

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2014-2025 FEIN# 30-0149090

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 Softball Boosters

Name of School and Principal FSHS - Michael Wix
School Address 400 S. College St. Franklin Ky 42134

Name of Organization FS Lady Cats Softball Boosters

Organization President Constance Luttrell
Address 6605 Schweizer Rd, Franklin Ky 42134
Phone (615) 812-1749 E-mail coachcluttrell@yahoo.com

Name of Vice President Derek Smith
Address 425 Filter Plant Rd, Franklin KY 42134
Phone (615) 714-9275 E-mail Derek-smith@kindermorgan.com

Name of Secretary Amber Anderson
Address 4103 Chandlers Rd, Auburn Ky 42206
Phone (270) 306-9502 E-mail amber-anderson@fbtco.com

Name of Treasurer Jill Cook
Address 615 Bracken Pines mill, Franklin KY 42134
Phone (270) 776-0010 E-mail jill.cooke@granger.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. **

HS/MS Budget 24/25				
			24/25	
			BUDGET	
101	HS ASSISTANT COACH		\$ 1,650.00	
102	HS 2nd ASSISTANT COACH			
103	FACILITY PAYMENT		\$ 2,400.00	
104	FIELD MAIN/SEED		\$ 300.00	
105	POST OFFICE BOX		\$ 72.00	
106	CLEATS/turfs		\$ 2,600.00	
107	TOURNAM		\$ 1,500.00	
108	INSURANCE		\$ 413.00	
109	HOTEL ROOMS			
110	TAXES		\$ 450.00	
111	SENIOR NIGHT QUILTS/BANNERS		\$ 1,000.00	
112	ANNOUNCING			
113	LINE UP CARDS		\$ 200.00	
114	HS/MS BANQUET		\$ 1,000.00	
115	SPONSOR NIGHT EXP		\$ 100.00	
116	TEAM CLOTHING		\$ 4,000.00	
117	FIELD FENCE/BACKSTOP SUPPLIES		\$ 1,250.00	
118	COACHES SHIRTS		\$ 350.00	
119	BATS		\$ 500.00	
120	MEALS		\$ 1,200.00	
122	CHECKS/STAMPS/ENV		\$ 150.00	
123	TEAM PHOTO		\$ 450.00	
124	MED KIT SUPPLIES		\$ 50.00	
125	HELMETS/EQUIP		\$ 1,750.00	
126	TRAINING AIDS		\$ 500.00	
127	PANT REPLACEMENT		\$ 2,000.00	
128	MEMBERSHIP FEES		\$ 100.00	
129	COACHES CONVENTION		\$ 1,200.00	
131	DISTRICT EXP		\$ 15.00	
132	NEW UNIFORMS		\$ 2,300.00	
133	PRACTICE EQUIP/BALLS/SCREENS		\$ 800.00	
134	MISC		\$ 200.00	
135	GIFTS/FLOWERS ETC		\$ 300.00	
136	OFFICE SUPPLIES/CHECKS		\$ 125.00	
137	WRISTBANDS		\$ 85.00	
138	FIRST AIDE		\$ 100.00	
139	SHIPPING		\$ 185.00	
140	PRESS BOX		\$ 1,000.00	
141	ENTERTAINMENT		\$ 500.00	
142	NEW MUSCI		\$ 100.00	
143	replacement Jackets			
144	Umpires		\$ 730.00	
145	CONCESSIONS		\$ 5,100.00	
146	EL PO CARDS		\$ 110.00	

SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FHS	Year 24-25
Organization Name	FS Lady Cat Softball Booster	Date 8/12/24
Organization Address	PO Box 701, Franklin Ky 42135	

Beginning Cash Balance \$ 8919.98

Revenues (By Category):

Admissions Gate	\$ <u>3773.00</u>	Kroger <u>40.74</u>
Concessions	\$ <u>13,182.53</u>	Garden Spot <u>175</u>
Items for Resale: EIPo cards	\$ <u>4,480.00</u>	Health Fair <u>175</u>
Other: Sponsor Signs	\$ <u>10,600.00</u>	
Raffle Tickets	\$ <u>8492.05</u>	
Fan gear/shirts	\$ <u>3258.00</u>	
Lil Cats Camp	\$ <u>495.00</u>	
Total Revenue:		\$ <u><u>44,871.32</u></u>

Expenses (By Category):

Admissions	\$ <u> </u>	
Concessions	\$ <u>4305.17</u>	
Items for Resale EIPo cards	\$ <u>119.36</u>	
Other: Sponsor Signs		
Raffle Tickets	<u>1720.93</u>	
Fan shirts	\$ <u>2199.00</u>	
Add. Expenses	\$ <u>40,823.34</u>	
Total Expenses:		\$ <u><u>49,167.80</u></u>

Ending Cash Balance

\$ 10,941.95

Jill Cook
Organization Treasurer

Constance Luttrell
Organization President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/27/2023

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 E-MAIL ADDRESS: support@rvnuccio.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B : Nationwide Life Insurance Company</td> <td>66869</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	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 :
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INSURED Ladycats Softball Boosters P.O. Box 701 Franklin , KY 42135														

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 <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			UST021067220 NANPO0060542	8/12/2023	8/12/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0068391	8/12/2023	8/12/2024	\$1,000,000
B	AD&D Medical Plus			NPOAM0046373	8/12/2023	8/12/2024	\$50,000
A	Sexual Misconduct Liability			NANPO0060542	8/12/2023	8/12/2024	1,000,000

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

Robert V. Nuccio

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