

# SIMPSON COUNTY SCHOOLS

## ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

**MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH**

School	FSMS & FSHS	Year 24-25
Organization Name	FS Lady Cats Soccer Booster	Date 07/01/24
Organization Address	237 Oakridge Ln Franklin, KY 42134	

**Beginning Cash Balance** \$ 11,073.18

**Revenues (By Category):**

Admissions \$ 1000.00

Concessions \$ 2033.55 (profit)

Items for Resale \$ 3143.00

Other:

Sponsorship \$ 4945.00

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Revenue:** \$ 11721.55

**Expenses (By Category):**

tax/lic/fees \$ 944.00

Concessions \$ 200.00

refs \$ 840.00

Other:

recognition 3050.00

equipment \$ 2472.00

uniforms \$ 1954.00

**Total Expenses:** \$ 9406.00

**Ending Cash Balance** \$ 13,928.73

Shelby M. Reese  
Organization Treasurer

\_\_\_\_\_  
Organization President

# SIMPSON COUNTY SCHOOLS

## SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FSMS & FSMS	Year 24-25
Organization Name	FS Lady Cats Soccer Booster	
Organization Address	237 Oakridge Ln Franklin, KY 42134	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	11,073.18	
concessions	2033.55 (netted)	200.00
gate fee	1000.00	
fundraisers	3143.00	
recognition		3056.00
tax/lic/fee		944.00
refs		840.00
sponsorship	4945.00	
equipment		2472.00
service project		130.00
uniforms		1954.00
Totals	23,394.73	9466.00

Shelby N. Edwards  
Organization Treasurer

\_\_\_\_\_  
Organization President

\_\_\_\_\_  
Principal

07/01/24  
Date



# SIMPSON COUNTY SCHOOLS

## BOOSTER GROUP OFFICER INFORMATION

Year: 24-25 FEIN# 156 - 2547577

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group FS Lady Cats Soccer Booster Club

Name of School and Principal FSMS - Jackson Grover / FSMS - Michael Wix  
School Address 400 S. College St. Franklin KY 42134

Name of Organization Lady Cats Soccer Booster

Organization President Alyssa Schmidt  
Address 1718 New Salem Rd. Auburn, KY 42206  
Phone (270) 597-7285 E-mail Alyssaschmidt1012@gmail.com

Name of Vice President Sarah Hardin  
Address 302 Finn St. Franklin, KY 42134  
Phone (270) 776-0688 E-mail sasachele@msn.com

Name of Secretary Lena Hooper  
Address 518 Morgantown Rd Franklin, KY 42134  
Phone (931) 494-7028 E-mail lhooper124@gmail.com

Name of Treasurer Shelley Dewese  
Address 237 Oakridge Ln. Franklin, KY 42134  
Phone (270) 223-9388 E-mail sdeweese42@yahoo.com

If your organization President changes any time during the year, please notify the Principal at once.

\*\* Please attach a copy of your External Support Organization's proof of liability insurance coverage. \*\*

Fundraiser Coordinator  
Samantha Davidson  
5140 Rapids Rd  
Franklin, KY 42134  
(270) 647-0740  
samantha.davidson@  
Simpson.kyschools.us

Concessions Coordinator  
Ambler Huggins  
605 Broadway Ave  
Franklin, KY 42134  
(615) 974-5155  
ajhuggins@gmail.com







**Applicant Information**

**Contact Person**

First Name  
 Last Name  
 Contact Phone Number  
 Contact Email

Shelby  
 DeWeese  
 2702239386

**School Information**

School Name  
 School Address  
 School City  
 School State  
 School Zip Code

Franklin Simpson High School  
 400 South College Street  
 Franklin  
 KY  
 42134

**Organization Information**

School Support Group Type  
 Full Legal School Support Group Name  
 Is the applicant's mailing address the same as the address indicated above?  
 Mailing Address Street  
 Mailing Address City  
 Mailing Address State  
 Mailing Address Zip Code  
 Website/Facebook/Instagram (If Any)

Booster Club  
 Franklin Simpson Girls Soccer Booster Club  
 No  
 237 Oakridge Lane  
 Franklin  
 KY  
 42134

**Organization Activity**

Is your group primarily a project graduation group?  
 Does your organization conduct its business from a school campus between the grades of K-12?  
 Annual Revenues/Receipts  
 Membership dues  
 Cash grants/gifts/scrips/online sales  
 Bingo  
 Other Fund Raising Activities

No  
 Yes  
 0  
 5000  
 0  
 5000

**Coverages**

Liability Plus  
 Damage to Premises Rented Limit  
 Bonding Plus

\$1,000,000/\$2,000,000  
 \$100,000  
 Limit \$10,000  
 Yes

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.

- There will be no pre-signing of blank checks.
- There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an organization officer other than that officer (usually the Treasurer) normally responsible for banking functions (this forces discovery of deposits which should have been made but have not been made).

Directors & Officers Plus  
 Accident Medical Plus  
 Property Plus

Yes  
 Limit \$10,000  
 No, I do not want to purchase this coverage.

**When would you like coverage to begin?**

Policy Effective Date

8/30/2024

**Acknowledgements and Signature**

Have you had any claims in the last 5 years which may have been covered by this type of insurance?

No



R.V. NUCCIO & ASSOCIATES, INC.

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

Do you understand and agree that by signing this application, R.V. Nuccio & Associates is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy? 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 Shelby DeWeese
Date Signed 07/02/2024
Memorandum Number NANPO0064873
Memorandum Number D&O NPODO0073058
Memorandum Number AD&D NPOAM0048833
Expiration Date 8/30/2025

Additional Insureds

Liability insurance automatically comes with a Certificate of Insurance for you. If someone has requested to be added to your policy as an Additional Insured, click the Add Insurance Certificate button below.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/2/2024

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

<b>AGENCY</b> DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Bro 10148 Riverside Drive Toluca Lake, CA 91602 (800) 364-2433      Joseph Guerrero		<b>PHONE (A/C, No, Ext):</b>  		<b>COMPANY</b> Fireman's Fund Insurance Company 225 W. Washington Street, Suite 1900 Chicago, IL 60606	
<b>FAX (A/C, No):</b> (818) 980-1595		<b>E-MAIL ADDRESS:</b> support@rvnuccio.com			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> INSURED Franklin Simpson Girls Soccer Booster Club 237 Oakridge Lane Franklin , KY 42134		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> NANPO0064873	
		<b>EFFECTIVE DATE</b> 8/30/2024	<b>EXPIRATION DATE</b> 8/30/2025	<input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b>

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Equipment Insurance	Not Covered	Not Covered
Crime Insurance	\$10,000	\$250

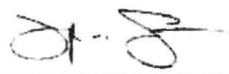
## REMARKS (Including Special Conditions)

Evidence of Insurance Only
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## 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.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Evidence of Insurance Only	<input type="checkbox"/> <b>MORTGAGEE</b>	<input type="checkbox"/> <b>ADDITIONAL INSURED</b>
	<input type="checkbox"/> <b>LOSS PAYEE</b>	
	<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b> Joseph Guerrero 		



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

**MEMORANDUM OF INSURANCE**

Master Policy Number: UST021067230	Memorandum Number: NANPO0064873
Issuing Company: <b>Fireman's Fund Insurance Company</b> 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Nationwide Claims: 1-888-347-3428	National Program Administrator: <b>DOXA Programs, LLC DBA R.V. Nuccio &amp; Associates Insurance Brokers</b> 10148 Riverside Drive, Toluca Lake, CA 91602

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

- a. Memorandum Holder: Franklin Simpson Girls Soccer Booster Club
- b. Street Address: 237 Oakridge Lane
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

**02. COVERAGE PERIOD**

Inception Date 8/30/2024 12:01A.M. to Expiration Date 8/30/2025 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**

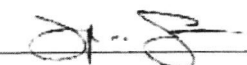
LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
<b>a. INLAND MARINE PROPERTY COVERAGE PART</b>		\$0.00
Business Personal Property/Equipment	Not Covered	
<b>b. INLAND MARINE CRIME COVERAGE PART</b>		\$33.00
(01)Employee Dishonesty	\$10,000	\$250
(02)Forgery Or Alteration	\$10,000	\$250
(03)Theft, Disappearance And Destruction Of Money		
(a)Inside The Premises	\$10,000	\$250
(b)Outside The Premises	\$10,000	\$250
<b>c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART</b>		\$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**    \$78.00

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued:  
Form Number:NPOUWS001

By  \_\_\_\_\_  
Joseph Guerrero

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

**MEMORANDUM OF INSURANCE**

Master Policy Number: USF01299023	Memorandum Number: NPODO0073058
Issuing Company: <b>Fireman's Fund Indemnity Corporation</b> 225 W. Washington Street, Ste 1800 Chicago, IL 60606-3484 Nationwide Claims: 1-888-347-3428	National Program Administrator: <b>DOXA Programs, LLC DBA R.V. Nuccio &amp; Associates Insurance Brokers</b> 10148 Riverside Drive, Toluca Lake, CA 91602

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

- a. Memorandum Holder: Franklin Simpson Girls Soccer Booster Club
- b. Street Address: 237 Oakridge Lane
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

**02. COVERAGE PERIOD**

Inception Date 8/30/2024 12:01A.M. to Expiration Date 8/30/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

**03. RETROSPECTIVE DATE: 8/30/2024**

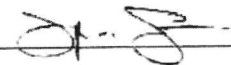
**04. BUSINESS TYPE**

- PTA     PTO     Booster Club     Educational Foundation     Nonprofit Organization

05. COVERAGE	LIMIT OF INSURANCE	RETENTION	PREMIUM
a. <b>DIRECTORS &amp; OFFICERS LIABILITY</b>			\$24.75
01. Each Claim	\$1,000,000	\$250	
02. Annual Aggregate	\$1,000,000		
b. <b>EMPLOYMENT PRACTICES LIABILITY</b>	Covered	\$250	
		Surplus Lines/Stamping Fee	0.78
<b>06. TOTAL PREMIUM Due At Inception</b>			<b>\$25.53</b>

**07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued: 7/2/2024  
Form Number: NPOUWS001

By  \_\_\_\_\_  
Joseph Guerrero

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
ACCIDENT MEDICAL INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

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Master Policy Number: SRPO 18461000	Memorandum Number: NPOAM0048833
Issuing Company: <b>Axis Insurance Company</b> 111 South Wacker Drive, Suite 3500 Chicago, IL 60606 Nationwide Claims: 1-800-567-2685	National Program Administrator: <b>DOXA Programs, LLC DBA R.V. Nuccio &amp; Associates Insurance Brokers</b> 10148 Riverside Drive, Toluca Lake, CA 91602

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

- a. Memorandum Holder: Franklin Simpson Girls Soccer Booster Club
  - b. Street Address: 237 Oakridge Lane
  - c. City: Franklin
  - d. State: KY
  - e. Zip Code: 42134
- 

**02. COVERAGE PERIOD**

Inception Date 8/30/2024 12:01A.M. to Expiration Date 8/30/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

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**03. BUSINESS TYPE**

- PTA     PTO     Booster Club     Educational Foundation     Nonprofit Organization
- 

**04. COVERAGE PART**

**ACCIDENT MEDICAL INSURANCE**

	BENEFIT	DEDUCTIBLE	PREMIUM
a. Accidental Death	\$5,000	\$25	\$73.00
b. Accidental Dismemberment	\$5,000	\$25	
c. Accident Medical Expense	\$10,000	\$25	
d. Dental Maximum	\$250	\$25	

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State Guarantee Fund \$0.00

**05. TOTAL PREMIUM Due At Inception**


\$73.00

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**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

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Date Issued: 7/2/2024  
Form Number: NPOUWS001

By   
Joseph Guerrero



## PARTICIPATING ORGANIZATION MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE

Application is hereby made for a plan of INSURANCE based on the following statements and representations:

### Part 1 – Policyholder

Name: National Alliance of Nonprofit Organizations, LLC	Policy Term: 1 Year
Policy Number: SRPO 18461000	

### Part 2 – Participating Organization Information

Participating Organization Policy Number:	SRPO 18461000	NPOAM0048833
Requested Effective Date: 8/30/2024	Expiration Date: 8/30/2025	
Legal Name of Subscriber: Franklin Simpson Girls Soccer Booster Club		
Complete Street Address: 237 Oakridge Lane , Franklin , KY 42134		
Group 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		

### Part 3 – Participating Organization Coverage

#### **SCHEDULE OF BENEFITS**

The following is a brief outline of the coverage and benefits provided by this Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects. Please read the Conditions of Coverage and Description of Benefits sections of the Policy for full details.

#### **Class 1 Eligible Persons:**

All registered members of the Subscriber whose names are on file with the Subscriber and for whom the appropriate premium has been paid. Coverage for Participating Organizations is effective as per the Effective Date and Expiration Date shown on the Participating Organization Application. No new members will be accepted after the end of the Policy Term shown on the face page of the Policy.

#### **CONDITIONS OF COVERAGE: Sponsored Activities Coverage**

While participating in the Subscriber's scheduled, sponsored and supervised activities on the premises designated by the Subscriber. Includes direct travel without delay, deviation or interruption to and from the site of the Covered Activity.

#### **Benefits**

Selected Option	Premium Amount	Full Excess Accident Medical Maximum	Accident Medical Deductible
<input checked="" type="checkbox"/> 1	\$73.00	\$10,000	\$25
<input type="checkbox"/> 2	\$81.00	\$25,000	\$25
<input type="checkbox"/> 3	\$88.00	\$50,000	\$25
All Options		AD&D Principal Sum \$5,000	
All Options		AD&D Aggregate Limit of Indemnity \$250,000	

Your Policy is underwritten by AXIS Insurance Company. The Policy is a legal contract between the Policyholder and AXIS Insurance Company. The Policyholder maintains a copy of the Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects.

**Part 4—Disclosures; Applicant's Acceptance of Terms**

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

**The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.**

**Any person who knowingly who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

<b>PARTICIPATING ORGANIZATION SIGNATURE</b>	Signature On File
<b>LICENSED BROKER/AGENT SIGNATURE</b>	K&K Insurance Group Inc.

SCHOOL ACTIVITY FUND  
FUNDRAISER & CROWDFUNDING APPROVAL

School	FSHS
Activity Account	
External Support/Booster Organization	FS Lady Cat Soccer boosters
Name of Fundraiser	
Website (if applicable)	
Sponsor	
Date Submitted	

Purpose of fundraising activity:

Raise funds to support the operational costs of the FS Lady Cats Soccer team.

Items to be sold or items requested for donation:

Buckets 4 Bucks, Pick a date calendar, silent auction, camp, sponsorships, car wash, concessions

Beneficiary/sport of fundraising activity:

purchase sports equipment, uniforms, camera equipment & tournament expenses.

Anticipated profit and plans for excess funds:

\$8,000

Date(s) scheduled:

July 1, 2024 - June 30, 2025

Names of adult supervisors at activity (chaperones, custodians, etc.):

Samantha Davidson, Amber Huggins, Alyssa Schmidt, Sarah Hardin, Shelby Deweese, Lena Hooper

Samantha Davidson

Sponsor

7/1/24

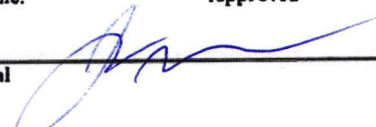
Date

Circle One:

Approved

Not Approved

Principal



7/1/24

Date

SBDM Council (If Council Policy)

Date

Board Approval Date  
(if applicable)