

2020-2021 Band Booster Officers

President – Rebecca Skipworth, 270-776-3208

VP – Eric Allen, 270-776-2990

Treasurer – Pam Crowdus, 270-776-2990

Secretary – Rebecca Cook, 270-306-9120

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 15 2013**

FRANKLIN-SIMPSON BAND BOOSTERS INC
PO BOX 26
FRANKLIN, KY 42135

Employer Identification Number:
61-1150193
DLN:
17053139341022
Contact Person:
CARLY D YOUNG ID# 31494
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
May 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2012
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

FRANKLIN-SIMPSON BAND BOOSTERS INC

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Notice 2011-44. Your effective date of exemption, as shown in the heading of this letter, is the postmark date of your application.

FSHS BAND BOOSTERS BUDGET 2019-2020

Updated 6/1/20

	PROJECTED INCOME	PROJECTED EXPENSE	PROJECTED NET	ACTUAL INCOME
2019 FS INVITATIONAL CONTEST	22,716.00	(9,487.51)	13,228.49	21,622.16
DISCOUNT CARD SALES	10,280.00	(633.26)	9,646.74	7,890.00
MISC FUNDRAISING	9,726.00	(1,763.00)	7,963.00	8,820.17
DONATIONS	1,200.00		1,200.00	4,069.89
BAND CAMP	9,374.00	(5,800.00)	3,574.00	8,221.00
MARCHING BAND EXPENSES BY BOOSTERS (instruction, uniform, equipment etc)	200.00	(30,177.26)	(29,977.26)	921.50
STUDENT RECOGNITION	507.08	(3,426.72)	(2,919.64)	525.00
MISC BOOSTER EXPENSES	15.00	(1,419.00)	(1,404.00)	41.23
WINTER GUARD	2,800.00	(3,550.00)	(750.00)	550.00
TOTAL	56,818.08	(56,256.75)	561.33	52,660.95

ACTUAL EXPENSE	ACTUAL NET
(8,504.11)	13,118.05
(512.59)	7,377.41
(3,920.66)	4,899.51
0.00	4,069.89
(6,610.00)	1,611.00
(25,049.43)	(24,127.93)
(2,419.35)	(1,894.35)
(1,067.70)	(1,026.47)
(2,521.21)	(1,971.21)
(50,605.05)	2,055.90

FSHS BAND BOOSTERS PROJECTED BUDGET 2019-2020

			Projected	
			INCOME	EXPENSE
		FS INVITATIONAL		
	ADS	PROGRAM AD DONATIONS	\$ 4,020.00	
		ATTA BOYS & SENIOR SALUTES	\$ 200.00	
		PROGRAM SALES	\$ 575.00	
		PROGRAMS - COST OF PRINTING		\$ (680.00)
	TROPHIES	TROPHY SPONSORS	\$ 2,550.00	\$ (1,403.45)
	TICKET SALES	ESTIMATED 950 PERSONS @ \$8 per	\$ 7,600.00	
		SPIRIT JARS	\$ 250.00	
		DONATIONS	\$ 30.00	
	CONCESSIONS	CONCESSION SALES	\$ 2,500.00	\$ (1,000.00)
	OTHER	PIZZA TENT SALES	\$ 279.00	\$ (100.00)
		KONA ICE TRUCK SALES	\$ 150.00	
		ON THE GO BBQ	\$ 100.00	
		BOJANGLES SALES	\$ 225.00	
		BAKE SALE	\$ 300.00	
	TSHIRT SALES	T SHIRT SALES - TOTAL	\$ 937.00	\$ (457.00)
	CONTEST FEES/EXPENSES			
		JUDGES		\$ (2,189.40)
		SUPPLIES		\$ (500.00)
		HOSPITALITY ROOM		\$ (100.00)
		JANITORIAL		\$ (57.66)
		START UP CHANGE		\$ (3,000.00)
		START UP CHANGE	\$ 3,000.00	
		TOTAL FEES/EXPENSES		
	TOTAL PROJECTED FOR 2018 FS INVITATIONAL CONTEST		\$ 22,716.00	\$ (9,487.51)
	DISCOUNT CARD SALES	DISCOUNT CARD SALES	\$ 10,280.00	\$ (633.26)
		TOTAL DISCOUNT CARDS	\$ 10,280.00	\$ (633.26)
	MISC FUNDRAISING	BAKE SALE (NOT INVITATIONAL)	\$ 300.00	
		CAR WASHES	\$ 1,000.00	
		SPIRIT NIGHT	\$ 1,200.00	
		FLOWER/SNACK SALES	\$ 2,370.00	\$ (1,313.00)
		LITTLE CAESARS		
		FRUIT SALES		
		TUPPERWARE SALES	\$ 100.00	
		KRISPY KREME	\$ 500.00	
		NISSAN/ASCEND EVENTS	\$ 700.00	

		Actual		
NET	INCOME	EXPENSE	NET	Projected VS Actual
	\$ 2,835.00			
	\$ 282.50			
	\$ 500.00			
\$ 4,115.00		\$ (526.92)	\$ 3,090.58	
\$ 1,146.55	\$ 2,110.00	\$ (748.25)	\$ 1,361.75	
	\$ 7,996.00			
	\$ 463.86			
\$ 7,880.00			\$ 8,459.86	
\$ 1,500.00	\$ 2,458.05	\$ (1,352.97)	\$ 1,105.08	
	\$ 250.00			
	\$ 58.00			
	\$ 267.75			
\$ 954.00	\$ 343.00		\$ 918.75	
\$ 480.00	\$ 1,358.00	\$ (953.50)	\$ 404.50	
		\$ (2,163.72)		
		\$ (58.75)		
		\$ (2,700.00)		
	\$ 2,700.00			
\$ (2,847.06)			\$ (2,222.47)	
\$ 13,228.49	\$ 21,622.16	\$ (8,504.11)	\$ 13,118.05	\$ (110.44)
	\$ 7,890.00	\$ (512.59)		
\$ 9,646.74	\$ 7,890.00	\$ (512.59)	\$ 7,377.41	\$ (2,269.33)
	\$ 624.85	\$ (300.00)	\$ 324.85	
	\$ 656.22			
	\$ 370.10			
	\$ 1,747.00	\$ (1,318.99)	\$ 428.01	
	\$ 2,350.00	\$ (1,355.67)	\$ 994.33	
	\$ 802.00	\$ (396.00)	\$ 406.00	
	\$ 135.00			

	MATTRESS FUNDRAISER	\$ 2,500.00	
	KY DOWNS TAMPING	\$ 400.00	
	KY DOWNS INFLATABLES	\$ 1,156.00	\$ (450.00)
	TOTAL MISC FUNDRAISING	\$ 10,226.00	\$ (1,763.00)
DONATIONS	MISCELLANEOUS DONATIONS	\$ 1,200.00	
	TOTAL DONATIONS	\$ 1,200.00	\$ -
BAND CAMP	BAND CAMP DUES	\$ 8,000.00	
	BAND CAMP STAFF		\$ (5,800.00)
	SNAP RAISE	\$ 1,374.00	
	TOTAL BAND CAMP FEES	\$ 9,374.00	\$ (5,800.00)
MARCHING BAND EXP	DRILL		\$ (800.00)
	MUSIC		\$ (2,500.00)
	UNIFORM CLEANING (50 STUDENTS)		\$ (300.00)
	INSTRUCTION - PERCUSSION		\$ (1,600.00)
	INSTRUCTION - COLOR GUARD		\$ (1,600.00)
	INSTRUCTION - BAND		\$ (10,000.00)
	UNIFORMS AND EQUIPMENT COLOR GUARD		\$ (5,000.00)
	SHOES		\$ (200.00)
	WATER		\$ (250.00)
	GLOVES		\$ (200.00)
	TSHIRT (BAND STUDENTS AND STAFF)		\$ (400.00)
	EQUIPMENT BAND		\$ (250.00)
	PROPS/PAINT		\$ (3,000.00)
	FIELD PAINT		\$ (450.00)
	TRAILER INSURANCE		\$ (137.26)
	TRAILER AND TIRE REPAIR		\$ (250.00)
	PIT TRAILER EXPENSE		\$ (100.00)
	KMEA REGISTRATION		\$ (350.00)
	PARENT NIGHT EXPENSE - FOOD	\$ 200.00	\$ (300.00)
	MISC FOOD FOR BAND		\$ (500.00)
	SEMI FINALS EXPENSE		\$ (1,800.00)
	POOL PARTY		\$ (190.00)
	TOTAL EXP BY BOOSTERS	\$ 200.00	\$ (30,177.26)
STUDENT RECOGNITION	ALL DISTRICT BAND EXPENSES/HONORS/QUAD	\$ 360.00	\$ (1,514.50)
	BANQUET FOOD		\$ (175.00)
	BANQUET TROPHIES		\$ (1,000.00)
	SENIOR RECOGNITION		\$ (346.22)
	CONCERT BAND FESTIVAL		\$ (140.00)
	KMEA SOLO/ENSEMBLE RECOGNITION	\$ 147.08	\$ (251.00)
	TOTAL STUDENT RECOGNITION	\$ 507.08	\$ (3,426.72)
MISC BOOSTER EXPENSES	POSTAGE		\$ (100.00)

	\$ 2,135.00	\$ (550.00)	\$ 1,585.00	
\$ 8,463.00	\$ 8,820.17	\$ (3,920.66)	\$ 4,899.51	\$ (3,563.49)
	\$ 4,069.89			
\$ 1,200.00	\$ 4,069.89	\$ -	\$ 4,069.89	\$ 2,869.89
	\$ 8,221.00	\$ (100.00)		
		\$ (6,510.00)		
\$ 3,574.00	\$ 8,221.00	\$ (6,610.00)	\$ 1,611.00	\$ (1,963.00)
		\$ (800.00)		
		\$ (247.50)		
		\$ (755.00)		
		\$ (1,665.00)		
		\$ (10,848.99)		
		\$ (3,242.60)		
		\$ (209.45)		
		\$ (668.00)		
	\$ 200.00	\$ (325.98)		
		\$ (3,085.73)		
		\$ (391.60)		
		\$ (137.26)		
		\$ (587.97)		
		\$ (480.00)		
	\$ 680.00	\$ (833.20)		
	\$ 41.50	\$ (556.25)		
		\$ (214.90)		
\$ (29,977.26)	\$ 921.50	\$ (25,049.43)	\$ (24,127.93)	\$ 5,849.33
	\$ 494.00	\$ (1,871.00)		
		\$ (548.35)		
	\$ 31.00			
\$ (2,919.64)	\$ 525.00	\$ (2,419.35)	\$ (1,894.35)	\$ 1,025.29

		CHECK & PO BOX RENTAL		\$ (74.00)
		LISCENSE & FEES		\$ (100.00)
		LEGAL & TAXES		\$ (440.00)
		LIABILITY INS		\$ (205.00)
		DCI		
		MISCELLANEOUS		\$ (500.00)
		INTEREST FROM SAVINGS	\$ 15.00	
		TOTAL MISC BOOSTER EXPENSES	\$ 15.00	\$ (1,419.00)
		WINTER GUARD	\$ 2,800.00	\$ (3,550.00)
			\$ 2,800.00	\$ (3,550.00)
TOTAL			\$ 57,318.08	\$ (56,256.75)

		\$ (76.00)		
		\$ (445.00)		
		\$ (205.00)		
	\$ 35.00			
		\$ (341.70)		
	\$ 6.23			
\$ (1,404.00)	\$ 41.23	\$ (1,067.70)	\$ (1,026.47)	\$ 377.53
	\$ 550.00	\$ (2,521.21)		
\$ (750.00)	\$ 550.00	\$ (2,521.21)	\$ (1,971.21)	\$ (1,221.21)
\$ 1,061.33	\$ 52,660.95	\$ (50,605.05)	\$ 2,055.90	\$ 994.57

FSHS BAND BOOSTERS ANNUAL FINANCIAL REPORT 2019-20

BEGINNING BALANCE 6/1/19	\$15,340.99
	INCOME
2019 FS INVITATIONAL CONTEST	\$21,622.16
DISCOUNT CARD SALES	\$7,890.00
WINTER GUARD/PERCUSSION	\$550.00
MISC FUNDRAISING	\$8,820.17
DONATIONS	\$4,069.89
BAND CAMP	\$8,221.00
MARCHING BAND INCOME	\$921.50
MISC BOOSTER INCOME	\$41.23
STUDENT RECOGNITION	\$525.00
TOTAL	\$52,660.95
	EXPENSE
2019 FS INVITATIONAL CONTEST	\$8,504.11
DISCOUNT CARD SALES	\$512.59
WINTER GUARD/PERCUSSION	\$2,521.21
BAND CAMP	\$6,610.00
MISC FUNDRAISING EXP	\$3,920.66
MARCHING BAND EXPENSES BY BOOSTERS (instruction, uniform, equipment etc)	\$25,049.43
STUDENT RECOGNITION	\$2,419.35
MISC BOOSTER EXPENSES	\$1,067.70
	\$50,605.05
ENDING BALANCE 5/31/19	\$17,396.89
CHECKING BALANCE:	\$9,661.47
SAVINGS BALANCE:	\$7,735.42
DIFFERENCE:	\$0.00



Franklin-Simpson Band Bo
400 South College Street
Franklin , KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0043740

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

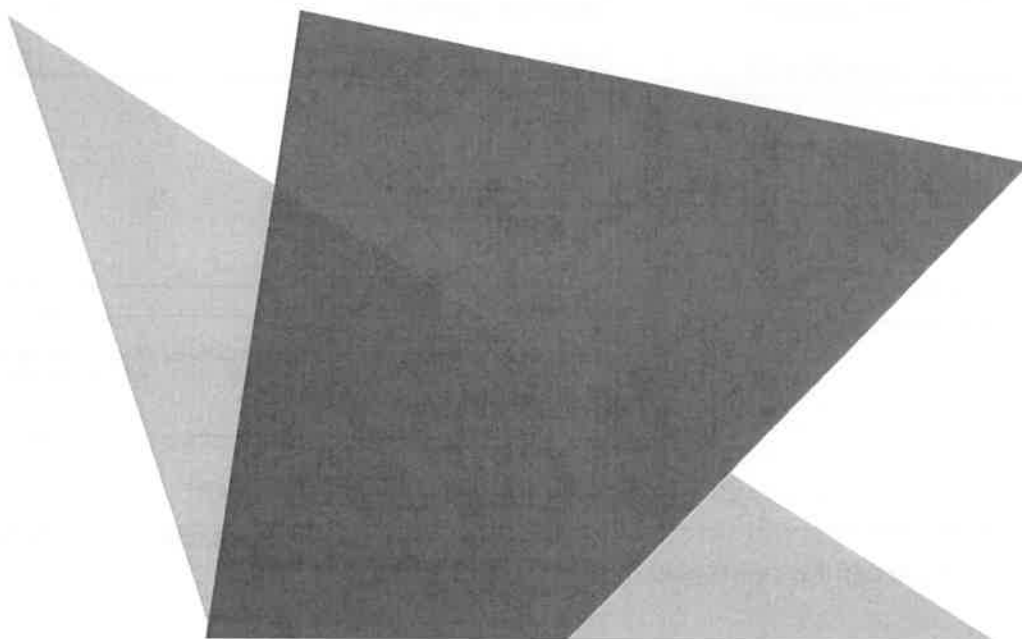
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/07/2019

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 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).

PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio	
	PHONE (A/C, No, Ext): (800) 364-2433	FAX (A/C, No): (818) 980-1595
INSURED Franklin-Simpson Band Boosters, Inc. 400 South College Street Franklin, KY 42134	E-MAIL ADDRESS: support@rvnuccio.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B: Nationwide Life Insurance Company	66869
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			XP80991558	8/13/2019	8/13/2020	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NANPO0043740			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0049544	8/13/2019	8/13/2020	\$1,000,000
A	Sexual Misconduct Liability			NANPO0043740	8/13/2019	8/13/2020	1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

Robert V. Nuccio

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/07/2019

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PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio	
	PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595	
	E-MAIL ADDRESS: support@rvnuccio.com	
INSURED Franklin-Simpson Band Boosters, Inc. 400 South College Street Franklin, KY 42134	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Fireman's Fund Insurance Company	21873
	INSURER B: Nationwide Life Insurance Company	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	<input checked="" type="checkbox"/>	XP80991558 NANPO0043740	8/13/2019	8/13/2020	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 \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers		NPODO0049544	8/13/2019	8/13/2020	\$1,000,000
A	Sexual Misconduct Liability		NANPO0043740	8/13/2019	8/13/2020	1,000,000

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

Additional Insured: / Sexual Misconduct Liability included. Event Description: Board Start Date: 8/13/2019 End Date: 8/13/2020

CERTIFICATE HOLDER

Simpson County Board of Education
430 South College Street
Franklin, KY 42134

CANCELLATION

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

Robert V. Nuccio

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POLICY NUMBER: XPK80991558
EFFECTIVE DATES: 8/13/2019 to 8/13/2020
CERTIFICATE NUMBER: NANPO0043740

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Simpson County Board of Education 430 South College Street Franklin , KY 42134

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
COMMERCIAL PACKAGE INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80991558	Memorandum Number: NANPO0043740
Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc.
- b. Street Address: 400 South College Street
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

☐ PTA ☐ PTO ☒ Booster Club ☐ Educational Foundation ☐ Nonprofit Organization

04. COVERAGE PART

	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$250	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			\$45.00
(01)General Aggregate	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate	\$2,000,000		
(03)Personal And Advertising Injury	\$1,000,000		
(04)Each Occurrence	\$1,000,000		
(05)Damage To Premises Rented To You	\$100,000		
(06)Medical Expense	\$5,000		
(07)Non-Owned And Hired Automobiles	Not Covered		

State Guarantee Fund \$0.00

05. TOTAL PREMIUM Due At Inception

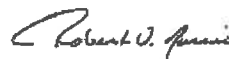
\$45.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:

Form Number:NPOUWS001

By



Robert V. Nuccio

3/20/2008

NPOUWS001

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**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
DIRECTORS & OFFICERS LIABILITY INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: NDF32253080	Memorandum Number: NPODO0049544
Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685
01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)	
a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc.	
b. Street Address: 400 South College Street	
c. City: Franklin	
d. State: KY	
e. Zip Code: 42134	
02. COVERAGE PERIOD	
Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.	
03. RETROSPECTIVE DATE: 8/13/2019	
04. BUSINESS TYPE	
<input type="checkbox"/> PTA <input type="checkbox"/> PTO <input checked="" type="checkbox"/> Booster Club <input type="checkbox"/> Educational Foundation <input type="checkbox"/> Nonprofit Organization	
05. COVERAGE	LIMIT OF INSURANCE RETENTION PREMIUM
a. DIRECTORS & OFFICERS LIABILITY	\$24.75
01. Each Occurrence	\$1,000,000 \$0
02. Annual Aggregate	\$1,000,000
b. EMPLOYMENT PRACTICES LIABILITY	Covered \$0
	State Guarantee Fund \$0.00
06. TOTAL PREMIUM Due At Inception	\$24.75
07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION	

Date Issued: 08/07/2019
Form Number: NPOUWS001

By 
Robert V. Nuccio



Applicant Information

School Support Group Type	Booster Club
School Support Group Name	Franklin-Simpson Band Boosters, Inc.
Website	
Is your group primarily a project graduation group?	No
Does your organization conduct its business from a school campus between the grades of K-12?	Yes
School Name	Franklin-Simpson High School
School Address	400 South College Street
School City	Franklin
School State	KY
School Zip Code	42134
First Name	Katie
Last Name	Smith
Phone	270-306-1503
E-Mail Address	katie.smith@enbrightcu.com
Membership dues	8000.00
Cash grants/gifts/scripts/online sales	0
Bingo	0
Other Fund Raising Activities	48000
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	8/13/2019
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000
Bonding Plus	No, I do not want to purchase this coverage
I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.	Not Applicable
Directors and Officers Plus	Yes
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage?	No
I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.	Yes
Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy?	Yes
Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?	Yes
I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.	Yes
Name	Katie Smith
Accepted Date	8/7/2019



R.V. NUCCIO & ASSOCIATES, INC.

Memorandum Number
Memorandum Number D&O
Memorandum Number AD&D
Expiration Date

NANPO0043740
NPODO0049544

8/13/2020

Additional Insureds

1

Additional Insured Name
Address
City
State
Zip Code
Email Address
Phone Number
Event Description
Event Start Date
Event End Date
Special Wording

Simpson County Board of Education
430 South College Street
Franklin
KY
42134

Board
8/13/2019
8/13/2020



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Franklin-Simpson Band Boosters, Inc.

Date: 08/07/2019

Proposed Coverage Dates: 8/13/2019 12:01AM to 8/13/2020 12:01AM

Client ID#: 1530628

POLICY INFORMATION	LIMIT		COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$	45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$	110.00
2. Bonding Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
3. Directors & Officers Liability Plus	\$1,000,000	\$	24.75
RVNA, Inc. Administration Charge		\$	25.25
4. Accident Medical Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
5. Property Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
RVNA, Inc. Loss Payee Charge		\$	0.00
State Guarantee Fund		\$	0.00
TOTAL		\$	205.00

**If you wish to purchase this exclusive insurance product, please log in at
protectyournonprofit.com**

NOTES

- This is a quotation only. Prices are subject to change without notice.
- Quotation is subject to online completion of the application and underwriting approval.
- It is the insureds responsibility to read the policy. Request a sample policy online at protectyournonprofit.com.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.

FSHS BAND BOOSTERS PROJECTED BUDGET 2020-2021

			Projected	
			INCOME	EXPENSE
		FS INVITATIONAL		
	ADS	PROGRAM AD DONATIONS		
		ATTA BOYS & SENIOR SALUTES	\$ 200.00	
		PROGRAM SALES	\$ 575.00	
		PROGRAMS - COST OF PRINTING		\$ (680.00)
	TROPHIES	TROPHY SPONSORS		\$ (1,403.45)
	TICKET SA	ESTIMATED 950 PERSONS @ \$8 per	\$ 7,600.00	
		SPIRIT JARS	\$ 250.00	
		DONATIONS	\$ 30.00	
	CONCESSI	CONCESSION SALES	\$ 2,500.00	\$ (1,000.00)
	OTHER	PIZZA TENT SALES	\$ 279.00	\$ (100.00)
		KONA ICE TRUCK SALES	\$ 150.00	
		ON THE GO BBQ	\$ 100.00	
		BOJANGLES SALES	\$ 225.00	
		BAKE SALE	\$ 300.00	
	TSHIRT SA	T SHIRT SALES - TOTAL	\$ 937.00	\$ (457.00)
		CONTEST FEES/EXPENSES		
		JUDGES		\$ (2,189.40)
		SUPPLIES		\$ (500.00)
		HOSPITALITY ROOM		\$ (100.00)
		JANITORIAL		\$ (57.66)
		START UP CHANGE		\$ (3,000.00)
		START UP CHANGE	\$ 3,000.00	
		TOTAL FEES/EXPENSES		
		TOTAL PROJECTED FOR 2018 FS INVITATIONAL CONTEST	\$ 16,146.00	\$ (9,487.51)
	DISCOUNT CARD SA	DISCOUNT CARD SALES	\$ 10,000.00	\$ (633.26)
		TOTAL DISCOUNT CARDS	\$ 10,000.00	\$ (633.26)
	MISC FUNDRAISING	BAKE SALE (NOT INVITATIONAL)	\$ 300.00	
		CAR WASHES	\$ 650.00	
		SPIRIT NIGHT	\$ 400.00	
		FLOWER/SNACK SALES		
		LITTLE CAESARS	\$ 1,747.00	\$ (1,318.99)
		FRUIT SALES	\$ 2,350.00	\$ (1,355.67)
		TUPPERWARE SALES		
		KRISPY KREME	\$ 802.00	\$ (396.00)
		NISSAN/ASCEND EVENTS		

[illegible]

		MATTRESS FUNDRAISER	\$ 2,500.00	
		KY DOWNS TAMPING		
		KY DOWNS INFLATABLES	\$ 2,135.00	\$ (550.00)
		TOTAL MISC FUNDRAISING	\$ 10,884.00	\$ (3,620.66)
DONATIONS		MISCELLANEOUS DONATIONS	\$ 1,200.00	
		TOTAL DONATIONS	\$ 1,200.00	\$ -
BAND CAMP		BAND CAMP DUES	\$ -	
		BAND CAMP STAFF		\$ (7,710.00)
		SNAP RAISE		
		TOTAL BAND CAMP FEES	\$ -	\$ (7,710.00)
MARCHING BAND EXP		DRILL		\$ (800.00)
		MUSIC		\$ (2,000.00)
		UNIFORM CLEANING (50 STUDENTS)		\$ (300.00)
		INSTRUCTION - PERCUSSION		\$ (1,600.00)
		INSTRUCTION - COLOR GUARD		\$ (1,600.00)
		INSTRUCTION - BAND		\$ (11,000.00)
		UNIFORMS AND EQUIPMENT COLOR GUARD		\$ -
		SHOES		\$ (200.00)
		WATER		\$ (250.00)
		GLOVES		\$ (200.00)
		TSHIRT (BAND STUDENTS AND STAFF)		\$ (400.00)
		EQUIPMENT BAND		\$ (250.00)
		PROPS/PAINT		\$ (1,000.00)
		FIELD PAINT		\$ (450.00)
		TRAILER INSURANCE		\$ (137.26)
		TRAILER AND TIRE REPAIR		\$ (250.00)
		PIT TRAILER EXPENSE		\$ (100.00)
		KMEA REGISTRATION		\$ (480.00)
		PARENT NIGHT EXPENSE - FOOD	\$ 200.00	\$ (300.00)
		MISC FOOD FOR BAND		\$ (500.00)
		SEMI FINALS EXPENSE		\$ (1,800.00)
		POOL PARTY		\$ (190.00)
		TOTAL EXP BY BOOSTERS	\$ 200.00	\$ (23,807.26)
STUDENT RECOGNITION		ALL DISTRICT BAND EXPENSES/HONORS/QUAD	\$ 444.00	\$ (1,871.00)
		BANQUET FOOD		\$ (175.00)
		BANQUET TROPHIES		\$ (1,000.00)
		SENIOR RECOGNITION		\$ (346.22)
		CONCERT BAND FESTIVAL		\$ (140.00)
		KMEA SOLO/ENSEMBLE RECOGNITION	\$ 147.08	\$ (251.00)
		TOTAL STUDENT RECOGNITION	\$ 591.08	\$ (3,783.22)
MISC BOOSTER EXP		POSTAGE		\$ (100.00)

[illegible]

\$ (7,263.34)
\$ (1,200.00)
\$ 7,710.00
\$ 23,607.26
\$ 3,192.14

		CHECK & PO BOX RENTAL		\$ (76.00)
		LISCENSE & FEES		\$ (100.00)
		LEGAL & TAXES		\$ (440.00)
		LIABILITY INS		\$ (205.00)
		MISCELLANEOUS		\$ (500.00)
		INTEREST FROM SAVINGS	\$ 15.00	
		TOTAL MISC BOOSTER EXPENSES	\$ 15.00	\$ (1,421.00)
		WINTER GUARD	\$ -	
		Table til later		
			\$ -	\$ -
		Can be tabled for budget, might be a problem for participants		
		Sponsorship	\$ 11,500.00	
TOTAL			\$ 50,536.08	\$ (50,462.91)

\$ (1,406.00)		\$ -	\$ -	\$ -
\$ -		\$ -	\$ -	\$ -
\$ 73.17		\$ -	\$ -	\$ -

\$	1,406.00
\$	-
\$	(73.17)

