

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 25/26	FEIN#	56-2547577
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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 Soccer Boosters Club, Inc.

Name of School and Principal FSHS - Mr. Wix & FSMS - Mr. Grover

School Address 400 S College St

Name of Organization Franklin-Simpson Soccer Boosters Club, Inc.

Organization President Joanna Drake

Address 206 Wilson Way, Franklin, KY 42134

Phone () 270-935-8807 E-mail joanna.drake@simpson.kyschools.us

Name of Vice President Natalie McCutchen

Address 2770 Hardison Rd, Woodburn, KY 42170

Phone () 270-847-9167 E-mail natalie.mccutchen@simpson.kyschools.us

Name of Secretary Amanda Wilkins

Address 126 Elmer Cook Rd, Franklin, KY 42134

Phone () 270-850-8670 E-mail ashigdon@gmail.com

Name of Treasurer Amy Jordan

Address 4529 Johns Loop Road, Franklin, KY 42134

Phone () 270-776-5550 E-mail amy.jordan0795@gmail.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	Franklin-Simpson High School	Year 24/25
Organization Name	Franklin-Simpson Soccer Booster Club, Inc.	Date
Organization Address	PO Box 527, Franklin, KY 42135	

Beginning Cash Balance \$ 15,427.66

Revenues (By Category):

Admissions \$ 3,049.00

Concessions \$ 5,402.32

Items for Resale \$ 785.00

Other:

Bundt Cake Fundraiser \$ 9,876.00

Signs \$ 5,100.00

Other \$ 1,839.39

Total Revenue: \$ 26,051.71

Expenses (By Category):

Admissions \$ _____

Concessions \$ 2,439.56

Items for Resale \$ _____

Other:

Bundt Cake Fundraiser 7,000.00

Signs \$ 586.85

Other \$ 10,661.03

Total Expenses: \$ 20,687.44

Ending Cash Balance \$ 20,791.93


Organization Treasurer



Organization President

SIMPSON COUNTY SCHOOLS

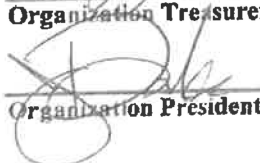
SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	Franklin-Simpson High School	Year 25/26
Organization Name	Franklin-Simpson Soccer Booster Club, Inc.	
Organization Address	PO Box 527, Franklin, KY 42135	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	20,791.93	
Admissions	3,000.00	
Concessions	4,000.00	1,800.00
Clothing	700.00	5,050.00
Bundt Cakes	9,800.00	7,000.00
Camp	400.00	245.00
Signs	5,000.00	300.00
Other	1,100.00	12,655.00
Totals	44,791.93	27,050.00



Organization Treasurer



Organization President

Principal

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2024

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

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:

INSURER F:

INSURED

FRANKLIN-SIMPSON BOYS SOCCER BOOSTER CLUB
PO BOX 527
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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		UST021067230	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		NANPO0064962			DAMAGE TO RENTED PREMISES \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MEDICAL EXPENSE \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers		NPODO0073158	8/16/2024	8/16/2025	\$1,000,000
B	AD&D Medical Plus		NPOAM0048890	8/16/2024	8/16/2025	\$10,000
A	Sexual Misconduct Liability		NANPO0064962	8/16/2024	8/16/2025	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