

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

## Annual Report Online Filing

ARP

**Company:** FRANKLIN-SIMPSON BASEBALL BOOSTERS, INC.  
**Company ID:** 0442332  
**State of origin:** Kentucky  
**Formation date:** 12/4/1997 12:00:00 AM  
**Date filed:** 6/26/2020 12:33:08 PM  
**Fee:** \$15.00

### Principal Office

112 SOUTH HIGH STREET  
P O BOX 527  
FRANKLIN, KY 42135

### Registered Agent Name/Address

CRAIG DELK  
201 QUAIL RIDGE RD  
FRANKLIN, KY 42134

### Current Officers

President	COURTNEY BANTON	569 DUERS MILL RD FRANKLIN KY 42134
Secretary	Shellie Jones	728 Dittmore Ford Rd Franklin Ky 42134
Treasurer	CASEY GAMMONS	852 Charlie Butts Road FRANKLIN KY 42134
Vice President	BARRY RICHARDSON	Cambridge Trace Franklin Ky 42134

### Directors

Director	Carrie Mylor	334 Quail Ridge Rd Franklin Ky 42134
Director	Tina Fiveash	407 Peebles Ave Franklin KY 42134
Director	Chad Konow	2708 Robey Bethel Grove Franklin Ky 42134

### Signatures

Signature	Casey Gammons
Title	Treasurer

**Franklin-Simpson Baseball Boosters, Inc.**  
**Profit & Loss**  
 July 2019 through June 2020

	<u>Jul '19 - Jun 20</u>
<b>Income</b>	
4005 · Chili Supper	610.00
4100 · Concession income	300.00
4150 · Donations	1,125.00
4350 · Membership raffle	1,500.00
4450 · Sign income	7,750.00
4730 · Reserve seat sales	900.00
Other income	5,000.00
Net Gaming Income	61,425.71
<b>Total Income</b>	<u>78,610.71</u>
<b>Expense</b>	
5000 · Donation Expense	750.00
5100 · Concession Expense	2,546.50
5159 · Membership Raffle Expense	1,000.00
5170 · Sign cost	1,616.00
5200 · Work project cost	66.12
5599 · Spring Break Expenses	4,000.00
5628 · Other Meals	292.63
6110 · Coaches training	5,235.06
6149 · Player uniforms, equip, etc	34,064.39
6360 · Senior night expense	252.30
6800 · First Aid	524.06
6890 · Facility expense	9,621.99
6900 · Field expense	32,580.63
6910 · Office supplies	1,052.18
6920 · Miscellaneous expense	13,394.49
6930 · Interest expense	320.27
6940 · Insurance	1,342.39
6950 · Salary	4,562.00
6955 · Bingo Expense	8,678.75
Loan payment for facility	650.00
<b>Total Expense</b>	<u>122,549.76</u>
<b>Net Income</b>	<u><u>-43,939.05</u></u>
 7/1/19 Beginning Cash	 63,827.84
6/30/20 Ending Cash	12,547.69

**Franklin-Simpson Baseball Boosters, Inc.**  
**Budget**  
 July 2020 through June 2021

	<u>Jul '19 - Jun 20</u>
<b>Income</b>	
4005 · Chili Supper	600.00
4100 · Concession income	10,000.00
4150 · Donations	1,500.00
4350 · Membership raffle	1,500.00
4450 · Sign income	7,500.00
4730 · Reserve seat sales	1,400.00
Net Gaming Income	50,000.00
<b>Total Income</b>	<u>72,500.00</u>
<b>Expense</b>	
5000 · Donation Expense	600.00
5100 · Concession Expense	8,000.00
5159 · Membership Raffle Expense	1,500.00
5170 · Sign cost	1,500.00
5200 · Work project cost	50.00
5599 · Spring Break Expenses	0.00
5628 · Other Meals	300.00
6110 · Coaches training	5,300.00
6149 · Player uniforms, equip, etc	15,000.00
6360 · Senior night expense	300.00
6800 · First Aid	500.00
6890 · Facility expense	5,000.00
6900 · Field expense	15,000.00
6910 · Office supplies	1,000.00
6920 · Miscellaneous expense	5,000.00
6930 · Interest expense	300.00
6940 · Insurance	1,400.00
6950 · Salary	5,000.00
6955 · Bingo Expense	4,260.00
Loan payment for facility	2,490.00
<b>Total Expense</b>	<u>72,500.00</u>
<b>Net Income</b>	<u><u>0.00</u></u>

# COMMONWEALTH OF KENTUCKY

Department of Charitable Gaming

**License Number ORG0001725**

This license is issued to

**Franklin-Simpson Baseball Boosters, Inc.**

108 Morgantown Road Franklin, KY 42134

For the purpose of conducting

**CHARITABLE GAMING**

at the following location:

Gaming County – **Simpson**

**Bingo Fantastic**

844 Federal Street Franklin, KY 42134

<b>Pulltabs</b>	<b>MONDAY</b>	<b>4:00 PM to 11:00 PM</b>
<b>Bingo</b>	<b>MONDAY</b>	<b>5:30 PM to 10:30 PM</b>
<b>Pulltabs</b>	<b>TUESDAY</b>	<b>4:00 PM to 11:00 PM</b>
<b>Bingo</b>	<b>TUESDAY</b>	<b>5:30 PM to 10:30 PM</b>

License is valid

**Beginning 1/6/2020**

**Ending 1/5/2021**

  
Cannon G. Armstrong, Commissioner

  
Licensing Branch Manager

# COMMONWEALTH OF KENTUCKY

Department of Charitable Gaming

**License Number ORG0001725**

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**Franklin-Simpson Baseball Boosters, Inc.**

108 Morgantown Road Franklin, KY 42134

For the purpose of conducting

**CHARITABLE GAMING**

at the following location:

Gaming County – **Simpson**

**Franklin Simpson High School (School Grounds)**

400 South College Street Franklin, KY 42134

**Raffle(s)**

**May 2, 2020**

**12:00 PM to 12:30 PM**

License is valid

**Beginning 1/6/2020**

**Ending 1/5/2021**

  
Cannon G. Armstrong, Commissioner

  
Licensing Branch Manager



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/07/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Franklin Insurance Agency 724 North Main St PO Box 505 Franklin KY 42134	<b>CONTACT</b> NAME: House Account PHONE (A/C, No, Ext): (270)586-8246 FAX (A/C, No): (270)586-3662 E-MAIL ADDRESS: <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: RPS Lexington INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> F-S Baseball Boosters c/o Casey Gammons PO Box 527 Franklin KY 42135	<b>NAIC #</b>

**COVERAGES**

CERTIFICATE NUMBER: CL207705186

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		L099017520	03/17/2020	03/17/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**SIMPSON COUNTY BOARD OF EDUCATION  
430 SOUTH COLLEGE STREET

FRANKLIN

KY 42134

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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