

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2020 FEIN# 50 - 2547577

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 Lady Cats Soccer

Name of School and Principal Franklin Simpson / Mr. Wix
School Address 400 S. College St. Franklin, KY 42134

Name of Organization Lady Cats Soccer

Organization President Amber Huggins
Address 605 Broadway Ave Franklin, KY 42134
Phone (606) 974-5155 E-mail ajhuggins@gmail.com

Name of Vice President Sarah Hardin
Address 302 Elm St. Franklin, KY 42134
Phone (270) 776-0688 E-mail sasachelle@msn.com

Name of Secretary Lena Hooper
Address 518 Morgantown Rd Franklin, KY 42134
Phone (606) 494-7028 E-mail lhooperh126@gmail.com

Name of Treasurer Shelby Deweese
Address 237 Oakridge Ln Franklin, KY 42134
Phone (270) 223-9386 E-mail sdeweese.42@yahoo.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's Simpson HS	Year	26-27
Organization Name	Lady Cats Soccer	Date	7/20/26
Organization Address	400 S. College St. Franklin, KY 42134		

Beginning Cash Balance

\$ _____

Revenues (By Category):

Admissions

\$ _____

Concessions

\$ _____

Items for Resale

\$ _____

Other:

\$ _____

\$ _____

\$ _____

Total Revenue:

\$ _____

Expenses (By Category):

Admissions

\$ _____

Concessions

\$ _____

Items for Resale

\$ _____

Other:

\$ _____

\$ _____

Total Expenses:

\$ _____

Ending Cash Balance

\$ _____


Organization Treasurer

Organization President

See
Attached

SIMPSON COUNTY SCHOOLS

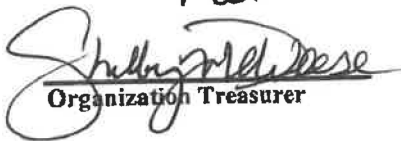
SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	Franklin Simpson H.S.	Year 26-27
Organization Name	Lady Cats Soccer	
Organization Address	400 S. College St Franklin, KY 42134	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	20,199.87	
Fundraising	6000.00	
Sponsorship	6000.00	
Community giveback		(500.00)
player relations		(9000.00)
uifs		(1000.00)
taxes		(250.00)
Uniforms		(1000.00)
equipment		(1500.00)
Totals	32,199.87	(13,250.00)

net

~ 18,949.87


Organization Treasurer

Organization President

Principal

7/20/26

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/17/2026

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 74 Kenny Perry Drive Franklin, KY 42134	<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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC		UST021067250 NANPO0075134	7/22/2026	7/22/2027	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 ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED ☐ RETENTION \$ ☐ OCCUR ☐ CLAIMS-MADE ☐					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability		NANPO0075134	7/22/2026	7/22/2027	\$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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PREVIOUS YEAR EXPENSES

PLEASE PROVIDE DETAILED INFORMATION FOR PREVIOUS YEAR

Lady Cats Soccer

BOOSTER CLUB NAME

25-26

YEAR

EXPENSE PAID TO

FOR

AMOUNT

Please See Attached

SUMMARY BREAKDOWN

Row Labels	Sum of DEBIT	Sum of CREDIT
COMMUNITY GIVEBACK	\$ (679.26)	
PEOPLE SERVING PEOPLE	\$ (203.06)	
SUPPLIES	\$ (76.20)	
(blank)	\$ (400.00)	
DONATION		\$ 72.00
(blank)		\$ 72.00
DRINK OPT OUT		\$ 20.00
(blank)		\$ 20.00
EQUIPMENT	\$ (694.28)	
EQUIPMENT	\$ (694.28)	
FUNDRAISER	\$ (10,611.83)	\$ 22,022.87
BUCKETS 4 BUCKS	\$ (5,833.00)	\$ 11,284.59
CAMP	\$ (47.38)	\$ 227.19
CONCESSIONS	\$ (4,631.45)	\$ 8,068.59
GATE	\$ (100.00)	\$ 1,342.50
OPT OUT		\$ 900.00
PYRAMID SALES		\$ 200.00
INSURANCE	\$ (386.78)	
(blank)	\$ (386.78)	
MISC	\$ (59.10)	\$ 59.11
SEE NOTES	\$ (59.10)	\$ 59.11
PLAYER RELATIONS	\$ (9,015.24)	
2A STATE TOURNAMENT	\$ (794.68)	
8TH GRADE NIGHT	\$ (362.59)	
BANQUET	\$ (6,500.65)	
DISTRICT GAME	\$ (162.60)	
GRADUATION	\$ (40.00)	
HOMECOMING	\$ (142.93)	
MIDDLE SCHOOL TOURNAMENT	\$ (105.01)	
SENIOR BANNERS	\$ (180.00)	
SENIOR NIGHT	\$ (510.78)	
TEAM PIC BANNER	\$ (216.00)	
REFS	\$ (920.00)	
AUGUST REFS	\$ (440.00)	
SEPTEMBER 2025 GAMES	\$ (480.00)	
SPONSORSHIP	\$ (300.71)	\$ 6,025.00
BANNERS	\$ (140.40)	
SIGNS	\$ (45.00)	
SPONSORSHIP		\$ 3,675.00
SUPPLIES	\$ (115.31)	
(blank)		\$ 2,350.00
SUPPLIES	\$ (45.55)	
ANNOUNCER BOX	\$ (45.55)	
TAXES	\$ (245.00)	
1099 FORM PREP	\$ (25.00)	
NONPROFIT INCOME TAX RETURN	\$ (220.00)	
TOURNAMENT FEES	\$ (175.00)	
CHRISTIAN COUNTY CLASSIC	\$ (175.00)	

Row Labels	Sum of CREDIT	Sum of DEBIT	P/L
COMMUNITY GIVEBACK		\$ (679.26)	#REF!
DONATION	\$ 72.00		#REF!
DRINK OPT OUT	\$ 20.00		#REF!
EQUIPMENT		\$ (694.28)	#REF!
FUNDRAISER	\$ 22,022.87	\$ (10,611.83)	#REF!
INSURANCE		\$ (386.78)	#REF!
MISC	\$ 59.11	\$ (59.10)	#REF!
PLAYER RELATIONS		\$ (9,015.24)	#REF!
REFS		\$ (920.00)	#REF!
SPONSORSHIP	\$ 6,025.00	\$ (300.71)	#REF!
SUPPLIES		\$ (45.55)	#REF!
TAXES		\$ (245.00)	#REF!
TOURNAMENT FEES		\$ (175.00)	#REF!
TRAINING CAMPS		\$ (229.00)	#REF!
UNIFORMS	\$ 340.00	\$ (1,675.47)	#REF!
(blank)			#REF!
Grand Total	\$ 28,538.98	\$ (25,037.22)	#REF!

TRAINING CAMPS	\$	(229.00)		
TRAINING CAMPS	\$	(229.00)		
UNIFORMS	\$	(1,675.47)	\$	340.00
PINK SOCKS	\$	(190.16)		
SHORTS/JERSEYS	\$	(387.96)		
SOCKS	\$	(163.91)		
(blank)	\$	(933.44)	\$	340.00
Grand Total	\$	(25,037.22)	\$	28,538.98