

SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

| | | |
|-----------------------------|----------------------------------------|-------------------|
| School | FSHS | Year 23/24 |
| Organization Name | Franklin Simpson Baseball Boosters Inc | Date |
| Organization Address | | |

Beginning Cash Balance \$ 6937.43

Revenues (By Category):

| | | |
|-----------------------|----------------------|----------------------|
| Admissions | \$ <u>2,775.00</u> | |
| Concessions | \$ <u>20,776.50</u> | |
| Items for Resale | \$ _____ | |
| Other: | | |
| <u>Signs</u> | \$ <u>7,300.00</u> | |
| <u>Donations</u> | \$ <u>8,526.00</u> | |
| | \$ <u>156,527.99</u> | |
| Total Revenue: | | \$ <u>195,905.49</u> |

Expenses (By Category):

| | | |
|--------------------------------|---------------------|----------------------|
| Admissions Field + Facility | \$ <u>30,859.14</u> | |
| Concessions | \$ <u>12,929.15</u> | |
| Items for Resale Player equip. | \$ <u>57,636.01</u> | |
| Other: | | |
| <u>Signs</u> | <u>1,398.00</u> | |
| <u>Donations</u> | \$ <u>3,330.00</u> | |
| <u>Other</u> | \$ <u>89,685.00</u> | |
| Total Expenses: | | \$ <u>195,837.80</u> |

Ending Cash Balance \$ 7,005.12

Casey A. Gammons

 Organization Treasurer

 Organization President

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

| | | |
|-----------------------------|----------------------------------------|-------------------|
| School | FS HS | Year 24/25 |
| Organization Name | Franklin Simpson Baseball Boosters Inc | |
| Organization Address | | |

| Description | Receipts Budget | Expenditures Budget |
|------------------------|-------------------|---------------------|
| Beginning Cash Balance | 7,005.12 | |
| Admissions | 2,000.00 | |
| Concessions | 20,000.00 | 13,000.00 |
| Signs | 8,000.00 | 1,500.00 |
| Donations | 5,000.00 | 2,000.00 |
| Other | 160,000.00 | 179,000.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals | 202,005.12 | 195,500.00 |

Casey Hammons

 Organization Treasurer

 Principal

 Organization President

 Date

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2024 FEIN# 54 - 2144504

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 Franklin-Simpson Baseball Boosters

Name of School and Principal Franklin Simpson High School
School Address 400 S College Street, Franklin Ky

Name of Organization F-S Baseball Boosters, Inc

Organization President Courtney Banton

Address _____
Phone (____) _____ E-mail _____

Name of Vice President Barry Richardson

Address _____
Phone (____) _____ E-mail _____

Name of Secretary Fran Deik

Address _____
Phone (____) _____ E-mail _____

Name of Treasurer Casey Gammons

Address 852 Charlie Butts Rd
Phone 270 776-4160 E-mail gammons19@icloud.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. **



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2024

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 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).

| PRODUCER Franklin Insurance Agency 724 North Main St PO Box 505 Franklin KY 42134 | | CONTACT NAME: House Account PHONE (A/C, No, Ext): (270) 586-8246 FAX (A/C, No): (270) 586-3662 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------|------------|---------------|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED F-S Baseball Boosters c/o Casey Gammons PO Box 527 Franklin KY 42135 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>RPS Lexington</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | RPS Lexington | | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | RPS Lexington | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: CL2471007222 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 INSD | SUBR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | L099017520 | 03/17/2024 | 03/17/2025 | 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 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | PER STATUTE OTH-ER 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 St 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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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**

**Golden Oak Properties, LLC DBA Bingo Fantastic -
FAC0000321**

844 Federal Street, KY 42134

Bingo

TUESDAY & SATURDAY 5:30 PM to 10:30 PM

Pulltabs

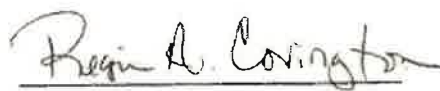
TUESDAY & SATURDAY 4:00 PM to 11:00 PM

License is valid

Beginning 1/6/2024

Ending 1/5/2025


Ambrose Wilson IV, Commissioner


Licensing Branch Manager

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**

Franklin Simpson High School (School Grounds)

400 South College Street Franklin, KY 42134

Raffle(s)

May 4, 2024 12:00 PM to 12:30 PM

License is valid

Beginning 1/6/2024

Ending 1/5/2025



Ambrose Wilson IV, Commissioner



Regan A. Covington
Licensing Branch Manager