



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](http://www.dos.state.pa.us/charities)

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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.)

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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

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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

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

SEE ATTACHED LIST

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

SEE ATTACHED LIST

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

DAVID GEBHART, 101 CARLSBAD COURT, LATROBE, PA 15650

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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:	<b>LOYALHANNA UNITED SOCCER CLUB, INC.</b>		
CERTIFICATE NUMBER:	<b>35539</b>	FOR FISCAL YEAR ENDED:	<b>12/31/2010</b>

**Part I: Gross Contributions**

1) General Contributions	1	<b>1,450</b>
2) Gross Receipts from Special Events	2	<b>13,466</b>
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	
<b>6) Gross Contributions (add lines 1 through 5)</b>	<b>6</b>	<b>14,916</b>

**Part II: Other Income**

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

**Part III: Expenses**

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

**Part IV: Net Assets**

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

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

**SALARIES AND EXPENSE ALLOWANCE STATEMENT**

*Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.*

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
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*Five Highest Paid Employees:*

1. NONE			
2.			
3.			
4.			
5.			

*Officers:*

NONE			



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)