Franklin Simpson Middle School Boys Basketball Boosters, Inc. 2024 – 2025

Officers

President Lara Forshee 270-776-3881

522 Rolling Road Dr Franklin, KY 42134

lara.forshee@yahoo.com

Vice President Marla Downey 270-776-7112

508 Duncan St

Franklin, KY 42134

marlad2@yahoo.com

Treasurer Sydney Downey 270-776-7098

508 Duncan St

Franklin, KY 42134

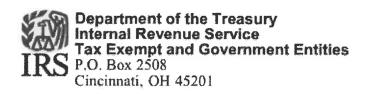
Sydney.downey95@gmail.com

Franklin Simpson Middle School Boys Basketball Boosters, Inc. 2024 – 2025

Proposed Budget

INCOME			
	Shirt Sales		\$500.00
	Calendar Fundraiser		\$5000.00
	Concessions		\$2000.00
	Wildcat Classic Tournament		\$3500.00
		TOTAL INCOME	\$11,000.00

EXPENSES			
	Insurance		\$350.00
	Concession Items		\$1300.00
	Tournament Entry Fees		\$400.00
	Warmup Suits		\$3000.00
	8th Grade Night		\$750.00
	Banquet		\$700.00
	State Tournament		\$3000.00
		TOTAL EXPENSES	\$9500.00



FRANKLIN SIMPSON MIDDLE SCHOOL BOYS BASKETBALL BOOSTER INC 322 SOUTH COLLEGE STREET FRANKLIN, KY 42134 Date:

08/02/2023

Employer ID number:

93-1952654

Person to contact:

Name: Customer Service

ID number: 31954

Telephone: 877-829-5500 Accounting period ending:

June 30

Public charity status: 170(b)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required:

Yes

Effective date of exemption:

July 11, 2023

Contribution deductibility:

Yes

Addendum applies:

No DLN:

26053605003363

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

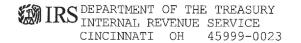
Sincerely,

Stephen A. Martin

Director, Exempt Organizations

stephen a martin

Rulings and Agreements



Date of this notice: 06-19-2023

Employer Identification Number:

93-1952654

Form: SS-4

Number of this notice: CP 575 E

FRANKLIN SIMPSON MIDDLE SCHOOL BOYS BASKETBALL BOOSTERS 522 ROLLING ROAD DR FRANKLIN, KY 42134

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-1952654. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is FRAN. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-19-2023 EMPLOYER IDENTIFICATION NUMBER: 93-1952654

_____FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Maldalalalalalalalladlaadlaadla

FRANKLIN SIMPSON MIDDLE SCHOOL BOYS BASKETBALL BOOSTERS 522 ROLLING ROAD DR FRANKLIN, KY 42134

Beginning/startup Balance 9/12/2023	\$2,103.02	Miscellaneous Expenses:	
Ending Balance as of 6/30/2024:	\$4,311.15	Harland Clarke	\$26.1
ŭ	\$2,208.13		\$288.7
	Ψ2,200.10	Pyramid Prints (team shirts)	\$254.40
		Nike Team Shop (warmups) ck #2003	\$3,055.9
Grant Received - Dicks Sporting Goods	\$1,000.00	Simply Sweet Boutique (embroider warmups)	\$3,000.9
1 3	V 1,000.00	Nike Team Shop (warmups)	\$60.4
Donation Received	\$1,500.00	Epic Sports (backpacks)	\$190.76
	7.,000.00	Slip-nott Sticky Mat	\$153.8
Shirt Sales		Allen Co. Basketball Boosters (tournament) ck #20	
Deposits:	\$2,120.56	South Warren Middle School (tournament) ck #200	4.00.00
Expenses: Pyramid Prints	(\$1,143,21)		4.00.00
,	(+1,110121)	BSN Sports (uniforms)	\$2,075.48
	\$2,120.56	Reimburse Cailyn Hogan for feeding team ck #2004	
	(\$1,143.21)		Ψ00.02
Profit	\$977.35	Colorado Grill (meal for the team)	\$178.01
	Ų I I I I I	D&M Florists (8th grade night gifts) ck #2007	N 5 5
Calendar Fundraiser		OMA's Cooking & Catering (banquet) ck #2008	\$600.00
Deposits:	\$5,159.00	CVS Pharmacy (coaches gifts)	\$200.00
	ψο, ποσίου	Priceless IGA (banquet)	\$46.52
Concessions		Team Breakfast before District Tournament ck #200	
Deposits:	\$3,668.00	Tournkey (7th grade state tournament entry fee)	\$75.00
	40,000.00	Hilton Downtown Lexington (state tournament - 6 rooms for	Ψ13.00
Expenses:		2 nights for players & coaches)	\$1,936.08
Petty Cash	\$650.00	Oak Tree Awards (banquet) ck #2010	\$89.20
Sams Club	\$1,362.59	Vital Signs (8th grade night posters) ck #2011	\$148.40
Pizza Hut		Lex Live (team meal at state tournament)	\$379.84
Total Expenses	(\$2,373.46)	Secretary of State - Annual Report Filing Fee	\$15.00
		Sales Tax Payment - acct #000706631	\$40.79
	\$3,668.00	Station Camp Middle School (summer games) ck #201	7200.00
	(\$2,373.46)	Total Misc. Expenses	\$11,139.76
Profit	\$1,294.54		
ACL (A)		Miscellaneous Deposits:	
Wildcat Classic Tournament		Sale of remaining concession items	\$105.00
Deposits:	\$6,028.38	Nike Team Shop refund	\$45.58
Expenses:		Total Misc Deposits:	\$150.58
Amazon	\$422.18		
Sams Club		Total Deposits:	\$19,626.52
Petty Cash		Total Expenses:	(\$17,618.39)
Oak Tree Awards	\$74.40	Total Profit	\$2,008.13
Simpson Co Schools ck #2006	\$1,501.54	*Outotomeline: Oh - L #0040 5- :: #0000 00	
Total Expenses	(\$2,761.96)	*Outstanding Check #2012 for \$200.00	
	\$6,028.38		
	(\$2,761.96)		



Franklin Simpson Middle School E 522 Rolling Road Drive Franklin, KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0061164

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive

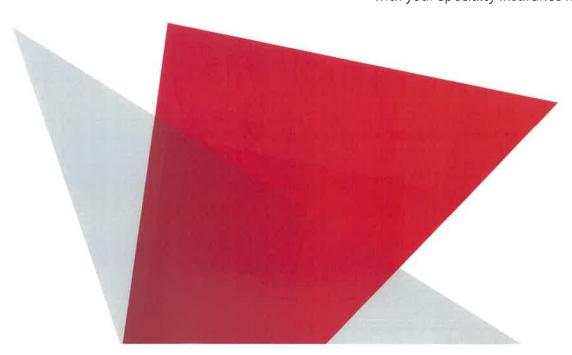
Toluca Lake, CA 91602

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) 8/27/2023

\$1,000,000

1,000,000

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.

th	re terms and conditions of the policy ertificate holder in lieu of such endor	, certain _l	policies may require an er	ndorsement. A st				, ,
PRO	DUCER			CONTACT Robert	V. Nuccio			
R.\	V. Nuccio & Associates Insurance Bro	okers, Inc		BUOME			: (8	18) 980-1595
10	148 Riverside Drive	E-MAIL ADDRESS: Support@rvnuccio.com						
То	luca Lake, CA 91602			INSURER(S) AFFORDING COVERAGE				NAIC #
				INSURER A : Firema	an's Fund Insu	rance Company		21873
INSU				INSURER B : Nation	wide Life Insur	ance Company		66869
Fr	anklin Simpson Middle School E	3oys Ba	sketball Boosters, Inc.					
52	2 Rolling Road Drive			INSURER D :				
Franklin , KY 42134			INSURER E:					
				INSURER F:				
CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY CONTRAC ED BY THE POLIC	T OR OTHER I	DOCUMENT WITH RESPE	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY		LIMITS		
Α	GENERAL LIABILITY		UST021067220	8/28/2023	8/28/2024	EACH OCCURRENCE	\$	1,000,000
	COMMERCIAL GENERAL LIABILITY		NANPO0061164			DAMAGE TO RENTED PREMISES	\$	100,000
	CLAIMS-MADE OCCUR		10.111 00001101			MEDICAL EXPENSE	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s	2,000,000

POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS **AUTOS** (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$

8/28/2023

8/28/2023 8/28/2024

8/28/2024

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

NPODO0069053

NANPO0061164

Evidence of Insurance Only

Directors and Officers

Sexual Misconduct Liability

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.		
	Robert V. Nuccio Cobert U. Justio		
	Robert V. Nuccio		



Applicant Information

Contact Person

First Name Lara Last Name Forshee Contact Phone Number 2707763881

School Information

School-Name Franklin Simpson Middle School School Address 322 South College Street

School City Franklin School State KY School Zip Code 42134

Organization Information

School Support Group Type Booster Club

Full Legal School Support Group Name Franklin Simpson Middle School Boys

Basketball Boosters, Inc.

Yes

Is the applicant's mailing address the same as the address indicated above?

Mailing Address Street 522 Rolling Road Drive

Mailing Address City Franklin Mailing Address State KY Mailing Address Zip Code 42134

Website/Facebook/Instagram (If Any)

Organization Activity

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?

Annual Revenues/Receipts

Membership dues 0 Cash grants/gifts/scrips/online sales 1000 Bingo Λ

Other Fund Raising Activities 8000

Coverages

Liability Plus \$1,000,000/\$2,000,000

Damage to Premises Rented Limit \$100,000 **Bonding Plus** 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 Yes

Accident Medical Plus No, I do not want to purchase this coverage. Property Plus No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date

8/28/2023

Acknowledgements and Signature

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

insurance?



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?

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.

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?

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?

Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy?

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.

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

Lara Forshee 08/27/2023 NANPO0061164 NPODO0069053

8/28/2024

No

Yes

Yes

Yes

Yes

Yes

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) 8/27/2023

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. AGENCY R.V. Nuccio & Associates Insurance Brokers, Inc. Fireman's Fund Insurance Company 10148 Riverside Drive 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Toluca Lake, CA 91602 Robert V. Nuccio (800) 364-2433 (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com CODE: SUB CODE: AGENCY CUSTOMER ID #: LOAN NUMBER POLICY NUMBER INSURED NANPO0061164 Franklin Simpson Middle School Boys Basketball Boosters, Inc. EFFECTIVE DATE **EXPIRATION DATE** 522 Rolling Road Drive CONTINUED UNTIL 8/28/2023 8/28/2024 TERMINATED IF CHECKED Franklin, KY 42134 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 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 DEDUCTIBLE AMOUNT OF INSURANCE COVERAGE / PERILS / FORMS Not Covered Not Covered Property/Equipment Insurance \$10,000 \$250 Crime Insurance REMARKS (Including Special Conditions) Evidence of Insurance Only 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 NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN# Evidence of Insurance Only **AUTHORIZED REPRESENTATIVE** Chobant V. Junio

Robert V. Nuccio

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

Ma	ster	Policy Number: UST02	21067220	Mem	orandum Number: NA	NPO0061164	
Issuing Company: Fireman's Fund Insurance Company 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Nationwide Claims: 1-888-347-3428				National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc.			
				Toluca Lake, CA 91602 Nationwide: 1-800-567-2685			
				_			NAME AND ADDRESS (MEM
UI.			: Franklin Simpson Middle				
	a. L	Street Address:		School Boys Baske	ibali boosters, inc.		
	b.		522 Rolling Road Drive				
	c.	City:	Franklin				
	d.	State:	KY				
	e.	Zip Code:	42134				
02.	Co	VERAGE PERIOD					
		eption Date 8/28/2023 dress as stated above.	12:01A.M. to Expiration I	Date 8/28/2024 12	2:01A.M. Standard Tim	ne at the Named Insured's	
03.	BU	SINESS TYPE					
00.		PTA DPTO	☑ Booster Club	Educational For	undation Nonpre	ofit Organization	
04		VERAGE PART		IIT OF INSURANCE	DEDUCTIBLE	PREMIUM	
υ τ .	a.		PERTY COVERAGE PART	III OF INSURANCE	DEDUCTIBLE	\$0.00	
	а.	Business Personal Pro		Not Covered	Not Covered	Ψ0.00	
	b.	INLAND MARINE CRI		Not Govered	Not covered	\$33.00	
	υ.	(01)Employee Dishon		\$10,000	\$250	Ψ00.00	
		(02)Forgery Or Altera					
				\$10,000	\$250		
			nce And Destruction Of M		\$250		
		(a)Inside The Pre		\$10,000			
		(b)Outside The P		\$10,000	\$250	#45.00	
	c.		MOBILE LIABILITY COVE		0.0	\$45.00	
		(01)General Aggregat		\$2,000,000	\$0		
			ted Operations Aggregate	\$2,000,000			
		(03)Personal And Adv	verusing injury	\$1,000,000			
		(04)Each Occurrence	San Daniel Ta Van	\$1,000,000			
		(05)Damage To Prem	ises Rented 10 You	\$100,000			
		(06)Medical Expense	TT' 1 4 4 1 11	\$5,000			
		(07) Non-Owned And	Hired Automobiles	Not Covered	CLAC A FEET	40.00	
0.7		T			State Guarantee Fund	-	
05.		TOTAL PREMIUM Du	e At Inception			\$78.00	
06.	Fo	RMS AND ENDORSEME	NTS ATTACHED AT INCEP	TION			
				Robert V. Junio	•		
Dat	e Iss	sued:		By	- Personal Control		
For	Form Number:NPOUWS001					Robert V. Nuccio	

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

MEMORANDUM OF INSURANCE

Master Policy Number: USF01299023	Memorandu	ım Number: NPODO00690	053		
Issuing Company:	National Program Administrator:				
Fireman's Fund Indemnity Corporation	R.V. Nuccio & Associates Insurance Brokers, Inc.				
225 W. Washington Street, Ste 1800	10148 Riverside Drive				
Chicago, IL 60606-3484	Toluca Lak	Toluca Lake, CA 91602			
Nationwide Claims: 1-888-347-3428	Nationwide	Nationwide: 1-800-567-2685			
01. MEMORANDUM HOLDER NAME AND ADDRESS ((MEMORANDUM HOLDER MEANS NA	MED INSURED)			
a. Memorandum Holder: Franklin Simpson Mic	ddle School Boys Basketball Bo	oosters, Inc.			
b. Street Address: 522 Rolling Road Dri	ve				
c. City: Franklin					
d. State: KY					
e. Zip Code: 42134					
02. COVERAGE PERIOD Inception Date 8/28/2023 12:01A.M. to Expirate address as stated above.	ion Date 8/28/2024 12:01A.M	f. Standard Time at the Nar	med Insured's		
03. RETROSPECTIVE DATE: 8/28/2023					
04. BUSINESS TYPE PTO Booster Club	☐Educational Foundation	on Nonprofit Organi	zation		
05. COVERAGE	LIMIT OF INSURANCE	RETENTION	PREMIUM		
a. DIRECTORS & OFFICERS LIABILITY			\$24.75		
01. Each Claim	\$1,000,000	\$250			
02. Annual Aggregate	\$1,000,000				
b. EMPLOYMENT PRACTICES LIABILITY	Covered	\$250			
06. TOTAL PREMIUM Due At Inception	Surplu	s Lines/Stamping Fee	0.78 \$25.53		
07. FORMS AND ENDORSEMENTS ATTACHED AT IN	NCEPTION				

Date Issued: 8/27/2023 Form Number: NPOUWS001 By Cobert V. Persis

Robert V. Nuccio