

*Revoked - Grant agreement  
not returned*

NDF100621CALS03

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Central Adult Learn-to-Swim, Inc.  
**Applicant Requested Amount:** \$620  
**Appropriation Request Amount:** \$620

**Executive Summary of Request**  
Registration for 2 graduates of an Adult Learn to Swim class at Algonquin Pool for the U.S. Masters Swimming membership and enrollment to become certified instructors to be able to teach adult Zumba/Aerobics classes at Algonquin Pool.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

3 District #      *[Signature]* Primary Sponsor Signature      \$620 Amount      9/17/21 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.  
N/A

Approved by: *Paul Blawell*      10/8/2021  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: 620.00

sh

Approved Committee  
Date: 10/6/2021

**Applicant/Program:**

Central Adult Learn-to-Swim, Inc. /U.S. Masters Swimming Class and Instructor certifications

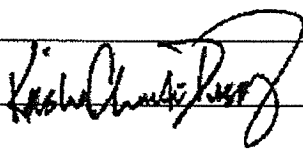
**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3		\$ 620
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Central Adult Learn-to-Swim, Inc. /U.S. Masters Swimming Class and Instructor certifications

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

<b>Legal Name of Applicant Organization</b>	Central Adult Learn-to-Swim, Inc.
<b>Program Name and Request Amount</b>	U.S. Masters Swimming Class and Instructor certifications/ \$620
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> N/A
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input checked="" type="checkbox"/> N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input checked="" type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input checked="" type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input checked="" type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input checked="" type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> N/A No
<b>Prepared by:</b> Keturah Morrow	<b>Date:</b> 09/17/2021



*Louisville Metro Council  
Louisville, Kentucky*

*Keisha Dorsey, M.P.H.  
District 3 Councilwoman*

*Keturah Morrow  
Legislative Assistant*

September 22, 2021

Appropriations Committee  
Louisville Metro Council  
601 West Jefferson Street  
Louisville, KY 40202

Dear Chair Blackwell & Appropriations Committee Members,

I am writing this statement to explain why we are considering NDF100621CALS03 an emergency. As, you know Algonquin Pool resides in District 3. During the summer of 2021 the Adult-Learn-to-Swim program provided water aerobics in the form of Zumba. William Kolb, one of the co-founders has offered to teach swimming classes to adults in the summer of 2022 and Keisha accepted his offer and offered to pay for classes for 2 people.

In order to have two instructors dedicated to this initiative for summer 2022, Adult-Learn-to-Swim needed to register two of its graduates for U.S. Masters Swimming memberships (\$60 each) and in an instructor certification course (\$250 each) coming to Louisville on October 17<sup>th</sup>, totaling \$620. After consulting with the Council's Financial Analyst and the County Attorney's office, District 3 decided to move forward with the NDF. In evaluating the date that this would be heard in the Appropriations meeting, we realized their deadline to pay the classes would expire before they could possibly receive the funds from the NDF. So, it was decided that Adult-Learn-to-Swim would go ahead and purchase the slots for the classes and deem this NDF an emergency situation, so they can be refunded for the purchases of the necessary classes.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> Central Adult Learn-to-Swim, Inc.			
<b>Main Office Street &amp; Mailing Address:</b> 2248 Emerson Avenue			
<b>Website:</b> www.yallwannaswim.com			
<b>Applicant Contact:</b>	William Kolb	<b>Title:</b>	Co-Founder
<b>Phone:</b>	(502) 553-5154	<b>Email:</b>	wmkolb@gmail.com
<b>Financial Contact:</b>	Amy Benton	<b>Title:</b>	Co-Founder
<b>Phone:</b>	(502) 553-0577	<b>Email:</b>	amycbenton@mac.com
<b>Organization's Representative who attended NDF Training:</b> William Kolb			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Central High School, Academy @ Shawnee, Algonquin Park pools		
<b>Council District(s):</b>	3, 4	<b>Zip Code(s):</b>	40203, 40210, 40212
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Central Adult Learn-to-Swim, Inc. Instructor Scholarships			
<b>Total Request: (\$)</b>	\$ 620.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	n/a	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

The mission of Central Adult Learn-to-Swim, Inc. is to teach Louisville-area adults to swim for free. Located in West Louisville at Central High School, we are the sole provider of barrier-free access to adult swim lessons and aquatic fitness programming. We believe every adult should at a minimum know how to be safe and comfortable in the water and at a maximum learn to swim and utilize swimming as a lifetime fitness activity.

In April 2019, 144 people fatally drowned in the United States: 93 were adults (USA Swimming Foundation). That same month, our nonprofit taught 70 adults to swim, free of charge.

When an adult doesn't know how to swim, children in their household have a 19 percent chance of learning themselves. Our program has far-reaching benefits: when we create safe swimming for adults, we create safe swimming for children.

Despite our success, graduates still lack access to aquatic facilities. In West Louisville, there are no public options without membership. We offer weekly practice opportunities, continued education, and Aqua Zumba. Our programming ensures year round access and opportunities for this community of swimmers.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
William Kolb	09/01/2022
Amy Benton	09/01/2022
Michael Radmacher	09/01/2022
Patricia Mathison	09/01/2022
Necolle Banks	09/01/2022
Rose Powers	09/01/2022
Rosetta Holland	09/01/2022
Debra Myers	09/01/2022

**Describe the Board term limit policy:**  
 Our board holds elections annually in September for 1-year terms of office.

Three Highest Paid Staff Names	Annual Salary
n/a	



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT NARRATIVE**

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

This project includes covering the cost of U.S. Masters Swimming registration fees (insurance program) and enrollment in the U.S. Masters Swimming Adult Learn-to-Swim Instructor Certification class coming to Louisville, Kentucky on October 16 and 17, 2021. Funds will be used on GRADUATES of our Adult Learn-to-Swim program in need of financial assistance who wish to become instructors and further our mission as legacy instructors.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Two capable and willing individuals who are graduates from our Algonquin Park session of Adult Learn-to-Swim will be selected to have their expenses to become certified instructors paid for with these funds.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

n/a

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Reimbursement is being requested as the entry deadline for the certification class was filled on a first-come, first-served basis and our board was only given a short window of time to register students before the 25 person maximum was met. Please see attachments for proof/verification of expenses.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

By certifying capable and willing graduates of our Adult Learn-to-Swim program, we are ensuring members of the community our organization serves are able to turn around and serve their own community in the same way. By creating what we call "legacy instructors" we are tackling our mission to teach as many Louisville-area adults to swim as we possibly can head on by innovatively and organically finding solutions to a dangerous, widespread problem in aquatics. We report all graduate statistics to the U. S. Masters Swimming Swimming Saves Lives Foundation in explicit detail, to include student demographics, skill progress, and other pertinent anecdotes.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

We have healthy partnerships with Louisville Metro Parks and with Jefferson County Public Schools-- the providers of our pool space. We have rented from Metro and JCPS for years and our efforts in their respective facilities are highly valued and supported.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>B: Rent/Utilities</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>C: Office Supplies</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>D: Telephone</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>E: In-town Travel</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>	\$ 620.00	\$ 0.00	\$ 620.00
<b>G: Professional Service Contracts</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>H: Program Materials</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>J: Machinery &amp; Equipment</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>K: Capital Project</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 620.00	\$ 0.00	\$ 620.00
% of Program Budget	100.00%	0.00%	<b>100%</b>

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$ 0.00

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).**

Donor / Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i></p>	<p align="center">\$ 0.00</p>	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 2018 January 1, 2021

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 - CERTIFICATIONS & ASSURANCES	
<p>By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.</p>	
<p><b>Standard Assurances</b></p> <ol style="list-style-type: none"> <li>1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.</li> <li>2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.</li> <li>3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.</li> <li>4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).</li> <li>5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.</li> <li>6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.</li> <li>7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.</li> <li>8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.</li> <li>9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.</li> <li>10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.</li> <li>11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</li> </ol>	
<p><b>Standard Certifications</b></p> <ol style="list-style-type: none"> <li>1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.</li> <li>2. The Agency has a written Affirmative Action/Equal Opportunity Policy.</li> <li>3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.</li> <li>4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.</li> <li>5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.</li> </ol>	
<p><b>Relationship Disclosure:</b> List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.</p>	

SECTION 8 - CERTIFICATIONS & ASSURANCES	
<p>I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.</p>	
<p>Signature of Legal Signatory: </p>	<p>Date: 09/17/2021</p>
<p>Legal Signatory: (please print): William G. Kolb</p>	<p>Title: 09/17/2021</p>
<p>Phone: (602) 553-5154</p>	<p>Extension:   Email: wmkolb@gmail.com</p>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 10 2019

CENTRAL ADULT LEARN-TO-SWIM INC  
2248 EMERSON AVE  
LOUISVILLE, KY 40205-0000

Employer Identification Number:  
83-3895741  
DLN:  
26053676001279  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
March 6, 2019  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



**Central Adult Learn-to-Swim, Inc.**  
**Profit & Loss Budget v. Actual (Cash Basis)**  
**January 1 - December 31, 2021**

	<u>2021 Budget</u>	<u>Actual 2021</u>	<u>2022 Budget</u>
Item	what we budgeted for	what we spent/made	what we plan to make or spend in 2022
<b>INCOME</b>			
Grants		\$0	
SSLF			
Individual Donations		24,202.19	
Zumba			
<b>TOTAL</b>	<b>\$0</b>	<b>\$24,202</b>	<b>\$0</b>
<b>EXPENSES</b>			
pool rental	\$3,000	\$0	
food & drink	\$250	111.04	
lifeguarding		\$935.00	
equipment	\$285	3,017.35	
scholarships	\$1,200	\$2,780.00	
administration		\$1,776.47	
Stipend:AB/WK	\$5,000		
other		\$0.00	
Instructors	\$1,250	\$295.00	
Algonquin	\$3,500	0	
<b>TOTAL</b>	<b>\$10,985</b>	<b>\$8,915</b>	<b>\$0</b>

Accepted by IRS 1/29/20 ASM

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: CENTRAL ADULT LEARN-TO-SWIM

2248 Emerson Ave.  
Louisville, KY, US, 40205

D Employee Identification

Number 83-3835741

E Website:

F Name of Principal Officer: Amy Benton

2248 Emerson Ave.  
Louisville, KY, US, 40205

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NAOI  
1050714.09  
Alison Lundergan Grimes  
Secretary of State  
Received and Filed  
3/6/2019 1:20:47 AM  
Fee receipt: \$8.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Articles of Incorporation  
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Central Adult Learn-to-Swim, Inc.

Article II: The street address of the company's initial registered office in Kentucky is

2106 Douglass Blvd, Louisville, KY 40205

and the name of the initial registered agent at that address is William George Kolb

Article III: The mailing address of the company's initial principal office is

2248 Emerson Ave, Louisville, KY 40205

Article IV: The name and mailing address of each incorporator is

William George Kolb      2106 Douglass Blvd, Louisville, KY 40205

Article V: The number of directors constituting the initial board of directors is 3. The name and mailing address of each director is

William George Kolb      2106 Douglass Blvd, Louisville, KY 40205  
Amy Benton              2248 Emerson Ave, Louisville, KY 40205  
Michael Radmacher      2036 Boulevard Napoleon, Louisville, KY 40205

Article VI: The purpose of the company is: **This non-profit corporation is being organized to facilitate low or no cost Adult Learn-to-Swim programming for Louisville area adults.**

Executed by the Incorporator on Wednesday, March 06, 2019

Name of incorporator: **William George Kolb**

Signature of individual signing on behalf of Incorporator: **William George Kolb**

I, **William George Kolb**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

William George Kolb

**UNANIMOUS CONSENT RESOLUTIONS  
IN LIEU OF AN ORGANIZATIONAL MEETING  
FOR  
CENTRAL ADULT LEARN-TO-SWIM, INC.**

**Effective: March 11, 2019**

Acting pursuant to Kentucky law, the undersigned, being the incorporator and directors of **CENTRAL ADULT LEARN-TO-SWIM, INC.** (the "Organization") hereby adopt the following resolutions:

**RESOLVED**, that the Articles of Incorporation for the Organization were filed on March 11, 2019 with the office of the Secretary of State of the Commonwealth of Kentucky;

**RESOLVED** that, pursuant to the Organization's Articles of Incorporation, the following-named individuals are appointed to the Board of Directors until the election and qualification of their successors:

William Kolb -- President and Secretary  
Amy Benton -- Vice President and Treasurer

**RESOLVED** that following such appointment of the initial Directors, the Incorporator hereby resigns in his capacity as Incorporator;

**RESOLVED** that the Bylaws attached hereto as Exhibit "A" be adopted as the Bylaws of the Organization and that said Bylaws be inserted in the minute book of the Organization;

**RESOLVED** that the Conflicts Policy attached hereto as Exhibit "B" be adopted as the Conflicts Policy of the Organization and that said Conflicts Policy be inserted in the minute book of the Organization;

**RESOLVED** that the following named individuals are elected to the offices indicated until the election and qualification of their successors:

William Kolb -- President and Secretary  
Amy Benton -- Vice President and Treasurer

**RESOLVED** that the President and the Treasurer each be, and they hereby are, authorized and directed to open bank accounts in the name of the Organization for the deposit of funds belonging to the Organization;

**RESOLVED** that the Organization's bank is authorized to rely upon the aforesaid resolutions until receipt by it of written notice of any change or revocation thereof;

**RESOLVED** that the President and the Treasurer and such other officers as may be appropriate are hereby authorized and directed to pay all organizational expenses of the Organization out of the funds of the Organization;

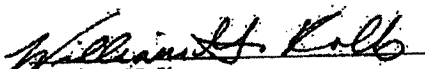
**RESOLVED** that the signatures of the President and the Treasurer are required on all checks written on behalf of the Organization;


**RESOLVED** that the President and such other officers of the Organization as may be required are hereby authorized and directed to file IRS Form SS-4 on behalf of the Organization and, if deemed necessary by the President, to complete and file IRS Form 1023 on behalf of the Organization;

**RESOLVED** that the President and such other officers as may be appropriate are hereby authorized to enter into contracts on behalf of the Organization and to take all other and further action as may be necessary or helpful in furthering the purposes of the Organization;

**RESOLVED FURTHER** that the President and such other officers of the Organization as may be appropriate be, and hereby are, authorized and directed to take such action and to execute such further documents in the name of the Organization as may be necessary, appropriate or convenient to give effect to these resolutions and to further the purposes of the Organization.

IN WITNESS WHEREOF, the undersigned certify that they constitute the Incorporator and the entire Board of Directors of Central Adult Learn to Swim, Inc., and the foregoing resolutions are effective as of March 11, 2019.

  
William Kolb

  
Amy Benton

## Request for Taxpayer Identification Number and Certification

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

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CENTRAL ADULT LEARN-TO-SWIM, INC.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**2248 EMERSON AVENUE**

**6** City, state, and ZIP code  
**LOUISVILLE Ky 40205**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]
<b>or</b>
<b>Employer identification number</b>
83 - 3835471

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

**Sign Here**      Signature of U.S. person ▶ *William J. Koll*      Date ▶ *September 17, 2021*

**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).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# Kentucky Secretary of State

## Michael G. Adams

### Central Adult Learn-to-Swim, Inc.

[File Annual Report](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Additional Services](#)[Certificates](#)

#### General Information

<b>Organization Number</b>	1050714
<b>Name</b>	Central Adult Learn-to-Swim, Inc.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>Country</b>	USA
<b>File Date</b>	3/6/2019 1:20:47 AM
<b>Organization Date</b>	3/6/2019
<b>Last Annual Report</b>	8/20/2021
<b>Principal Office</b>	2248 Emerson Ave Louisville, KY 40205
<b>Registered Agent</b>	WILLIAM GEORGE KOLB 2363 TYLER LANE LOUISVILLE, KY 40205

#### Current Officers

<b>President</b>	William G Kolb
<b>Treasurer</b>	Amy C Benton
<b>Director</b>	Patricia Mathison
<b>Director</b>	Rosetta Holland
<b>Director</b>	Michael Radmacher
<b>Director</b>	Necolle Banks

**Director**

Debra Myers

## Individuals / Entities listed at time of formation

**Director**

William George Kolb

**Director**

Amy Benton

**Director**

Michael Radmacher

**Incorporator**

William George Kolb

**Registered Agent**

William George Kolb

## Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	8/20/2021	1 page	PDF
Registered Agent name/address change	6/30/2020 8:16:37 PM	1 page	PDF
Annual Report	6/30/2020	1 page	PDF
Articles of Incorporation	3/6/2019 1:20:48 AM	1 page	PDF

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	8/20/2021 8:26:59 AM	8/20/2021 8:26:59 AM	
Annual report	6/30/2020 8:33:26 PM	6/30/2020 8:33:26 PM	
Registered agent address change	6/30/2020 8:16:37 PM	6/30/2020 8:16:37 PM	
Add	3/6/2019 1:20:47 AM	3/6/2019 1:20:47 AM	

## Microfilmed Images

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[Privacy](#) [Security](#) [Disclaimer](#) [Accessibility](#)

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Kentucky Unbridled Spirit





# USMS 2021 Member Registration RECEIPT

You have successfully registered for USMS for 2021

## Your Membership

<b>Name:</b>	Melissa Ellis
<b>USMS Permanent ID:</b>	HVK2V
<b>Registration Date:</b>	09/08/2021
<b>USMS Registration ID:</b>	411T-HVK2V
<b>USMS Club:</b>	Swim Kentucky Masters (SKY)
<b>Workout Group:</b>	Central Adult Learn-to-Swim

Printable Membership Card

## Payment Summary

<b>2021 USMS Membership Fee</b>	\$60.00
<b>Total:</b>	\$60.00

## Notes

Thank you for being a member.

**All sales are final.**

**Credit card charge will read "U.S. Masters Swimming."**

**This 2021 membership expires on December 31, 2021.**

**Looking for what to do first with your 2021 U.S. Masters Swimming membership?**

**To start, we suggest you:**

- **Set up your My USMS account**
- **Look for a club in your area**
- **Visit our new USMS online Community**
- **View more member benefits**

© 2021 U.S. Masters Swimming



# USMS 2021 Member Registration RECEIPT

You have successfully registered for USMS for 2021

## Your Membership

<b>Name:</b>	Nakori Ellis
<b>USMS Permanent ID:</b>	8BTKW
<b>Registration Date:</b>	09/08/2021
<b>USMS Registration ID:</b>	411X-8BTKW
<b>USMS Club:</b>	Swim Kentucky Masters (SKY)
<b>Workout Group:</b>	Central Adult Learn-to-Swim

Printable Membership Card

## Payment Summary

<b>2021 USMS Membership Fee</b>	\$60.00
<b>Total:</b>	\$60.00

## Notes

Thank you for being a member.

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- **Look for a club in your area**
- **Visit our new USMS online Community**
- **View more member benefits**



Sunday, October 17, 2021 8:00 AM - 3:00 PM

USMS Courses and Clinics

Registration  
Confirmation  
Melissa Ellis



ALTS Instructor Certification -- Louisville, KY

Receipt

Thank you for registering.

Visit these links for other USMS educational opportunities.

USMS Coach Certification	USMS Adult Learn-to-Swim Instructor Certification
USMS Stroke Development Clinic Course for Coaches	USMS Stroke Development Clinics for Swimmers

ALTS Instructor Certification -- Louisville, KY Instructor Certification Adult Learn to Swim

Date: Sunday, 10/17/2021 8:00 AM (Event ID 90708)

Location Central High School Pool, Louisville, KY

Name Melissa Ellis  
 Mobile Phone (502) 472-7701  
 Email melissa.ellis502@gmail.com  
 Sex Female  
 Birth Date 11/26/1969  
 USMS Club SKY  
 USMS Number 411T-HVK2V  
 Credit Card Type MasterCard  
 Credit Card Last 4 7698  
 Web Entry ID 1873696

Shopping Cart

Qty	Name	Price
1	ALTS instructor certification	\$250.00
<b>Total</b>		<b>\$250.00</b>

You're registered, now tell your friends you're going!

Facebook Twitter LinkedIn Email

Thank you for registering for the Sunday, October 17, 2021 U.S. Masters Swimming ALTS certification course hosted by USMS.

The objective of this certification is to teach you the most effective training methods so you have the tools to successfully teach an adult to swim and become safer in water. The curriculum will be presented in a classroom setting and in a swimming pool. You will be required to be in the water for the afternoon instruction.

U.S. Masters Swimming is committed to providing a safe learning environment for this class. USMS reserves the right to alter COVID-19 protocols based on local, state, and national guidelines at the time of the class.

USMS encourages members to be vaccinated for COVID-19, but we understand it is a personal decision based on individual factors. USMS is not requiring COVID-19 vaccination for participation in club activities or sanctioned events and classes.

USMS intends to follow CDC guidance regarding masks policies for this indoor facility. As of July 28,

2021, the CDC recommends both vaccinated and unvaccinated people to wear a mask covering the nose and mouth while indoors in areas with substantial or high transmission.

Please bring your ideas and questions to Residence Inn by Marriott Louisville Downtown, 333 E Market St Louisville, KY 40202. We want each participant to have a positive and fulfilling experience.

Thank you for your continued support,

Bill Brenner  
Sr. Director, Club and Coach Development  
[bbrenner@usmastersswimming.org](mailto:bbrenner@usmastersswimming.org) | 941-556-6278  
USMS National Office  
1-800-550-SWIM (7946)  
[info@usms.org](mailto:info@usms.org)

A confirmation email has already been sent to the email address, [melissa.ellis502@gmail.com](mailto:melissa.ellis502@gmail.com), that you listed on the first page and should arrive shortly. If it doesn't arrive within 5 minutes, be sure to check your spam folder. The Web Entry ID will be included in the email. Keep the email for your records.

We look forward to seeing you.

#### Refund / Cancellation Policy

ALTS certification course registrations are non-refundable and non-transferrable to another individual. However, you may transfer your registration to a course at an alternate date and location. Questions, please email Bill Brenner at [bbrenner@usmastersswimming.org](mailto:bbrenner@usmastersswimming.org)

#### Credit Card Statement

Your credit card statement will reflect a charge from "US Masters Swimming".

[Return to USMS Courses and Clinics](#)

[Problem with this registration?](#)

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Page execution time: 125 ms



Sunday, October 17, 2021 8:00 AM - 3:00 PM  
**USMS Courses and Clinics**  
 Registration  
 Confirmation  
 Nakori Ellis



**ALTS Instructor Certification -- Louisville, KY**

**Receipt**

Thank you for registering.

Visit these links for other USMS educational opportunities.

USMS Coach Certification	USMS Adult Learn-to-Swim Instructor Certification
USMS Stroke Development Clinic Course for Coaches	USMS Stroke Development Clinics for Swimmers

**ALTS Instructor Certification -- Louisville, KY Instructor Certification Adult Learn to Swim**

**Date:** Sunday, 10/17/2021 8:00 AM (Event ID 90708)

**Location:** Central High School Pool, Louisville, KY

**Name:** Nakori Ellis  
**Mobile Phone:** (502) 472-8623  
**Email:** nakorie@gmail.com  
**Sex:** Male  
**Birth Date:** 5/19/1996  
**USMS Club:** SKY  
**USMS Number:** 411X-8BTKW  
**Credit Card Type:** MasterCard  
**Credit Card Last 4:** 7698  
**Web Entry ID:** 1873697

**Shopping Cart**

Qty	Name	Price
1	ALTS Instructor certification	\$250.00
<b>Total</b>		<b>\$250.00</b>

You're registered, now tell your friends you're going!

[Share](#) [Print](#) [Email](#) [Copy](#)

Thank you for registering for the Sunday, October 17, 2021 U.S. Masters Swimming ALTS certification course hosted by USMS.

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2021, the CDC recommends both vaccinated and unvaccinated people to wear a mask covering the nose and mouth while indoors in [areas with substantial or high transmission](#).

Please bring your ideas and questions to Residence Inn by Marriott Louisville Downtown, [333 E Market St Louisville, KY 40202](#). We want each participant to have a positive and fulfilling experience.

Thank you for your continued support,

Bill Brenner  
Sr. Director, Club and Coach Development  
[bbrenner@usmastersswimming.org](mailto:bbrenner@usmastersswimming.org) | 941-556-6278  
USMS National Office  
1-800-550-SWIM (7946)  
[info@usms.org](mailto:info@usms.org)

A confirmation email has already been sent to the email address, [nakorie@gmail.com](mailto:nakorie@gmail.com), that you listed on the first page and should arrive shortly. If it doesn't arrive within 5 minutes, be sure to check your spam folder. The Web Entry ID will be included in the email. Keep the email for your records.

We look forward to seeing you.

#### Refund / Cancellation Policy

ALTS certification course registrations are non-refundable and non-transferrable to another individual. However, you may transfer your registration to a course at an alternate date and location. Questions, please email Bill Brenner at [bbrenner@usmastersswimming.org](mailto:bbrenner@usmastersswimming.org)

#### Credit Card Statement

Your credit card statement will reflect a charge from "US Masters Swimming".

[Return to USMS Courses and Clinics](#)

[Problem with this registration?](#)

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Page execution time: 78 ms



**From:** [Bell, LaTonya J.](#)  
**To:** [Morrow, Keturah D.](#); [Dorsey, Keisha C.](#)  
**Subject:** RE: Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool  
**Date:** Tuesday, September 14, 2021 4:03:04 PM  
**Attachments:** [image001.png](#)

---

Per my discussion with COA, "Central Adult Learn-to-Swim, Inc. could request money if it was used for a public purpose, i.e., assisting low-income adults with class fees."

Please be mindful the NDF Application page 10 **must be signed and dated before** the event occurs and fees are paid. Also, the first box on page 5 of the NDF Application, Section 5.D. first box will need to be check.

Please call me if you have any further questions. Thanks.

**From:** Bell, LaTonya J.  
**Sent:** Tuesday, September 14, 2021 2:32 PM  
**To:** Morrow, Keturah D. <[Keturah.Morrow@louisvilleky.gov](mailto:Keturah.Morrow@louisvilleky.gov)>  
**Subject:** RE: Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool

Yesterday, I inquired with COA about the status of the below email and was told they would be emailing me a response. I have followed up again today. Thanks.

**From:** Morrow, Keturah D. <[Keturah.Morrow@louisvilleky.gov](mailto:Keturah.Morrow@louisvilleky.gov)>  
**Sent:** Tuesday, September 14, 2021 12:28 PM  
**To:** Bell, LaTonya J. <[LaTonya.Bell2@louisvilleky.gov](mailto:LaTonya.Bell2@louisvilleky.gov)>  
**Subject:** RE: Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool

Hi LaTonya,

I just wanted to follow up on this. Did the CA's office respond?

*Keturah Morrow, MAC-L*

Legislative Assistant to Keisha Dorsey  
Louisville Metro Council | Louisville Metro District Three  
601 W. Jefferson St. | Louisville, KY 40202  
Email: [Keturah.Morrow@LouisvilleKY.gov](mailto:Keturah.Morrow@LouisvilleKY.gov)  
Office: 502.574-1103



**From:** Bell, LaTonya J. <[LaTonya.Bell2@louisvilleky.gov](mailto:LaTonya.Bell2@louisvilleky.gov)>  
**Sent:** Friday, September 10, 2021 10:44 AM  
**To:** Dorsey, Keisha C. <[Keisha.Dorsey@louisvilleky.gov](mailto:Keisha.Dorsey@louisvilleky.gov)>  
**Cc:** Morrow, Keturah D. <[Keturah.Morrow@louisvilleky.gov](mailto:Keturah.Morrow@louisvilleky.gov)>; William Kolb <[wmkolb@gmail.com](mailto:wmkolb@gmail.com)>  
**Subject:** Re: Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool

Good morning,

I am consulting with the County Attorney's office (COA) and will follow-up with you once I receive a response from COA. Thanks.

I attempted to email you earlier but did not realize my emails were not being delivered to others. I'm working with Metro IT regarding this issue. Please note you may receive this email twice.

---

**From:** Dorsey, Keisha C. <[Keisha.Dorsey@louisvilleky.gov](mailto:Keisha.Dorsey@louisvilleky.gov)>  
**Sent:** Wednesday, September 8, 2021 4:34 PM  
**To:** Bell, LaTonya J. <[LaTonya.Bell2@louisvilleky.gov](mailto:LaTonya.Bell2@louisvilleky.gov)>  
**Cc:** Morrow, Keturah D. <[Keturah.Morrow@louisvilleky.gov](mailto:Keturah.Morrow@louisvilleky.gov)>; William Kolb <[wmkolb@gmail.com](mailto:wmkolb@gmail.com)>  
**Subject:** Re: Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool

Latonya is this something that we can cover with NDF funds

Get [Outlook for iOS](#)

---

**From:** William Kolb <[wmkolb@gmail.com](mailto:wmkolb@gmail.com)>  
**Sent:** Wednesday, September 8, 2021 8:58:12 AM  
**To:** Morrow, Keturah D. <[Keturah.Morrow@louisvilleky.gov](mailto:Keturah.Morrow@louisvilleky.gov)>  
**Cc:** Dorsey, Keisha C. <[Keisha.Dorsey@louisvilleky.gov](mailto:Keisha.Dorsey@louisvilleky.gov)>  
**Subject:** Central Adult Learn-to-Swim, Inc. -- Instructor Certification for Algonquin Park Pool

**CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe**

---

Hi Keturah,

Central Adult Learn-to-Swim, Inc. would like to request reimbursement from Councilwoman Dorsey's

discretionary funding to register two graduates of an Adult Learn-to-Swim class at the Algonquin Park pool for U.S. Masters Swimming membership (\$60 each) and enrollment in an instructor certification course (\$250 each) coming to Louisville on October 17. The total being requested is \$620.

Please let me know what details you need from me or my organization.

All the best,

William Kolb  
Co-Founder, Central Adult Learn-to-Swim, Inc.  
c. 502-553-5154  
e. [yallwannaswim@gmail.com](mailto:yallwannaswim@gmail.com)

**Demand Deposit 1952862 - CENTRAL ADULT LEARN-TO-SWIM INC**

CENTRAL ADULT LEARN-TO-SWIM INC       Owner      Relationship      Date of Birth      Phone Number      Tax Identification  
 2248 EMERSON AVE      \*\*\*\*\*      EIN \*\*\*\*\*  
 LOUISVILLE KY 40205

Additional Relationships  
 Tax Name: CENTRAL ADULT LEARN-TO-SWIM INC



*K Kristiansen*

**Current Cycle**

Description	Debits	Credits	Date	Balance
Balance Forward:			Aug 31, 2021	\$25,931.33
Check #1078	\$75.00		Sep 03, 2021	\$25,856.33
265255 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 11612142	\$60.00		Sep 08, 2021	\$25,796.33
265255				
823384 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 11612506	\$60.00		Sep 08, 2021	\$25,736.33
823384				
560472 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 11612175	\$250.00		Sep 08, 2021	\$25,486.33
560472				
323491 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 11612118	\$250.00		Sep 08, 2021	\$25,236.33
323491				
585548 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 11612522	\$250.00		Sep 08, 2021	\$24,986.33
585548				
Square Inc 210909P2 L205653384160		\$9.64	Sep 09, 2021	\$24,995.97
699691 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107827	\$60.00		Sep 09, 2021	\$24,935.97
699691				
550386 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107819	\$60.00		Sep 09, 2021	\$24,875.97
550386				
296384 PURCHASE-RECUR SQUARESPACE INC. NEW YORK NY 09895272 296384	\$120.00		Sep 09, 2021	\$24,755.97
638755 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107587	\$250.00		Sep 09, 2021	\$24,505.97
638755				
26300 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107454	\$250.00		Sep 09, 2021	\$24,255.97
026300				
438567 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107843	\$250.00		Sep 09, 2021	\$24,005.97
438567				
553993 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107835	\$250.00		Sep 09, 2021	\$23,755.97
553993				
264626 PURCHASE-SIG US MASTERS SWIMM 941-7139136 FL 21107538	\$250.00		Sep 09, 2021	\$23,505.97
264626				
Check # 1080	\$20.00		Sep 09, 2021	\$23,485.97
STRIPE TRANSFER ST-J710Z5T0H2U7		\$31.97	Sep 14, 2021	\$23,517.94
Deposit		\$700.00	Sep 21, 2021	\$24,217.94
GiveGab.com GiveGab.co ST-S0Q4C7E4Q3Q3		\$500.00	Sep 21, 2021	\$24,717.94
Balance This Statement:			Sep 21, 2021	\$24,717.94

*Nakomi & Melissa Ellis*