION EXP		8,709.74
EQUIPMENT		262.90
FIELD MAINTENANCE		1,387.37
FIELD EQUIPMENT		751.70
GOLF OUTING - FACILITIES		2,927.49
GOLF OUTING - PRIZES		895.00
GOLF OUTING - FOOD		1,059.41
GOLF OUTING - SUPPLIES		195.00
GOLF OUTING - PRINTING		224.36
LOGO WEAR COSTS		3,411.00
OUTSIDE COMPUTER SERVICES		167.40
REPAIRS AND MAINTENANCE		1,952.68
EQUIPMENT RENTAL		1,027.12
POSTAGE, SHIPPING, DELIVERY		140.80
SUPPLIES		31.60
OFFICE EXPENSES		308.42
REFEREE		5,446.00
TEAM FEES/REGISTRATION		4,103.50
UNIFORMS		9,610.63
UTILITIES		<u>1,558.25</u>

TOTAL OPERATING EXPENSES 45,352.87

OPERATING INCOME (LOSS) (677.44)

OTHER INCOME (EXPENSE)

LOYALHANNA UNITED SOCCER CLUB, INC
INCOME STATEMENT
December 31, 2010

12 MONTHS

NET INCOME (LOSS) BEFORE TAXE (677.44)

NET INCOME (LOSS) \$ (677.44)