

**Email Address:** [sydney.downey95@gmail.com](mailto:sydney.downey95@gmail.com)

# Franklin Simpson Middle School Boys Basketball Boosters, Inc. 2024-2025 Annual Report

Beginning Balance on 7/01/2024	\$4,311.15	<b>New Year's Classic Tournament</b>	
Ending Balance as of 6/30/2025:	<b>\$8,073.03</b>	Deposits	
	<b>\$3,761.88</b>	Team Entry Fee	\$900.00
		Gate Fee & Concessions	\$7,900.00
		Square Up Automatic Deposit	\$154.31
<b>Shirt Sales</b>		<b>Total Deposits</b>	<b>\$8,954.31</b>
Deposits		Expenses	
Cash	\$355.00	Amazon	\$193.58
Venmo	\$1,057.00	Sams Club	\$509.31
Cash App	\$264.00	Petty Cash	\$2,800.00
<b>Total Deposits</b>	<b>\$1,676.00</b>	Oak Tree Awards	\$78.88
Expenses		Bojangles	\$159.00
Pyramid Prints	(\$1,020.75)	Simpson Co Schools (cleanup) ck# 2019	\$172.98
		Simpson Co Schools (umpires) ck# 2018	\$1,800.00
	<b>\$1,676.00</b>	<b>Total Expenses</b>	<b>\$5,713.75</b>
	(\$1,020.75)		
<b>Profit</b>	<b>\$655.25</b>		<b>\$8,954.31</b>
			(\$5,713.75)
<b>Calendar Fundraiser</b>		<b>Profit</b>	<b>\$3,240.56</b>
Deposits		<b>District Tournament</b>	
Cash	\$2,802.00	Deposits	\$2,791.00
Venmo	\$1,665.00	Expenses	
Cash App	\$300.00	Amazon	\$193.58
<b>Total Deposits/Profit</b>	<b>\$4,767.00</b>	Sams Club	\$509.31
		Petty Cash	\$125.00
<b>Concessions</b>		Oak Tree Awards ck# 2021	\$352.83
Deposits		Simpson Co Schools (cleanup) ck# 2019	\$72.08
Cash	\$3,395.00	Simpson Co Schools (Umpires) ck# 2023	\$345.33
Square Up Automatic Deposits	\$216.04	<b>Total Expenses</b>	<b>\$1,598.13</b>
<b>Total Deposits</b>	<b>\$3,611.04</b>		
Expenses			<b>\$2,791.00</b>
Petty Cash	\$600.00		(\$1,598.13)
Sams Club	\$1,115.89	<b>Profit</b>	<b>\$1,192.87</b>
Project Graduation ck# 2015	\$225.00	<b>Miscellaneous Expenses:</b>	
Amazon	\$161.88	Sam's Club Fee (automatic payment)	\$50.00
Pizza Hut	\$322.68	Simpson Co Schools (bus) ck# 2013	\$290.87
<b>Total Expenses</b>	<b>\$2,425.45</b>	R.V. Nuccio & Associates Insurance	\$288.78
		Amazon (cooler split between FSMS Girls Basketball, Volleyball, & FSMS boys basketball)	\$979.00
	<b>\$3,611.04</b>		
	(\$2,425.45)		
<b>Profit</b>	<b>\$1,185.89</b>		

	Square Up (point of sale portal)	\$263.94
	Pyramid Prints (team shirts)	\$358.50
	X-Grain (warmups)	\$2,316.10
	Allen Co Basketball Boosters (tournament) ck# 2014	\$150.00
	Sporting Goods (score books)	\$27.45
	Epic Sports (backpacks)	\$224.87
	Simply Sweet Boutique (embroider B'packs)	\$117.00
	Make-A-Ball (8th Grade Night gifts)	\$454.67
	South Warren Invitational (tournament)	\$75.00
	Fazoli's (meal for team)	\$326.47
	Etsy (coaches gift)	\$129.18
	Colorado Grill (coaches gift)	\$200.00
	Oak Tree Awards (Banquet) ck# 2022	\$168.89
	OMA's Cooking & Catering (banquet)	\$900.00
	Reimburse Cailyn Hogan for Rayco Bryant's Bday gift - ck# 2017	\$75.00
	Secretary of State - Annual Report Filing Fee	\$15.00
	Reimburse Lara Forshee for Cailyn Hogan's Bday gift - ck# 2024	\$75.00
	Donation to Simpson Co Schools - gym modifications ck #2025	\$500.00
	<b>Total Misc. Expenses</b>	<b>\$7,985.72</b>
	<b>Miscellaneous Deposits:</b>	
	Reimbursement for Sams Charge	\$50.00
	Reimbursement for cooler from FSMS Girls Basketball & Volleyball	\$656.33
	<b>Total Misc Deposits</b>	<b>\$706.33</b>
	<b>Total Deposits</b>	<b>\$22,505.68</b>
	<b>Total Expenses</b>	<b>(\$18,743.80)</b>
	<b>Total Profit</b>	<b>\$3,761.88</b>



317 North Main St. • PO Box 449  
Franklin, KY 42135  
270-586-7121

903 South Main St.  
Franklin, KY 42134  
270-586-5433

661 Dishman Lane Ext.  
Bowling Green, KY 42104  
270-843-6400

2305 Gary Farms Blvd.  
Bowling Green, KY 42104  
270-901-4380

398 Lovers Lane  
Bowling Green, KY 42103  
270-901-4462

www.fbtco.com • Toll Free: 888-586-7121



F S MIDDLE SCHOOL BOYS BB BOOSTERS  
210 COATES RD  
FRANKLIN KY 42134-5412



Member  
FDIC

## FINANCIAL SERVICES STATEMENT

Statement Date: **06/30/2025**

Account No.: **173975** Page: **1**

### COMMERCIAL SMALL BUS SUMMARY

Type: **\*\*REG** Status: **Active**

Category	Number	Amount
Balance Forward From 05/30/25		8,083.68
Debits	2	240.00
Ending Balance On 06/30/25		7,843.68
Average Balance (Ledger)	8,014.64+	

### CHECKS AND OTHER DEBITS

\* indicates a gap in the check numbers

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
06/18/25	2026	100.00	06/25/25	2027	140.00	Both checks for		

### DAILY BALANCE SUMMARY

Beginning Ledger Balance on 05/30/25 was 8,083.68

Date	Balance	Date	Balance
06/18/25	7,983.68	06/25/25	7,843.68

### OVERDRAFT FEE SUMMARY

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00
Fees Refunded	\$0.00	\$0.00
Fees Waived	\$0.00	\$0.00

This Statement Cycle Reflects 31 Days

Ending balance as  
of 6/30/25 = \$8073.68  
Copies of checks  
reflect new  
balance of \$7,843.68

Continued

1/619/1





F S MIDDLE SCHOOL BOYS BB BOOSTERS

Bank : 538

Account No. : 173975

Images : 2

Stmt. Date : 06/30/2025

Page : 3

IMAGE STATEMENT



FSMS BOYS BB BOOSTERS  
522 HOLLAND RD DR  
FRANKLIN, KY 42104-2411

6-16-25 DATE @2505.1988

Pay to the Order of SEMS \$ 100.00

Que Harold Holder T 00 Dollars

FRANKLIN BANK & Trust Company  
FRANKLIN, KENTUCKY

For SEMS Bill

00839080484 017 397 5# 2025

AM: 100.00 CK: 2026 DT: 06/18 SQ: 80100420 Paid

FSMS BOYS BB BOOSTERS  
522 HOLLAND RD DR  
FRANKLIN, KY 42104-2411

6-17-25 DATE @2505.1988

Pay to the Order of Ruckers Stewart \$ 140.00

One hundred & forty dollars 00 Dollars

FRANKLIN BANK & Trust Company  
FRANKLIN, KENTUCKY

For SEMS Bill

00839080484 017 397 5# 2025

AM: 140.00 CK: 2027 DT: 06/25 SQ: 80100700 Paid



**Franklin Simpson Middle School Boys Basketball Boosters, Inc**  
**2025-2026**  
**Proposed Budget**

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

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

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Franklin Simpson Middle School Boys Basketball Boosters, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>322 South College Street</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Franklin, Ky 42134</b>		
<b>7</b> List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<b>Social security number</b> [ ][ ] - [ ][ ] - [ ][ ][ ][ ] <b>or</b> <b>Employer identification number</b> [9][3] - [1][9][5][2][6][5][4]
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<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
<b>Sign Here</b> Signature of U.S. person <i>Lana Forshue</i>	Date <i>1/3/2025</i>

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

**1294857**  
**Michael G. Adams**  
**KY Secretary of State**  
 Received and Filed  
 2/12/2025 8:46:55 PM  
 Fee receipt: \$15.00

Michael G. Adams  
 Secretary of State  
 P. O. Box 1150  
 Frankfort, KY 40602-1150  
 (502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report  
Online Filing  
For the Year 2025**

**ARP**

**Company:** FRANKLIN SIMPSON MIDDLE SCHOOL BOYS BASKETBALL  
**BOOSTERS, INC.**  
**Company ID:** 1294857  
**State of origin:** Kentucky  
**Formation date:** 7/17/2023 12:00:00 AM  
**Date filed:** 2/12/2025 8:44:11 PM  
**Fee:** \$15.00

**Principal Office**

322 SOUTH COLLEGE STREET  
 FRANKLIN, KY 42134

**Registered Agent Name/Address**

LARA N. FORSHEE  
 522 ROLLING ROAD DRIVE  
 FRANKLIN, KY 42134

**Current Officers**

President	Rowland Crafton	210 Coates Rd. Franklin KY 42134
Vice President	Marla Downey	508 Duncan St. Franklin KY 42134
Treasurer	Sydney Downey	508 Duncan St. Franklin Ky

**Directors**

Director	Cailyn Hogan	614 Mimosa Franklin, Ky 42134
Director	Marla Downey	508 Duncan St. Franklin Ky 42134
Director	Lara Forshee	522 Rolling Road Dr Franklin KY 42134

County:	SIMPSON
Business size:	Small
Business type:	Educational Services

**Signatures**

<b>Signature</b>	Lara Forshee
<b>Title</b>	Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE: 08/23/2024  
08/23/2024

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).

<b>PRODUCER</b> DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME</b> Joseph Guerrero <b>PHONE (A/C, H, F, E, C)</b> (800) 364-2433 <b>FAX (A/C, H, F, E, C)</b> (818) 980-1595 <b>E-MAIL ADDRESS</b> support@rvnuccio.com
<b>INSURED</b> Franklin Simpson Middle School Boys Basketball Boosters, Inc. 522 Rolling Road Drive Franklin, KY 42134	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A.</b> Franklin's Fund Insurance Company 21873 <b>INSURER B.</b> Auto Insurance Company 37273 <b>INSURER C.</b> <b>INSURER D.</b> <b>INSURER E.</b>

**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.

DESCRIPTION	TYPE OF INSURANCE	ADD. CLERK	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  TENS AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> PERIOD <input type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> LOC  <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> OWN AUTO <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> HYBRID AUTO <input type="checkbox"/> NON-OWNED AUTO  <b>UMBRELLA LIME</b> <input type="checkbox"/> OCCUR <b>EXCESS LIME</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> COB <input type="checkbox"/> ATTENTION L  <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY WORKERS COMPENSATION EXCLUSION OR EXCLUSION EXCLUSION (MANDATORY IN KY) If you describe work, please describe the work conditions.		UST021067230 NANPC0085826	8/29/2024	8/29/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 3,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD AGG \$ 2,000,000 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ TWO STATE / TERRITORY / COUNTRY \$ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
<b>A</b>	Directors and Officers		NPC000073308	8/29/2024	8/29/2025	\$1,000,000
<b>A</b>	Sexual Misconduct Liability		NANPC0085826	8/29/2024	8/29/2025	\$1,000,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES & OTHER ACORD 101 APPLICABLE INFORMATION. If such space is required:

Evidence of Insurance Only

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance Only	<b>CANCELLATION</b>  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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