


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

**Applicant/Program:** ORCHID HOUSE ,INC  
**Applicant Requested Amount:** \$ 5,000.00  
**Appropriation Request Amount:** \$ 5,000.00

**Executive Summary of Request**  
Orchid house is a therapeutic and medical day care center for young children facing behavior/emotional and health challenges . They offer RN care coordination , skilled pediatric nursing care, parent support and education and nutritional therapy in an all day child care setting for ages 1 months to 6 years .

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.

1 District #       Primary Sponsor Signature      \$ 5,000 Amount      10/15/2018 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.  
None

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

ORCHID HOUSE , INC

**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.

None

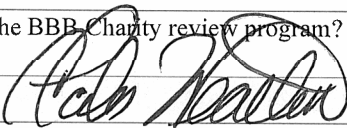
**Council Member Signature and Amount**

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

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** ORCHID HOUSE , INC

**Program Name and Request Amount** Start up campaign

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input 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 type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> N/A
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input 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 type="checkbox"/> N/A
Prepared by: <b>Charles Weathers</b>  Date: 10/15/2018	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> ORCHID HOUSE, INC <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 703 S. 31st St.			
<b>Website:</b> www.orchidhouse.org			
<b>Applicant Contact:</b>	Kaitlin Blessitt	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-744-9111	<b>Email:</b>	kaitlin@orchidhouse.org
<b>Financial Contact:</b>	Kaitlin Blessitt	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-744-9111	<b>Email:</b>	kaitlin@orchidhouse.org
<b>Organization's Representative who attended NDF Training:</b> Kaitlin Blessitt			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	703 S. 31st St.		
<b>Council District(s):</b>	1	<b>Zip Code(s):</b>	40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Start-Up Campaign			
<b>Total Request: (\$)</b>	5,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input 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) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) 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>		<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 type="checkbox"/> No Not yet eligible - will apply in September			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

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

Vision:

We envision a world where each young child facing behavior/emotional challenges, regardless of socioeconomic barriers, has the opportunity to develop a positive self-image and a sense of acceptance among peers, family members, within their school systems and community, reaching their most functional social, emotional and developmental potential through equitable access to resources and early interventions.

Mission:

Orchid House is a therapeutic and medical day center for young children facing behavior/emotional and health challenges to allow intense intervention and socialization with peers. Just as an orchid is very sensitive to its environment and requires specific conditions to thrive, many children require a positive and supportive environment to reach their full potential. We are committed in advocating for high-risk children to increase the possibilities of a brighter future.

Services:

Orchid House will offer pediatric skilled nursing care, individualized curriculum, RN care coordination, parent support and education, and nutritional therapy in an all-day child-care setting, Monday through Friday, 7:30 AM to 5:30 PM for children ages eighteen (18) months up to age six (6) years. Our 3:1 child-to-staff ratios, extensive behavior training for staff, and in-house contracted therapy services will bring a unique, comprehensive, and innovative solution to underprivileged preschoolers with behavior/emotional challenges, sensory processing disorders, and Autism Spectrum Disorder (ASD) to West Louisville.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Kaitlin Blessitt	January 2020
Marty Mullaney	January 2020
Tifanie Doninger	January 2020
Norma White-Caruso	January 2020
Christina Flener, RN	July 2020
Helen Gividen	July 2020

**Describe the Board term limit policy:**

Directors shall be elected for terms of two (2) years. The regular election of Directors shall be held at the annual meeting of the Board of Directors. The Board of Directors shall be composed of between three (3) and nine (9) individuals, with the exact number set by resolution of the Board.

Three Highest Paid Staff Names	Annual Salary
Kaitlin Blessitt, MSN, RN	\$23,913
Director of Nursing	\$16,986
RN Care Coordinator	\$15,773

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.):**

With twenty-two (22) preschool-age children on our current Waitlist who do not have an appropriate early childhood program that meets their complex needs, we are making every attempt to open doors as early as August, 2018 with secured funding. Our start-up funding will cover operations during our first three (3) to six (6) months before Medicaid reimbursement is likely to be received. We aim to secure funding for our start-up campaign to cover expenses from August, 2018 through February, 2019.

Through market analysis we project as many as one hundred (100) children with Autism Spectrum Disorder (ASD) are living in West Louisville neighborhoods, many of which fall below the state poverty level. Orchid House has stepped up to the immense challenge of housing children with very complex sensory needs on a daily basis in a child-care program, which will create a village of support for underprivileged families in West Louisville. Our unique model of healthcare delivery is both innovative and economically responsible by combining and overlapping services under one roof. Behavior interventions based on methods of applied behavior analysis (ABA) are proven to be highly effective if implemented early (Hanley et al., 2014). More importantly, our program will be offered to underprivileged families at little-to-no cost.

Orchid House has obtained a Certificate of Need to operate a Prescribed Pediatric Extended Care (PPEC) program. Our day health child-care services will be reimbursable through Medicaid and Managed Care Organizations (MCO•s). Eighty-five percent (85%) of the children on our Waitlist are insured by Passport Health Plan. We have established a working relationship with Passport and have maintained open communication on our upcoming model and array of services.

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

Our first six (6) months after opening doors will be the most crucial as we wait for Medicaid's approval of our contract application. Medicaid has informed us that this is the maximum amount of time that we will wait before reimbursement begins, although they will backdate to opening day. Our \$5,000.00 request, in combination with our other fundraising and grant-seeking initiatives, would cover operations that would make our viability possible in this first six (6) months. These funds would cover stocking our adapted classrooms and therapy room, hiring our professional staff according to medical daycare regulations, and training our staff in extensive behavior analysis and sensory processing interventions in the classroom.

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.



**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:**

Currently there is no existing early childhood program in West Louisville that focuses specifically on the complex needs of young children with behavior/emotional challenges and their overlapping health conditions. We will accommodate up to thirty (30) children in our newly-leased space. We will be tracking progress by conducting a baseline Comprehensive Initial Assessment (CIA) and an Ages and Stages Questionnaire (ASQ) to measure childhood development upon enrollment. Children will begin our program with a customized Comprehensive Care Plan (CCP), created by our experienced RN Care Coordinators and approved by each child’s Primary Care Physician, which will outline all areas of health and development along with established six (6) month goals. Methods used to achieve developmental and behavioral/emotional goals will include placement of each child into an adapted, low-ratio classroom with the goal of transitioning to our larger, more traditional classroom before enrollment in Kindergarten. The customized CCP will provide an action plan to treat and reduce the impact of any overlapping medical diagnoses for the child. In addition, each child will be screened for eligibility for physical, speech, occupational, feeding, and behavior therapies upon enrollment by our partnering therapy agencies. All qualifying therapy services will begin as soon as possible and interventions will be incorporated into the child’s daily curriculum, with follow-through therapies completed by Orchid House staff in between therapy sessions. Parents are considered •co-therapistsŽ in their child’s plan of care. Progress will be demonstrated for each child through biannual updates to their CCP, gathering and tracking quantitative data through our customized Electronic Health Record (EHR) called "Guardian", and conducting an annual ASQ screener to obtain qualitative data on a parent/guardian’s perception of improvements observed at home. Both Orchid House and ASQ screeners have a parent component to encourage engagement and active participation at home.

**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.**

Orchid House has partnered with like-minded organizations to offer the highest quality of care including:

- Open Arms Children’s Healthcare - will provide physical, speech, and occupation therapy services;
- Clinical Behavior Analysis (CBA) - will provide applied behavior analysis (ABA) therapy and intense staff training created and trademarked by the company called "RAPID" skills training;
- FEAT of Louisville - offers resources and support to our organization and clients;
- Kentucky Autism Training Center (KATC) - serves as a training resource for staff and is a referral source for our program;
- Critically Loved - a non-profit organization that offers support and resources to parents of children with complex medical needs; and
- Dr. Gail Williams of Weisskopf Center- serves as our Medical Director and has extensive experience with young children in our target population as well as deep roots with like-minded individuals and organizations.

## 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>	3,000	88,989	91,989
<b>B: Rent/Utilities</b>		23,450	23,450
<b>C: Office Supplies</b>		100	100
<b>D: Telephone</b>		1,080	1,080
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>		6,858	6,858
<b>H: Program Materials</b>	1,000	2,200	3,200
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>	1,000	2,764	3,764
<b>K: Capital Project</b>		4,559	4,559
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5,000	130,000	135,000
<b>% of Program Budget</b>	7 %	93 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	75,000
Fees Collected from Program Participants	9,600
Other (please specify) Fundraising, grant proposals, bank line of	45,400
credit Total Revenue for Columns 2 Expenses **	130,000

\*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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>Total</b>			

Applicant's Initials KB

**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</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</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:** January, 2018

**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:**

Once we are able to open doors for services, we anticipate increased revenue from Medicaid, Medicaid's Managed Care Organizations, and individual donors.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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.

#### Standard Assurances

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.
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.
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.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
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.
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.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
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.
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.
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.
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.


#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
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.
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.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** 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.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	7/10/18
<b>Legal Signatory: (please print):</b>	Kaitlin Blessitt, MSN, RN	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-744-9111	<b>Extension:</b>	
<b>Email:</b>	kaitlin@orchidhouse.org		

## **Weathers, Charles**

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**From:** Bell, LaTonya J.  
**Sent:** Monday, October 8, 2018 10:46 AM  
**To:** Weathers, Charles  
**Cc:** Stenberg, Beth  
**Subject:** District 1-Orchid House Inc. NDF Application Review  
**Attachments:** SKMBT\_C35181008102400.pdf

Good morning,

I left you a voice message on last Friday. As I previously mentioned the Louisville Metro Council Policies and Procedure, Section 3, page 17 states "Funding for start-up organizations is discouraged. All organizations should be able to prove long term viability before receiving NDF funding." On 10/5/18, I consulted with Beth regarding the Orchid House, Inc.'s NDF Application request for \$10,000 Start-up Campaign, and she said it is acceptable and can be submitted to the Appropriations Committee for consideration. Attached is the nonprofit's NDF Application and some of its supporting documentation. I did not scan all the supporting documentation. Please stop by my office and pick up the entire NDF Application package when you are available. Thanks.

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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2018

ORCHID HOUSE INC  
C/O WYATT TARRANT & COMBS LLP  
BILLY W HOPKINS  
500 WEST JEFFERSON ST STE 2800  
LOUISVILLE, KY 40202

Employer Identification Number:

[REDACTED]

DLN:

17053026322008

Contact Person:

DEL TRIMBLE

ID# 31309

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a) (2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

September 22, 2017

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

Overview	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
PPEC Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Revenue	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 11,000	\$ 17,000	\$ 10,000	\$ 93,200	\$ 3,200	\$ 3,200	\$ 3,200	\$ 150,800
<b>Total Monthly Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000</b>	<b>\$ 11,000</b>	<b>\$ 17,000</b>	<b>\$ 10,000</b>	<b>\$ 93,200</b>	<b>\$ 3,200</b>	<b>\$ 3,200</b>	<b>\$ 3,200</b>	<b>\$ 150,800</b>
Expenses	\$ 1,052	\$ 72	\$ 2,567	\$ 72	\$ 902	\$ 8,891	\$ 5,867	\$ 6,542	\$ 31,984	\$ 31,529	\$ 30,554	\$ 33,846	\$ 153,879
<b>Additional Revenue</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Projected Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,000	\$ -	\$ -	\$ -	\$ 55,000
Friends/Family Loan	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 35,000	\$ -	\$ -	\$ -	\$ 75,000
Fundraising	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 1,000	\$ 7,000	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 8,000
<b>Total Monthly Revenue</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 10,000</b>	<b>\$ 11,000</b>	<b>\$ 17,000</b>	<b>\$ 10,000</b>	<b>\$ 90,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 138,000</b>
<b>Bank Fees/Loans</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Monthly Charge	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 144
<b>PPEC Revenue</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Children	0	0	0	0	0	0	0	0	4	4	4	4	4
Private Pay	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800
Monthly Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,200	\$ 3,200	\$ 3,200	\$ 3,200	\$ 12,800
<b>Rent/Utilities</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ 3,200	\$ 3,200	\$ 3,200	\$ 3,200	\$ 3,200	\$ 3,200	\$ 22,200
Utilities	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 1,250
Phone/Internet	\$ 60	\$ 60	\$ 60	\$ 60	\$ 60	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	\$ 1,080
Security Cameras	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ 25	\$ 25	\$ 100
<b>Total Monthly Charge</b>	<b>\$ 60</b>	<b>\$ 60</b>	<b>\$ 60</b>	<b>\$ 60</b>	<b>\$ -</b>	<b>\$ 3,245</b>	<b>\$ 3,445</b>	<b>\$ 3,445</b>	<b>\$ 3,470</b>	<b>\$ 3,595</b>	<b>\$ 3,595</b>	<b>\$ 3,595</b>	<b>\$ 24,630</b>
<b>Supplies/IT</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Monthly Charge	\$ -	\$ -	\$ 2,495	\$ -	\$ 805	\$ 1,059	\$ 110	\$ 110	\$ 200	\$ 150	\$ 150	\$ 150	\$ 5,229
<b>Professional Fees</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Monthly Charge	\$ 980	\$ -	\$ -	\$ -	\$ 85	\$ 2,325	\$ 50	\$ 549	\$ 424	\$ 1,099	\$ 674	\$ 674	\$ 6,858
<b>Programming</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Number of Children	0	0	0	0	0	0	0	0	4	6	8	10	42
<b>Total Monthly Charge</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 600</b>	<b>\$ 900</b>	<b>\$ 1,200</b>	<b>\$ 1,500</b>	<b>\$ 4,200</b>
<b>Officers/Directors</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Monthly Charge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,250	\$ 2,250	\$ 2,427	\$ 7,109	\$ 11,963	\$ 11,963	\$ 11,963	\$ 49,923
<b>Employees FTE's</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Monthly Charge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,170	\$ 12,961	\$ 12,961	\$ 15,952	\$ 52,044
<b>New Hires/Training</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Total Expense/Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 850	\$ -	\$ -	\$ 850
<b>Start-Up Costs</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Totals</b>
Floor Installation									\$ 3,000				\$ 3,000
Therapy Supplies									\$ 1,000				\$ 1,000
Classroom Supplies									\$ 3,000				\$ 3,000
Fridge + Freezer									\$ 3,000				\$ 3,000
<b>Total Expense/Month</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000</b>



# Profit & Loss

2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Total YTD Growth Rate Projected

## Income

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Growth Rate	Projected
<b>Revenue</b>															
Donations	104	1,227	48	401	889	3,315	6,066	-	-	-	-	-	12,050	20%	14,460
Sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Family/Friend's Loan	-	-	-	-	10,000	10,000	-	-	-	-	-	-	20,000	-	20,000
<b>Total sales</b>	<b>104</b>	<b>1,227</b>	<b>48</b>	<b>401</b>	<b>10,889</b>	<b>13,315</b>	<b>6,066</b>	-	-	-	-	-	<b>32,050</b>	-	<b>34,460</b>
<b>Cost of sales</b>															
#N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total cost of sales</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Gross Margin</b>	<b>104</b>	<b>1,227</b>	<b>48</b>	<b>401</b>	<b>10,889</b>	<b>13,315</b>	<b>6,066</b>	-	-	-	-	-	<b>32,050</b>	-	<b>34,460</b>

## Expenses

Information/Technology	-	236	60	129	695	110	-	-	-	-	-	-	1,230	-	1,230
Marketing	38	76	5	26	233	297	-	-	-	-	-	-	675	-	675
Office Supplies	-	116	-	7	44	-	-	-	-	-	-	-	167	-	167
Membership Fees	-	-	14	14	14	14	-	-	-	-	-	-	55	-	55
Insurance	-	-	-	-	-	450	-	-	-	-	-	-	450	-	450
Legal/Professional Fees	-	-	-	-	88	-	-	-	-	-	-	-	88	-	88
Repairs/Remodel	-	-	-	-	-	-	594	-	-	-	-	-	594	-	594
Information/Technology	-	236	60	129	695	110	-	-	-	-	-	-	1,230	-	1,230
Contractors	-	-	450	600	150	4,500	-	-	-	-	-	-	5,700	-	5,700
Bank Fees	12	12	2	12	12	2	-	-	-	-	-	-	52	-	52
Meeting Expense/Thank	54	4	-	26	2	-	-	-	-	-	-	-	86	-	86
Utilities	183	65	60	60	60	217	-	-	-	-	-	-	645	-	645
Rent	-	-	-	-	-	3,000	-	-	-	-	-	-	3,000	-	3,000
Loan Expenses	-	-	-	100	100	100	2,500	-	-	-	-	-	2,800	-	2,800
Fundraising	-	-	-	-	-	549	102	-	-	-	-	-	651	-	651
Merchandise	-	-	-	151	215	315	-	-	-	-	-	-	680	-	680
<b>Total expenses</b>	<b>287</b>	<b>746</b>	<b>651</b>	<b>1,253</b>	<b>2,308</b>	<b>9,663</b>	<b>3,197</b>	-	-	-	-	-	<b>18,103</b>	-	<b>16,772</b>
<b>Total Profit (Loss)</b>	<b>(183)</b>	<b>481</b>	<b>(603)</b>	<b>(851)</b>	<b>8,582</b>	<b>3,652</b>	<b>2,869</b>	-	-	-	-	-	<b>13,947</b>	-	<b>17,688</b>



## Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** ORCHID HOUSE INC
- **EIN** [REDACTED]
- **Tax Year:** 2017
- **Tax Year Start Date:** 01-01-2017
- **Tax Year End Date:** 12-31-2017
- **Submission ID:** 10065520181001896108
- **Filing Status Date:** 04-10-2018
- **Filing Status:** Accepted

**MANAGE FORM 990-N SUBMISSIONS**



**Bobbie Holsclaw**  
Jefferson County Clerk's Office

As evidenced by the instrument number shown below, this document  
has been recorded as a permanent record in the archives of the  
Jefferson County Clerk's Office.



**INST # 2017210536**

**BATCH # 95900**

**JEFFERSON CO, KY FEE \$23.00**

PRESENTED ON: 09-25-2017 7 11:07:42 AM

LODGED BY: WYATT TARRANT & COMBS

RECORDED: 09-25-2017 11:07:42 AM

BOBBIE HOLSCRAW

CLERK

BY: JOLENE CARDWELL

RECORDING CLERK

**BK: C 749**

**PG: 806-813**

0974977.09

mstratton  
ADDAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
9/22/2017 8:28 AM  
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION  
OF  
ORCHID HOUSE, INC.**

The undersigned Incorporator, Kaitlin Blessitt, executes these Articles of Incorporation for the purpose of forming and does hereby form a nonstock, nonprofit corporation under the laws of the Commonwealth of Kentucky (KRS 273.161 *et seq.*), with all the rights, privileges and immunities of a corporation organized for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or its successor provisions, in accordance with the following provisions:

**ARTICLE I**

Name

The name of the corporation is Orchid House, Inc. (the "Corporation").

**ARTICLE II**

Purposes and Powers

The purposes for which the Corporation is formed, the business and objectives to be carried on and promoted by it, and the powers granted to it, are as follows:

(a) The Corporation is irrevocably dedicated to and is organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Code (or its successor provision). The Corporation shall receive contributions and fees, and shall distribute its funds for public, charitable, educational and/or scientific purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Acts (the "Act"), KRS 273.161 *et seq.*; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs (a), (b), (c), (d) and, if applicable, (e) of this Article II.

(b) As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation and the Corporation is not empowered to participate or intervene in (including the publication or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. If Section 4945 of the Code is applicable to the Corporation, the Corporation is not empowered to attempt to influence legislation or carry on propaganda within the meaning of Section 4945(e) of the Code. If Section 4945 of the Code is not applicable to the Corporation, the Corporation shall not devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.

(c) Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Code, including activities prohibited by Section

501(m) of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

(d) In furtherance of, consistent with, and subject to the general and controlling purposes and limitations set forth in this Article II, the Corporation shall have the following primary purposes:

(i) To operate a therapeutic day program to young, primarily underserved children who face health, behavioral and emotional challenges; and

(ii) In connection with the foregoing, to offer nursing care, case management, supportive therapy and on-site parent education; and

(iii) To facilitate a positive self-image in those individuals the Corporation serves, and support the family dynamic, and in that way strengthen the community; and

(iv) To conduct such other activities and programs as are in furtherance of and consistent with the foregoing.

(e) Any other provision of these Articles to the contrary notwithstanding, this Corporation shall, if the following provisions of law are applicable to it: [i] not engage in any act of self dealing as defined in Section 4941 of the Code; [ii] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.

### ARTICLE III

#### Initial Registered Office and Agent

The street address of the Corporation's initial registered office and the name of its initial registered agent at that address is:

WT&C Corporate Services, Inc.  
500 W. Jefferson St., Suite 2800  
Louisville, KY 40202

### ARTICLE IV

#### Mailing Address

The mailing address of the Corporation's principal office is:

945 Eastern Parkway  
Louisville, KY 40217

ARTICLE V

Duration

The Corporation shall have perpetual existence.

ARTICLE VI

Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of not less than three (3) members nor more than fifteen (15) members, the exact number to be set in the manner provided in the Bylaws. The initial Board of Directors shall consist of five (5) persons who shall serve until their successors are elected and qualified. The names and addresses of the initial Directors are:

Kaitlin Blessitt  
945 Eastern Parkway  
Louisville, KY 40217

Marty Mullaney  
1725 Cherokee Terrace  
Louisville, KY 40205

Norma White-Caruso  
5319 Brookwood Rd.  
Crestwood, KY 40014.

Tifanie Doninger  
5513 Cedarwood Drive  
Louisville, KY 40272

Each Director shall continue as Director as provided in the Bylaws; however, notwithstanding any contrary provision in the Bylaws, any Director may be removed, with or without cause, at any time, by vote of two-thirds of the remaining Directors then in office. Upon such removal, the resulting vacancy shall be filled by vote of the remaining members of the Board of Directors.

ARTICLE VII

Members

While not required, the Corporation may have such members, with such voting rights, as are set out in the Corporation's Bylaws.

ARTICLE VIII

Contracts or Transaction of Business with Directors

No pecuniary profit shall be received by any Director from the operations of the Corporation by reason of his or her status as a Director. Any contract or transaction of business between the Corporation and one or more of its Directors, or with any organization in which any of its Directors is an owner, director or officer, shall not be invalidated or affected solely by the fact that such Director or Directors have or may have interests therein which are or might be adverse to the interests of the Corporation; provided, however, a Director having an interest adverse to that of the Corporation shall disclose such interest to the Board of Directors. The Corporation shall be prohibited from making loans to any of its Directors or officers.

#### ARTICLE IX

##### Indemnification

Each person who is or was a Director or officer of the Corporation, whether elected or appointed, including the heirs, executors, administrators or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost, or expense (including attorneys' fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a Director or officer; provided, however, that no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article shall not affect any rights or obligations then existing. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense, under the Kentucky Nonprofit Corporation Acts, or under this Article, but it shall not be obligated to do so. The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any Bylaw, agreement, statute, vote of Board of Directors or otherwise. If this Article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation nevertheless shall indemnify each such person, to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or that remains enforceable under any other applicable law.

#### ARTICLE X

##### Dissolution

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor. Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation,

dispose of all remaining assets by distributing such assets to one or more organizations described in Section 501(c)(3) of the Code, with such assets to be used in a manner that is consistent with the general purposes set out above in Article II. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of Jefferson County, in the manner described above.

#### ARTICLE XI

##### Limitation of Director Liability

No Director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a Director except for liability:

- (a) For any transaction in which the Director's personal financial interest is in conflict with the financial interests of the Corporation;
- (b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the Director to be a violation of law; or
- (c) For any transaction from which the Director derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this Article to authorize corporate action further eliminating or limiting the personal liability of Directors, then the liability of a Director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a Director of the Corporation existing at the time of such repeal or modification.

#### ARTICLE XII

##### Amendment of Articles and Bylaws

These Articles may be amended as provided by law. The Bylaws of the Corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

#### ARTICLE XIII

##### Incorporator

The name and address of the Incorporator is:

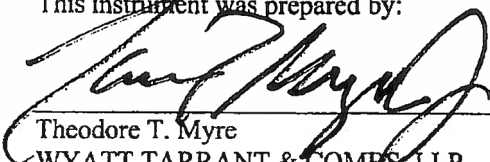
Kaitlin Blessitt  
945 Eastern Parkway  
Louisville, KY 40217



Signed by the Incorporator at Louisville, Kentucky, effective this 14<sup>th</sup> day of September, 2017.

  
\_\_\_\_\_  
Kaitlin Blessitt

This instrument was prepared by:

  
\_\_\_\_\_  
Theodore T. Myre  
WYATT TARRANT & COMBS, LLP  
500 W. Jefferson St.  
Suite 2800  
Louisville, KY 40202

CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the laws under of the Commonwealth of Kentucky, the undersigned as the initial registered agent identified in Article III of the Articles of Incorporation of Orchid House, Inc. (the "Company"), hereby consents to serve the Company in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the laws of the Commonwealth of Kentucky.

WT&C CORPORATE SERVICES, INC.

By:

  
Chandra L. Davis, Secretary

# 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.

<b>Print or type.</b> See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>ORCHID HOUSE, INC</b>		
	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 <b>one</b> of the following seven boxes.		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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-profit 501(c)(3)</b>		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>703 S. 31st St.</b>		Requester's name and address (optional) <b>Kaitlin Blessitt (Executive Director) 1611 Trevilian Way Louisville, KY 40205</b>
	6 City, state, and ZIP code <b>Louisville, KY 40211</b>		
	7 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 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.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Kaitlin Blessitt</i>	Date ▶ 7/10/2018
------------------	--	------------------

## 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.*

# Orchid House - Income & Expenses

2017

Total YTD Growth Rate Projected

## Income

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Growth Rate	Projected	
<b>Revenue</b>																
Donations	-	-	-	-	-	-	-	-	-	50	1,232	2,480	3,762	20%	4,514	
<b>Total Revenue</b>	-	-	-	-	-	-	-	-	-	50	1,232	2,480	3,762		4,514	
Total cost of sales	-	-	-	-	-	-	-	-	-	-	-	-	-		-	
<b>Gross Margin</b>	-	-	-	-	-	-	-	-	-	50	1,232	2,480	3,762		4,514	

## Expenses

Marketing	-	-	-	-	-	-	-	-	-	-	52	5	57		57
Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Membership Fees	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Legal/Professional Fees	-	-	-	-	-	-	-	-	-	-	-	1,225	1,225		1,225
Bank Fees	-	-	-	-	-	-	-	-	-	-	-	14	14		14
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Taxes and Licenses	-	-	-	-	-	-	-	-	-	-	-	-	-		-
<b>Total expenses</b>	-	-	-	-	-	-	-	-	-	-	52	1,244	1,297		1,297
<b>Total Profit (Loss)</b>	-	-	-	-	-	-	-	-	-	50	1,179	1,236	2,465		3,217

\*Please note, an independent financial audit was not performed for 2017 due to annual revenue/income below state requirements for an audit. It is projected that in 2019, total revenue shall meet state requirements and an independent financial audit will be performed.



**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**OFFICE OF HEALTH POLICY**  
**CERTIFICATE OF NEED**

Certifies that Orchid House, Inc. is authorized to initiate proposal number CON #056-06-5850(1) as described below.

NAME Orchid House

LOCATION 703 S. 31st Street, Louisville, KY 40211

SCOPE Establish a prescribed pediatric extended care facility for the treatment of children ages eighteen (18) months to ten (10) years with behavior/emotional challenges, sensory processing disorders, and/or Autism Spectrum Disorders with overlapping medical conditions. Children who are medically or technologically dependent and qualify for PPEC services, but have an absence of behavior/emotional challenges, sensory processing disorders, and/or Autism Spectrum Disorders shall not be considered for enrollment in the Orchid House program, as set forth in the Exhibit, Joint Stipulations, and Certificate of Need and Licensure Agreement, which are made a part of the record herein.

CAPITAL EXPENDITURE \$53,177.00

Pursuant to KRS 216B.010 to 216B.131 and 216B.990(2) and the regulations promulgated thereunder, this Certificate of Need is issued contingent upon implementation of the proposal within time limits set by regulation. This Certificate of Need is not transferable and is issued to the person and location as indicated. The Cabinet for Health and Family Services reserves the right to revoke this Certificate in the event the applicant fails to fulfill the conditions specified in the regulations.

Date Issued: March 3, 2018  
Date Revised: June 8, 2018

Date Approved: February 1, 2018

Molly Nicol Lewis  
Deputy Inspector General

NONSUBSTANTIVE REVIEW

Certificate # 18-010

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0974977  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
7/3/2018 9:17:16 AM  
Fee receipt: \$15.00

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

Annual Report  
Online Filing

ARP

**Company:** ORCHID HOUSE, INC.  
**Company ID:** 0974977  
**State of origin:** Kentucky  
**Formation date:** 9/22/2017 12:00:00 AM  
**Date filed:** 7/3/2018 9:17:16 AM  
**Fee:** \$15.00

**Principal Office**

945 EASTERN PARKWAY  
LOUISVILLE, KY 40217

**Registered Agent Name/Address**

WYATT, TARRANT & COMBS, LLP  
500 WEST JEFFERSON STREET  
SUITE 2800  
LOUISVILLE, KY 40202

**Current Officers**

CEO Kaitlin Mullaney Blessitt 1611 Trevilian Way, Louisville, KY 40205

**Directors**

Director James Martin Mullaney 1725 Cherokee Terrace, Louisville, KY 40205  
Director Norma White-Caruso 5319 Brookwood Rd., Crestwood, KY 40014  
Director Tifanie Doninger 5513 Cedarwood Dr., Louisville, KY 40272

County: Jefferson  
Business size: Small  
Ownership: Women-owned  
Business type: Health Services

**Signatures**

Signature Kaitlin M Blessitt  
Title Executive Director/CEO

**ORCHID HOUSE, INC.****General Information**

**Organization Number** 0974977  
**Name** ORCHID HOUSE, INC.  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 9/22/2017  
**Organization Date** 9/22/2017  
**Last Annual Report** 7/3/2018  
**Principal Office** 703 S. 31ST ST.  
 LOUISVILLE, KY 40211  
**Registered Agent** WYATT, TARRANT & COMBS, LLP  
 500 WEST JEFFERSON STREET  
 SUITE 2800  
 LOUISVILLE, KY 40202

**Current Officers**

**CEO** Kaitlin Mullaney Blessitt  
**Director** James Martin Mullaney  
**Director** Norma White-Caruso  
**Director** Tifanie Doninger

**Individuals / Entities listed at time of formation**

**Director** KAITLIN BLESSITT  
**Director** MARTY MULLANEY  
**Director** NORMA WHITE-CARUSO  
**Director** TIFANIE DONINGER

**Incorporator**KAITLIN BLESSITT**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.

<u>Principal Office Address Change</u>	7/3/2018 9:20:22 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	7/3/2018	1 page	<u>PDF</u>
<u>Articles of Incorporation</u>	9/22/2017	7 pages	<u>tiff</u>
<u>Name Renewal</u>	9/19/2017	1 page	<u>PDF</u>
<u>Name Renewal</u>	5/15/2017	1 page	<u>PDF</u>
<u>Name Reservation</u>	1/31/2017	1 page	<u>PDF</u>

**Assumed Names****Activity History**

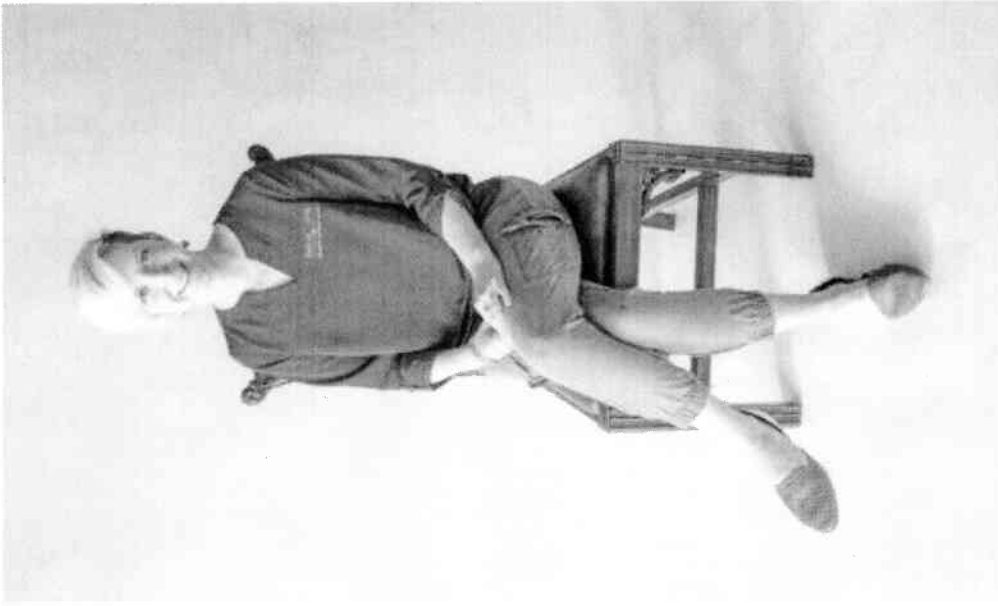
Filing	File Date	Effective Date	Org. Referenced
Principal office change	7/3/2018 9:20:22 AM	7/3/2018 9:20:22 AM	
Annual report	7/3/2018 9:17:16 AM	7/3/2018 9:17:16 AM	
Converted From	9/22/2017 8:28:49 AM	9/22/2017	<u>ORCHID HOUSE, INC.</u>
Add	9/22/2017 8:28:48 AM	9/22/2017	

**Microfilmed Images**





A number of excellent organizations that serve students with autism call Louisville home, and our city is incredibly fortunate to have these institutions in place. However, West Louisville has far fewer resources to meet the needs of these children than other parts of the city. One nonprofit is addressing this need and preparing to open a daycare center that could have an overwhelming impact on young lives.



**Kaitlin Blessitt, founder of Orchid House.**

Executive Director Kaitlin Blessitt founded Orchid House Therapeutic Day Center for Kids in 2017. She graduated from University of Louisville's School of Nursing in 2008 and finished her master's in nurse administration from Ball State University in December 2017. Prior to founding the center, she worked for The Kidz Club, a pediatric daycare for medically fragile children. She served as the director of the organization's Portland neighborhood location and eventually became a regional director – overseeing five medical daycares in Kentucky, three of which she helped open.

In her experience in pediatric daycare, Blessitt found that children with autism were often receiving assistance from Medicaid but weren't having their specific needs met. According to her, these students often need adapted classrooms, lower student-to-teacher ratios and even adjusted lights and sounds in order to thrive.

Orchid House is a pediatric prescribed extended care (PPEC) program that will specifically focus on behavior and emotional sensory processing disorders and the autism spectrum. Their adapted classrooms will have no more than six students at a three-to-one ratio, and they will have a more traditional classroom designed for up to 12 students.

“The idea is that if children start in adapted classrooms, we are kind of weaning them up to the traditional classroom so that they are kindergarten ready,” explains Blessitt. “Kids are getting diagnosed as early as 12 months old and two years old now, so then what do they do? If they don't have interventions to work with their diagnosis, then they are really behind by the time they get to kindergarten.”

Orchid House already has 15 children on their waitlist and their space will be able to accommodate up to 30. In addition to meeting educational needs, they will also have skilled nursing care since a number of their children have overlapping seizure issues, gastrointestinal issues and other medical needs. With the plan they've developed, Orchid House will have the ability to aid children who have been turned away or dismissed from other traditional childcare settings.

“What we're doing is kind of taking the place of daycare,” Blessitt says. “These parents cannot work or they're leaving their kids at home with a caregiver who may be unqualified. They're also not getting that social benefit and early interactions that they need.”

While Blessitt says she's been astounded by the lack of resources available to children with autism in West Louisville, she's also been overwhelmed by the dedication of the parents she has met.

"A lot of these parents are really young and they have to step up to these challenges," she reveals. "They have to adapt to become this organized supermom or superdad. A lot of our parents are single moms, and I'm just really impressed by the amount of work that they have to do to advocate for their child because their child doesn't have a voice."

Currently, Orchid House is close to signing a lease on a building in the Parkland neighborhood, and Blessitt anticipates opening their doors in October 2018. Most of their students are on Medicaid or Passport, so these entities will pay for services provided. However, since the center will begin their operations on a provisional license, the organization may not be reimbursed for up to six months.

In order to properly develop their space and open their doors to the community's children, Orchid House is paying for their programming through grants, lines of credit and donations. Blessitt and her board of directors are holding a "Friend-Raiser" at Odeon in Butchertown on the evening of June 29. The night will include live music, food and auction items. Most importantly, guests will have the opportunity to learn more about the amazing work Orchid House will be doing for children who desperately need expert care.

"The kids in West Louisville, they don't have access to those services," she affirms. "So it's really about equitable access (and providing) high quality services. Socioeconomic barriers shouldn't prevent children from getting what they need." **VT**

### **Orchid House Therapeutic Day Center for Kids**

Friend-Raiser

6 to 10 p.m. June 29

Odeon, 1335 Story Ave.

Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: ORCHID HOUSE, INC

Grantee Representative Name: Kaitlin Blessitt, MSN, RN

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False

2. Name the three budget categories that require a detail list.

Client Assistance, Community Events & Festivals and Other Expenses

3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements.  True or False

4. Which four questions should your financial support documentation answer at all times?

Who, what, when and where

5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation.  True or False

6. Canceled check, bank statement, invoice and receipt are considered proof of payment.  True or False.

Kaitlin Blessitt

7/10/2018

Grantee Representative Signature

Date

**NOTE:** Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov)

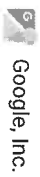
Fax: 502-574-3219

730 S 31st St



Image capture: Sep 2014 @ 2018 Google

Louisville, Kentucky



Street View - Sep 2014