



PO BOX 731  
FRANKLIN KY 42135

[WWW.FSHSBASS.COM](http://WWW.FSHSBASS.COM)  
Coach – Drew Snider  
Asst. Coach – Chuck Fleming

#### 2025/26 OFFICERS

PRESIDENT – Jill Cook

VICE PRESIDENT – Amberly Gregory

TREASURER – Caitlin Foster

SECRETARY – Hailey Stagner

We would like to be acknowledged as a Franklin Simpson High School external booster, known as the “FSHS Bass Cats”. Listed above are the current officers going into the 2025/2026 school year. The Club will hold officer elections Q2’26 for the following school year. We have attached the following documents:

- Employer Identification Number “FSHS Bass Anglers”
- Insurance Policy
- 2024/25 Annual Financial Report
- 2024/25 Bank Statements
- 2024 Tax Return
- 2025/26 Combining Budget
- W9
- Fundraiser Approval Request
- 06/24/2025 Meeting Minutes

Thank you in advance.

FSHS BASS CATS

**FRANKLIN SIMPSON BASS CATS  
COMBINING BUDGET**

**School** Franklin Simpson High School

**Year** 2025/2026

Activity Accounts	Beginning	Estimated	Estimated	Balance
General Fund	8,894.73	20,000.00	0.00	28,894.73
Lodging/Travel	0.00	0.00	7,000.00	-7,000.00
Uniforms	0.00	0.00	3,000.00	-3,000.00
Meals & Banquet	0.00	0.00	5,000.00	-5,000.00
Fuel	0.00	0.00	2,000.00	-2,000.00
Entry Fees/Dues	0.00	0.00	1,600.00	-1,600.00
Gear	0.00	0.00	6,000.00	-6,000.00
Administrative Expenses	0.00	0.00	250.00	-250.00
Insurance	0.00	0.00	155.00	-155.00
Totals	8,894.73	20,000.00	25,005.00	3,889.73

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

*Caitlin Foster*

\_\_\_\_\_  
Treasurer

07/11/2025

\_\_\_\_\_  
Date



# Franklin Bank & Trust Company

Checking  
\*5723

Current Balance:  
\$9,015.68

Available Balance:  
\$9,015.68

Date	Description	Category	Amount	Balance
Friday, December 27, 2024	Deposit		\$400.00	\$18,213.33
Tuesday, December 17, 2024	Deposit		\$1,200.00	\$17,813.33
Friday, December 06, 2024	Deposit		\$300.00	\$16,613.33
Thursday, December 05, 2024	Deposit		\$1,972.00	\$16,313.33
	Deposit		\$6,206.00	\$14,341.33
	Deposit		\$2,425.00	\$8,135.33
Friday, November 22, 2024	Deposit		\$130.00	\$5,710.33
	Deposit		\$300.00	\$5,580.33
Monday, November 18, 2024	Deposit		\$158.00	\$5,280.33
Wednesday, November 13, 2024	3645 VSA PUR SPECIAL EVENT INSURANCE 800-3642433 CA		-\$155.00	\$5,122.33
Thursday, October 24, 2024	CK # 139		-\$150.00	\$5,277.33
Friday, September 20, 2024	CK # 150		-\$120.00	\$5,427.33
Monday, September 16, 2024	Deposit		\$25.00	\$5,547.33
Monday, September 09, 2024	CK # 126		-\$60.00	\$5,522.33
	CK # 149		-\$60.00	\$5,582.33
Monday, July 29, 2024	CK # 148		-\$4,333.57	\$5,642.33
Thursday, July 11, 2024	CK # 147		-\$1,360.20	\$9,975.90
Monday, June 17, 2024	CK # 145		-\$185.89	\$11,336.10
	Deposit		\$100.00	\$11,521.99
Friday, June 14, 2024	Deposit		\$2,300.00	\$11,421.99
Monday, June 03, 2024	CK # 146		-\$309.89	\$9,121.99
Thursday, May 30, 2024	CK # 135		-\$100.00	\$9,431.88
Monday, May 20, 2024	CK # 144		-\$749.67	\$9,531.88
Friday, May 17, 2024	Deposit		\$50.00	\$10,281.55
Tuesday, May 14, 2024	Deposit		\$800.00	\$10,231.55
Wednesday, May 08, 2024	CK # 142		-\$979.44	\$9,431.55
	CK # 143		-\$123.01	\$10,410.99
Tuesday, May 07, 2024	CK # 140		-\$198.31	\$10,534.00
Tuesday, April 30, 2024	CK # 138		-\$40.00	\$10,732.31
Monday, April 29, 2024	CK # 141		-\$180.77	\$10,772.31
Wednesday, April 24, 2024	CK # 128		-\$60.00	\$10,953.08
Tuesday, April 23, 2024	CK # 132		-\$58.00	\$11,013.08
Wednesday, April 17, 2024	CK # 130		-\$60.00	\$11,071.08
Monday, April 15, 2024	CK # 127		-\$60.00	\$11,131.08
Wednesday, April 03, 2024	CK # 137		-\$1,061.00	\$11,191.08
Friday, March 29, 2024	CK # 136		-\$2,930.00	\$12,252.08
Friday, March 15, 2024	Deposit		\$210.00	\$15,182.08
	Deposit		\$60.00	\$14,972.08
Tuesday, March 12, 2024	CK # 133		-\$500.00	\$14,912.08
Friday, March 01, 2024	Deposit		\$50.00	\$15,412.08
	Deposit		\$50.00	\$15,362.08
Monday, February 26, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815- 513-5583 IL		-\$146.39	\$15,312.08
	3645 VSA PUR WWW.FILE99 FILE990.OR WWW.FILE990.O GA		-\$54.99	\$15,458.47
Tuesday, February 20, 2024	Deposit		\$175.00	\$15,513.46
Friday, February 16, 2024	Deposit		\$85.00	\$15,338.46
Friday, February 09, 2024	Deposit		\$150.00	\$15,253.46
	Deposit		\$100.00	\$15,103.46
	Deposit		\$25.00	\$15,003.46
Tuesday, February 06, 2024	Deposit		\$157.00	\$14,978.46
Friday, January 26, 2024	Deposit		\$409.00	\$14,821.46
	Deposit		\$72.00	\$14,412.46
	Deposit		\$61.00	\$14,340.46
Monday, January 22, 2024	Deposit		\$600.00	\$14,279.46
	Deposit		\$120.00	\$13,679.46
Tuesday, January 16, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815- 513-5583 IL		-\$250.00	\$13,559.46
Friday, January 12, 2024	Deposit		\$209.00	\$13,809.46
Friday, January 05, 2024	3645 VSA PUR USPS PO 2029240634 FRANKLIN KY		-\$100.00	\$13,600.46
Thursday, January 04, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815- 513-5583 IL		-\$5,530.00	\$13,700.46

Transaction Range: January 01, 2024 - December 31, 2024

Printed: July 02, 2025 8:07AM





DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 05-31-2016

Employer Identification Number:  
81-2784427

Form: SS-4

Number of this notice: CP 575 E

FSHS BASS ANGLERS  
403 E CEDAR ST  
FRANKLIN, KY 42134

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2784427. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

FORM 990-N

Department of Treasury  
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2024

Open To Public Inspection

A For the 2024 calendar year, or tax year beginning 01/01/2024 , and ending 12/31/2024	
B Check if applicable <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Gross Receipts are \$50,000 or less	C Name of Organization FRANKLIN SIMPSON BASS ANGLERS
	Number and Street (or P.O. box, if mail is not delivered to street address) PO BOX 731
E Website Address	City or town, state or country, and Zip + 4 FRANKLIN, KY 42135-0731
	F Name of Principal Officer Amy L Hunter
	Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer 887 Mary Adams Road
	City or town, state or country, and ZIP + 4 Franklin, KY 42134
D Employer ID number 81-2784427	

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**Franklin Simpson Bass Anglers**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☒ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

**PO Box 731**

City, state, and ZIP code

**Franklin, KY 42135**

Requester's name and address (optional)

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

    -    -    

Employer identification number

8 1 - 2 7 8 4 4 2 7

### Part II Certification

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).

**Certification instructions.** 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 on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

8/24/19

### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# **Franklin- Simpson Bass Cats Booster Club Meeting Minutes**

Date: June 24, 2025

Location: Ruby Branch Farm

Time: 6:00pm

## **1. Call to Order**

The meeting was called to order to provide team updates, celebrate the season, and discuss plans moving forward.

## **2. Team Recognition & Appreciation**

- BassCats Awards were presented to celebrate the accomplishments of this year's team.
- Boat Captain Gifts were handed out as a thank-you for their commitment and support throughout the season.

## **3. Communication Updates**

Important changes to team communication protocols were shared:

- Going forward, all communication between coaches and students must occur through a school-approved platform.
- If alternate communication is necessary, a waiver signed by the student's parent/guardian will be required.
- The Band app will be phased out—additional details to come.

## **4. Suggestions for Next Season**

- Start fundraising efforts earlier in the season to better support team needs and travel.

## **5. Booster Club Support**

The following individuals volunteered to help with booster activities (not as officers):

- Jamie Toney
- Carol Ann Smith
- Jenna Utley – Social Media Coordinator

## **6. Breakout Meetings**

Following general announcements, boat captains and coaches held a separate meeting to discuss expectations and logistics for the upcoming season.

## **7. Booster Club Officer Elections**

At the end of the meeting, elections were held for the upcoming term. Results are as follows:

- President: Jill Cook
- Vice President: Amberly Gregory
- Treasurer: Caitlin Foster
- Secretary: Hailey Stagner

The Following Booster Club Members are to be removed as Booster Officers:

- Amy Hunter
- Jamie Toney



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2024

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, No, Ext):</b> (800) 364-2433 <b>FAX (A/C, No):</b> (818) 980-1595 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com														
<b>INSURED</b> Franklin Simpson Bass Anglers Booster Club 400 S. College St Franklin, KY 42134	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B: Axis Insurance Company</td><td>37273</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></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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INSURER F:															

**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	<b>GENERAL LIABILITY</b> <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			UST021067230 NANPO0067543	11/23/2024	11/23/2025	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability			NANPO0067543	11/23/2024	11/23/2025	\$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

**CANCELLATION**

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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