

# SIMPSON COUNTY SCHOOLS

## BOOSTER GROUP OFFICER INFORMATION

Year: 2024-2025 FEIN# | 87-2432112

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 Boys Basketball Team

Name of School and Principal FSHS / Wix

School Address 400 S. College St. Franklin, KY 42134

Name of Organization Wildcat Basketball Booster Club Inc

Organization President Marla Downey

Address 508 Duncan St, Franklin, KY 42134

Phone (670) 776-7112 E-mail marlad2@gmail.com

Name of Vice President Shelly McAlister

Address 1015 Roark Rd, Franklin, KY 42134

Phone (670) 850-5858 E-mail shellymcalister10@gmail.com

Name of Secretary Tara Partinger McClinton

Address 602 Clark St #A, Franklin, KY 42134

Phone (670) 776-5409 E-mail tara.partinger@simpson.kyschools.us

Name of Treasurer Ashley Sharer

Address 1101 Westborough Ct, Franklin, KY 42134

Phone (670) 792-2274 E-mail ashley-sharer@fbteo.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. \*\* ✓

# SIMPSON COUNTY SCHOOLS

## ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

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

School	FSHS	Year 23-24
Organization Name	Wildcat Basketball Booster Club	Date 7-8-24
Organization Address	400 S. College St	

Beginning Cash Balance \$ 1,740.72

**Revenues (By Category):**

~~Admissions~~ Bingo \$ 44,312.05

Concessions \$ 19,424.29

~~Items for Resale~~ Signs in Gym \$ 5,150.00

Other:

Cash Donations \$ 12,280.18

Camp Pymts \$ 90.00

Returns \$ 379.92

**Total Revenue:** \$ 81,636.44

**Expenses (By Category):**

<del>Admissions</del> Supplies <span style="float: right;">\$ <u>2,113.35</u></span>	Equipment <span style="float: right;">\$ <u>9,590.51</u></span>
Concessions <span style="float: right;">\$ <u>6,815.85</u></span>	Youth Bball <span style="float: right;">\$ <u>5,132.04</u></span>
<del>Items for Resale</del> Camps/Training <span style="float: right;">\$ <u>3,138.96</u></span>	Christmas Tourny <span style="float: right;">\$ <u>5,817.71</u></span>
Other: Girls Booster Club <span style="float: right;">\$ <u>916.32</u></span>	FS Tourny Expenses <span style="float: right;">\$ <u>3,383.88</u></span>
<u>Warmups/Uniforms</u> <span style="float: right;"><u>16,416.33</u></span>	Banquet/Gifts/Outing <span style="float: right;"><u>5,011.76</u></span>
<u>Transportation</u> <span style="float: right;">\$ <u>190.93</u></span>	Tax Prep/Fees/Cks/Etc <span style="float: right;"><u>1,083.08</u></span>
<u>Team Meals</u> <span style="float: right;">\$ <u>6,216.51</u></span>	Bingo Startup <span style="float: right;"><u>5,000.00</u></span>

**Total Expenses:** \$ 70,827.23

Ending Cash Balance

\$ 12,549.93

Ashley Shaver  
Organization Treasurer


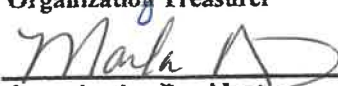
Mark D  
Organization President

# SIMPSON COUNTY SCHOOLS

## SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FSHS	Year 24-25
Organization Name	Wildcat Basketball Booster Club	
Organization Address	400 S. College St.	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	12,549.93	
Concessions	19,500	10,000
Gym Sign	5000. <sup>00</sup>	
Clothing Sales	1000. <sup>00</sup>	
AAU Tournaments	4000. <sup>00</sup>	
Hudl		1150. <sup>00</sup>
Equipment		6000. <sup>00</sup>
Senior Night		1000. <sup>00</sup>
Team Meals		6000. <sup>00</sup>
Team Camp		500. <sup>00</sup>
Insurance		500. <sup>00</sup>
Transportation		200. <sup>00</sup>
<b>Totals</b>	<b>42,049.93</b>	<b>25,350.<sup>00</sup></b>

  
 Organization Treasurer  
  
 Organization President

\_\_\_\_\_  
 Principal  
 \_\_\_\_\_  
 Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/3/2024

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 DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Joseph Guerrero	
	PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com	
INSURED Wildcat Boy™s Basketball Booster Club 400 S College Street Franklin, KY 42134	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Fireman's Fund Insurance Company	21873
	INSURER B: Axis Insurance Company	37273
	INSURER C:	
	INSURER D:	
	INSURER E:	

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			UST021067230 NANPO0064893	7/12/2024	7/12/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MEDICAL EXPENSE \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTIONS \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-FR
	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			NPODO0073080	7/12/2024	7/12/2025	\$1,000,000
B	AD&D Medical Plus			NPOAM0048845	7/12/2024	7/12/2025	\$10,000
A	Sexual Misconduct Liability			NANPO0064893	7/12/2024	7/12/2025	Included

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

Evidence of Insurance Only

CERTIFICATE HOLDER      CANCELLATION

Evidence of Insurance Only	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 Joseph Guerrero

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