

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2025-2026	FEIN#	88	- 3819601
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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 Volley Booster Club Inc

Name of School and Principal Michael Wix (FSHS) / Jaxon Grover (FSMS)

School Address 430 South College Street, Franklin, KY 42134

Name of Organization FSMS & FSHS Volleyball

Organization President Jon Johnson

Address 514 Rollins Road Dr, Franklin, Ky. 42134

Phone (202) 776-1945 E-mail jon.c.johnson10@gmail.com

Name of Vice President Erin Stanley

Address 126 Windy Circle, Franklin, Ky 42134

Phone (202) 853-2722 E-mail erin.stanley@berryglobal.com

Name of Secretary Natalie McCutchen

Address 2770 Madison Rd, Woodburn, Ky. 42170

Phone (202) 847-9167 E-mail natalie.mccutchen@gmail.com

Name of Treasurer Holly Warren

Address 316 Patton Rd, Franklin, Ky. 42134

Phone (202) 535-4159 E-mail holly.warren@b3ky.org

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. **

* All offices are subject to change at first meeting after tryouts.

7-1-24 to 6-30-25

SIMPSON COUNTY SCHOOLS
ANNUAL FINANCIAL REPORT - BOOSTER CLUBS
MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FS HS & FSMS	Year	24-25
Organization Name	FS Volleyball Booster Club Inc	Date	
Organization Address	430 S. College St, Franklin		

Beginning Cash Balance

\$ 23,580.59

Revenues (By Category):

Admissions

\$ Ø

Concessions

\$ 9,592.77

Items for Resale

\$ 208.00

Other:

Fundraisers / Donations

\$ 1,518.11

Sign Sales

\$ 1,850.00

Tournament Hosting

\$ 25,624.70

Total Revenue:

\$ 38,793.58

Expenses (By Category):

Admissions

\$ Ø

Concessions

\$ 3,260.52

Items for Resale

\$ 29.63

Other:

Special Events / Banquets

\$ 5,574.65

Tournament costs

\$ 9,172.36

Volleyball Camp

\$ 6,130.00

Total Expenses:

\$ 32,241.15

Ending Cash Balance

\$ 30,133.02

Cheryl Warner
 Organization Treasurer

Joe Jeli
 Organization President

7-1-24 to 6-30-25

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FS HS + FSMS	Year 2024-2025
Organization Name	FS Volleyball Booster Club	
Organization Address	430 S. College St, Franklin	

Description	Receipts Budget	Expenditures Budget	Balances
Beginning Cash Balance		Beginning	\$23,580.59
Concessions	\$9,542.77	\$3,260.52	
Fundraisers	\$3,576.11	\$1,015.63	
Tournaments	\$25,624.70	\$9,172.36	
Special Nights/Banquets		\$5,574.65	
Legal fees / taxes, Insurance		\$428.05	
Asst Coaches Salary		\$900.00	
Equipment / Clothing		\$5,759.94	
Volleyball Camp		\$6,130.00	
		Ending Balance	\$30,133.02
Totals	\$38,743.58	\$32,241.15	

Dee Warden
Organization Treasurer

Jon Jon
Organization President

Principal

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/23/2025

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 E-MAIL ADDRESS: support@rvnuccio.com FAX (A/C, No): (818) 980-1595																					
INSURED Franklin Simpson Volleyball 400 S College St 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>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td>Axis Insurance Company</td><td>37273</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:	Fireman's Fund Insurance Company	21873	INSURER B:	Axis Insurance Company	37273	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 DISR 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		UST021067240 NANPO0069204	7/22/2025	7/22/2026	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"/> EXCESS LIAB <input type="checkbox"/> 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	Y/N N/A				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Sexual Misconduct Liability		NANPO0069204	7/22/2025	7/22/2026	\$1,000,000/\$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

Joseph Guerrero

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