

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


Applicant/Program:	ORCHID HOUSE , INC
Applicant Requested Amount:	\$ 1,000.00
Appropriation Request Amount:	\$ 1,000.00

Executive Summary of Request

Funds requested will be used to pay for training for the staff of the Orchid House which is therapeutic and medical day center for young children facing behavior/emotional challenges and health challenges . The Orchid House offers pediatric skilled nursing care with individualized curriculums , RN care coordination, parent support and education and nutritional therapy in an all-day child care setting Monday through Friday , 7:30AM to 5:30PM for children 18 months to 6 years old .

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.

<u> 1 </u> District #	 Primary Sponsor Signature	<u> \$1,000 </u> Amount	<u> 8/29/19 </u> Date
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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 CBA Partnership- Behavior Training for Staff

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 CBA Partnership- Behavior Training for Staff \$ 1,000.00

	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"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> No
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"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
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:

Date: 8/29/19

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		ORCHID HOUSE, INC	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 703 S. 31st St.			
Website: www.orchidhouse.org			
Applicant Contact:	Kaitlin Blessitt	Title:	Executive Director
Phone:	502-744-9111	Email:	kaitlin@orchidhouse.org
Financial Contact:	Kaitlin Blessitt	Title:	Executive Director
Phone:	502-744-9111	Email:	kaitlin@orchidhouse.org
Organization's Representative who attended NDF Training: Kaitlin Blessitt			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	703 S. 31st St.		
Council District(s):	1	Zip Code(s):	40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: CBA Partnership-Behavior Training for Staff			
Total Request: (\$)	1,000.00	Total Metro Award (this program) in previous year: (\$)	5,000
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<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 Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable		
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.			
Source:	Metro NDF 2018	Amount: (\$)	5,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
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 offers 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 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 - Executive Director	January 2020
Colleen Morris - Board Chair	January 2020
Michelle Monroe - Board Secretary	January 2020
Mary Lea Quick- Interim Finance Officer	January 2020
Tifanie Doninger, APRN - Board Member	July 2020
Norma White-Caruso - Board Member	July 2020
Michael Gott - Board Member	July 2020
Dr. Gail Williams - Medical Director	Ongoing
Erin Priddy, RN - Director of Nursing	N/A
Jennifer Farmer, BSN, RN - RN Care Coordinator	N/A
Ashley McCoy, RN - RN Care Coordinator	N/A
Desarae McKinley - Lead Teacher	N/A

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	\$70,000
Director of Nursing	\$70,000
RN Care Coordinator	\$58,240

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.):

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. Marty's 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 creates 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). Our day health child-care services are reimbursed through Medicaid and Managed Care Organizations (MCO's) but this does not cover the added costs of therapy services, consultation, and behavior training for staff. Marty's Orchid House partners with Clinical Behavior Analysis (CBA) who provide ABA services to children with Autism. CBA provides ongoing and on-site consultation to our staff twice monthly for challenging behaviors encountered in the classroom. Staff are coached in applying behavior interventions to promote effectiveness. This consultation and training has been highly effective but fall outside of our organizational budget in our infant stages. We are kindly requesting funds to help support this ongoing program from November, 2019 - December, 2019 as we build our client base towards sustainability.

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

These funds would cover training our staff in extensive behavior analysis and sensory processing interventions in the classroom through ongoing partnership with CBA on a bi-monthly basis as well as a four (4)-hour crash training course for all staff in the Fall of 2019.

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:

Children 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 outlines all areas of health and development along with established six (6) month goals. Methods used to achieve developmental and behavioral/emotional goals 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 provides an action plan to treat and reduce the impact of any overlapping medical diagnoses for the child. Physical, speech, and occupational therapies are applied upon enrollment by our partnering therapy agency. Progress is demonstrated for each child through biannual updates to their CCP, gathering and tracking quantitative data through our customized Electronic Health Record (EHR).

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:

- TheraPlace Learning Center - provides physical, speech, and occupation therapy services;
- Clinical Behavior Analysis (CBA) - provides applied behavior analysis (ABA) therapy consultation twice monthly 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;
- Paws with Purpose- brings a therapy dog to our center each month to interact with our children;
- Harris Gardner, MT - provides music therapy to our children twice monthly;
- VSA Kentucky - provides funding for music therapy;
- Chef Space - provides our gluten-free/dairy-free meal catering program; and
- Dr. Gail Williams of Weisskopf Center- serves as our Medical Director and has extensive experience behavioral health of 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
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	1,000	75	1075
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	1,000	75	1075
% of Program Budget	93 %	7 %	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)	0
Fees Collected from Program Participants	75
Other (please specify) Fundraising, grant proposals, bank line of credit	0
Total Revenue for Columns 2 Expenses **	75

**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
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

*** 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, 2019

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 reach maximum enrollment 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.

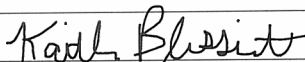
Standard Certifications

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.

Signature of Legal Signatory:		Date:	8/23/19
Legal Signatory: (please print):	Kaitlin Blessitt, MSN, RN	Title:	Executive Director
Phone:	502-744-9111	Extension:	
Email:	kaitlin@orchidhouse.org		

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:
82-2976438
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. 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

Finances – Current Operating Budget

Orchid House Budget 2019	
Total Revenue	\$ 659,383.00
Expenses	\$ 622,082.00
Suplus / Deficit	\$ 37,301.00
Total PPEC Childcare Revenue	\$ 599,383.00
Additional Revenue	
Grants	\$ 35,000.00
Donations / Fundraising	\$ 25,000.00
Total Additional Revenue	\$ 60,000.00
Operating Expenses	
Bank Charges/Fees	\$ 144.00
Interest	\$ 3,300.00
Rent	\$ 42,658.00
Utilities	\$ 12,000.00
Telephone/Data Services	\$ 3,320.00
Office Supplies & Software	\$ 1,200.00
Janitorial Supplies	\$ 1,200.00
Safety & Security	\$ 5,502.00
Center furniture/storage	\$ 1,749.00
Dues & Subscriptions	\$ 439.00
Hiring & Training	\$ 1,809.00
Advertising & Marketing	\$ 600.00
Back Office/Payroll	\$ 1,422.00
Liability Insurance	\$ 12,266.00
Billing Services	\$ 1,500.00
Pest Control	\$ 350.00
Information Technology Services/Equip	\$ 8,723.00
Legal/Professional Fees	\$ 11,996.00
Garbage, Waste, & Lawn	\$ 720.00
Repairs/Maintenance	\$ 900.00
Total Operating Expenses	\$ 111,798.00
Programming Expenses	
Meals / Groceries	\$ 21,907.00
Educational & Therapy Supplies	\$ 3,160.00
Medical Supplies	\$ 1,200.00
Total Programming Expenses	\$ 26,267.00
Payroll Directors	
Executive Director	\$ 82,225.00
Director of Nursing	\$ 82,225.00
Total Payroll Directors	\$ 164,450.00
Payroll Employees	
RN's	\$ 107,975.00
OH Technician	\$ 132,250.00
Lead Teacher	\$ 49,032.00
Benefits	\$ 30,310.00
Total Payroll Employees	\$ 319,567.00

* Please note that salaries displayed here include taxes and benefits

Marty's Orchid House

BALANCE SHEET

As of August 23, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking	38,677.02
Refund	81.88
Total Bank Accounts	\$38,758.90
Accounts Receivable	
Accounts Receivable (A/R)	16,999.99
Total Accounts Receivable	\$16,999.99
Total Current Assets	\$55,758.89
Fixed Assets	
Fixed Assets	
Accumulated Depreciation	-9,903.59
Building Improvement	3,087.00
PP&E	6,816.59
Total Fixed Assets	0.00
Total Fixed Assets	\$0.00
TOTAL ASSETS	\$55,758.89
LIABILITIES AND EQUITY	
Liabilities	\$110,103.94
Equity	\$ -54,345.05
TOTAL LIABILITIES AND EQUITY	\$55,758.89

Finances - Form 990

50128 05/13/2019 12:12 PM

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

*Do not enter social security numbers on this form as it may be made public.

*Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Orchid House Inc**
 Number and street (or P.O. box if mail is not delivered to street address): **703 S 31st Street**
 City or town, state or province, country, and ZIP or foreign postal code: **Louisville KY 40211**

D Employer identification number: **82-2976438**

E Telephone number: **502-290-2421**

F Group Exemption Number: **◆**

G Accounting Method: Cash Accrual Other (specify) **◆**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 8c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **◆ \$ 78,464**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2
Revenue	1 Contributions, gifts, grants, and similar amounts received		78,464
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,464	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	84,058
	13 Professional fees and other payments to independent contractors	13	32,048
	14 Occupancy, rent, utilities, and maintenance	14	30,456
	15 Printing, publications, postage, and shipping	15	77
	16 Other expenses (describe in Schedule O)	16	22,777
17 Total expenses. Add lines 10 through 16	17	169,416	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-90,952
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-90,952

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

Part II. Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22 31,516
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 31,516
26 Total liabilities (describe in Schedule O)	0	26 122,468
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 -90,952

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O

(Grants \$) If this amount includes foreign grants, check here 28a 8,090

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

32 8,090

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kaitlin Blessitt Executive Director	40.00	0	0	0
Mary Lea Quick Interim Finance Offi	2.00	0	0	0
Mary Colleen Morris Board Chair	0.00	0	0	0
Norma White-Caruso Vice Chair	0.00	0	0	0
Tifanie Doninger Director	0.00	0	0	0
Christina Flener Director	0.00	0	0	0
Michael Gott Director	0.00	0	0	0
Michelle Monroe Secretary	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="None"/>		
42a The organization's books are in care of <input type="text" value="Kaitlin Blessitt"/> Telephone no. <input type="text" value="502-290-2421"/> <input type="text" value="703 S 31st Street"/> Located at <input type="text" value="Louisville"/> KY ZIP + 4 <input type="text" value="40211"/>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="text"/>		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **Kaitlin Blessitt** Executive Director

Paid Preparer Use Only
 Preparer's name: Michelle M. Musacchio
 Preparer's signature: Michelle M. Musacchio
 Date: 05/13/19
 Check if non-preparer:
 PPTN: P00537455
 Firm's name: Fit Money CPA
 Firm's EIN: 27-3316003
 Firm's address: 1448 Gardiner Ln Ste 202
 Louisville, KY 40213-1982
 Phone no.: 502-454-2755

May the IRS discuss this return with the preparer shown above? See instructions Yes No



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

CRP
7

0974977.09

mstratton
ADDAllison 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 14th day of September, 2017.



Kaitlin Blessitt

This instrument was prepared by:

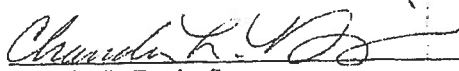


Theodore T. Myre
WYATT TARRANT & COMBS, LLP
500 W. Jefferson St.
Suite 2800
Louisville, KY 40202

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
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. ORCHID HOUSE, INC	
2 Business name/disregarded entity name, if different from above Marty's Orchid House	
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. <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) ▶ _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-profit 501(c)(3)	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>
5 Address (number, street, and apt. or suite no.) See instructions. 703 South 31st Street	Requester's name and address (optional) Kaitlin Blessitt, MSN, RN 1611 Trevilian Way Louisville, KY 40205
6 City, state, and ZIP code Louisville, KY 40211	
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.

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.

Social security number									
or									
Employer identification number									
8	2	-	2	9	7	6	4	3	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

Kaitlin Blessitt

Date ▶

3/25/2019

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.

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, 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	8/19/2019
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	Kaitlin Mullaney Blessitt
Director	Norma White-Caruso
Director	Tifanie Doninger
Director	Mary Colleen Morris
Director	Michelle Monroe
Director	Mary Lea Quick
Director	Michael Gott

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.

Annual Report	8/19/2019	1 page	PDF
Principal Office Address Change	7/3/2018 9:20:22 AM	1 page	PDF
Annual Report	7/3/2018	1 page	PDF
Articles of Incorporation	9/22/2017	7 pages	tiff PDF

<u>Name Renewal</u>	9/19/2017	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	5/15/2017	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Reservation</u>	1/31/2017	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	8/19/2019 11:26:40 AM	8/19/2019 11:26:40 AM	
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

Home (<https://npiprofile.com>) / State Directory (<https://npiprofile.com/directory>)
/ Kentucky (<https://npiprofile.com/directory/state/ky-kentucky>)
/ Louisville (<https://npiprofile.com/directory/city/louisville-kentucky>)
/ Skilled Nursing Facility (<https://npiprofile.com/directory/city/skilled-nursing-facility-in-louisville-kentucky>)
/ 1730694266

ORCHID HOUSE (ORCHID HOUSE, INC.) NPI 1730694266

Skilled Nursing Facility (Nursing Care, Pediatric) in
Louisville, KY

NPI Profile (<https://npiprofile.com/npi/1730694266>)

NPI Record (<https://npiprofile.com/npi/1730694266/record>)

Similar Providers (<https://npiprofile.com/npi/1730694266/similar>)

Organization

Skilled Nursing Facility

Nursing Care, Pediatric

ABOUT ORCHID HOUSE (ORCHID HOUSE, INC.)

Orchid House (orchid House, Inc.) is a provider established in Louisville, Kentucky specializing in skilled nursing facility. The NPI number of Orchid House (orchid House, Inc.) is **1730694266** and was assigned on December 2017. The practitioner's primary taxonomy code is 3140N1450X. The provider is registered as an organization and their NPI record was last updated one year ago. The provider's is doing business as Orchid House.

The authorized official of this NPI record is Kaitlin M Blessitt Msn (Executive Director)

NPI 1730694266

Provider Name	ORCHID HOUSE (ORCHID HOUSE, INC.)
Provider Location Address	703 S 31ST ST LOUISVILLE, KY 40211
Provider Mailing Address	703 S 31ST ST LOUISVILLE, KY 40211
NPI Entity Type	Organization
Is Sole Proprietor?	N/A
Is Organization Subpart?	No
Other Organization Name	ORCHID HOUSE
Other Name Type	Doing Business As (3)
Enumeration Date	12-06-2017
Last Update Date	09-26-2018

★ PRIMARY TAXONOMY

Taxonomy Code	3140N1450X
Classification	Skilled Nursing Facility
Type	Nursing & Custodial Care Facilities
Specialization	Nursing Care, Pediatric
License State	KY
Taxonomy Description	A nursing care facility designed and staffed for the provision of nursing care and appropriate educational and habilitative/rehabilitative services to children with multiple, complex or profound disabilities that can not be cared for in a less restrictive environment.

BUSINESS ADDRESS

ORCHID HOUSE (ORCHID HOUSE, INC.)
703 S 31ST ST
LOUISVILLE, KY

ZIP 40211
Phone: (502) 290-2421
Fax: (502) 290-3779

Get Directions (<https://maps.google.com/?daddr=?703+S+31ST+ST++LOUISVILLE%2C+KY+40211>)

MAILING ADDRESS

ORCHID HOUSE (ORCHID HOUSE, INC.)
703 S 31ST ST
LOUISVILLE, KY
ZIP 40211
Phone: (502) 290-2421
Fax: (502) 290-3779

AUTHORIZED OFFICIAL

Authorized Official Name KAITLIN M BLESSITT MSN
Authorized Official Title EXECUTIVE DIRECTOR
Authorized Official Phone (502) 744-9111

SECONDARY TAXONOMIES

The secondary taxonomy codes define the provider type, classification, and specialization. For individual NPIs the license data is associated to each taxonomy code.

NO.	TAXONOMY			LICENSE	
	CODE	TYPE	CLASSIFICATION	SPECIALIZATION	NO. STATE
1	252Y00000X	Agencies	Early Intervention Provider Agency		

NO.	TAXONOMY			LICENSE		
	CODE	TYPE	CLASSIFICATION	SPECIALIZATION	NO.	STATE

Taxonomy Description: early intervention services are an effective way to address the needs of infants and toddlers who have developmental delays or disabilities. The services are made available through federal law known as the Individuals with Disabilities Education Act (IDEA). IDEA provides states and territories with specific requirements for providing early intervention services to infants and toddlers with special needs. In turn, each state and territory develops its own policies for carrying out IDEA's requirements. Broadly speaking, early intervention services are special services for eligible infants and toddlers and their families. These services are designed to identify and meet children's needs in five developmental areas. These areas are: physical development, cognitive development, communication, social or emotional development, and adaptive development.



OTHER PROVIDERS AT THE SAME LOCATION

The following 6 providers are registered at the same or nearby location.

NPI	NAME / TYPE	TAXONOMY	ADDRESS
1184080095 (https://npiprofile.com/npi/1184080095)	TOUCH THE HEART ADULT CARE, LLC. Organization	Clinic/Center (Adult Day Care)	703 S 31ST ST LOUISVILLE, KY 40211 (502) 365-2369
1417063652 (https://npiprofile.com/npi/1417063652)	FAMILY & CHILDREN FIRST Organization	Public Health or Welfare	703 S 31ST ST LOUISVILLE, KY 40211 (502) 776-4200
1437289915 (https://npiprofile.com/npi/1437289915)	MR. JEROME HOSEA GARRISON LMFT Individual	Marriage & Family Therapist	703 S 31ST ST LOUISVILLE, KY 40211 (502) 776-4200
1821573361 (https://npiprofile.com/npi/1821573361)	KAITLIN BLESSITT MSN, RN Individual	Registered Nurse	703 S 31ST ST LOUISVILLE, KY 40211 (502) 290-2421

NPI	NAME / TYPE	TAXONOMY	ADDRESS
1841617149 (https://npiprofile.com/npi/1841617149)	CARING HEARTS PLACE LLC Organization	Clinic/Center (Medically Fragile Intants and Children Day Care)	703 S 31ST ST LOUISVILLE, KY 40211 (502) 640-6366
1972695294 (https://npiprofile.com/npi/1972695294)	MR. DONALD CICERO PITTS LMFT Individual	Marriage & Family Therapist	703 S 31ST ST LOUISVILLE, KY 40211 (502) 776-4200

* NPI FOOTNOTES

What is the National Provider Identifier (NPI)?

The NPI is 10-position all-numeric identification number assigned by the NPPES to uniquely identify a health care provider.

Provider Location Address

The location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.

Provider Mailing Address

The mailing address of the provider being identified. This address may contain the same information as the provider location address.

Entity Type Code

The code describing the type of health care provider that is being assigned an NPI.

The entity type codes are:

- 1 = Person: individual human being who furnishes health care;
- 2 = Non-person: entity other than an individual human being that furnishes health care (Examples: hospital, SNF, hospital subunit, pharmacy, or HMO)

What is a Subpart?

Subparts are the components and separate physical locations of organization health care providers.

Subpart examples include:

Hospital components include outpatient departments, surgical centers, psychiatric units, and laboratories. These components are often separately licensed or certified by States and may exist at physical locations other than that of the hospital of which they are a component.

Provider Other Organization Name

The other organization name is the alternative last name by which the provider is or has been known (if an individual) or other name by which the organization provider is or has been known. The code identifying the type of other name. The provider other organization name codes are:

- 1 = former name;
- 2 = professional name;
- 3 = doing business as (d/b/ a) name;
- 4 = former legal business name; :
- 5 = other.

Provider Enumeration Date

The date the provider was assigned a unique identifier (assigned an NPI).

Last Update Date

The date that a NPI record was last updated or changed.

Primary Taxonomy Code

The primary taxonomy code defines the provider type, classification, and specialization. There could be only one primary taxonomy code per NPI record. For individual NPIs the license data is associated to the taxonomy code.

Authorized Official Name

The name of the person authorized to submit the NPI application or to officially change data for a health care provider.

Previous NPI

🔍 1730694258 (<https://npiprofile.com/npi/1730694258>)

Next NPI

1730694274 🔍 (<https://npiprofile.com/npi/1730694274>)

NPI Advanced Lookup (<https://npiprofile.com/search-advanced.php>) | NPI State Directory
(<https://npiprofile.com/directory>)

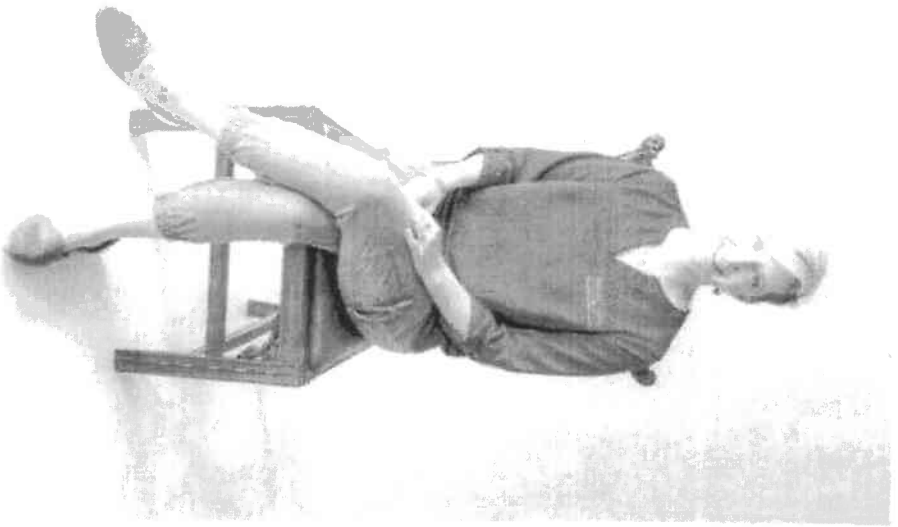
NPI Validation (<https://npiprofile.com/validation>) | PECOS Lookup (<https://npiprofile.com/validation>) | CLIA
Lookup by NPI (<https://npiprofile.com/validation>)

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NPI Profile 2019 | NPI Data Last Updated On: 08-11-2019

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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
Grantee Representative Signature

7/10/2018
Date

NOTE: Please return to Roxanne Steele

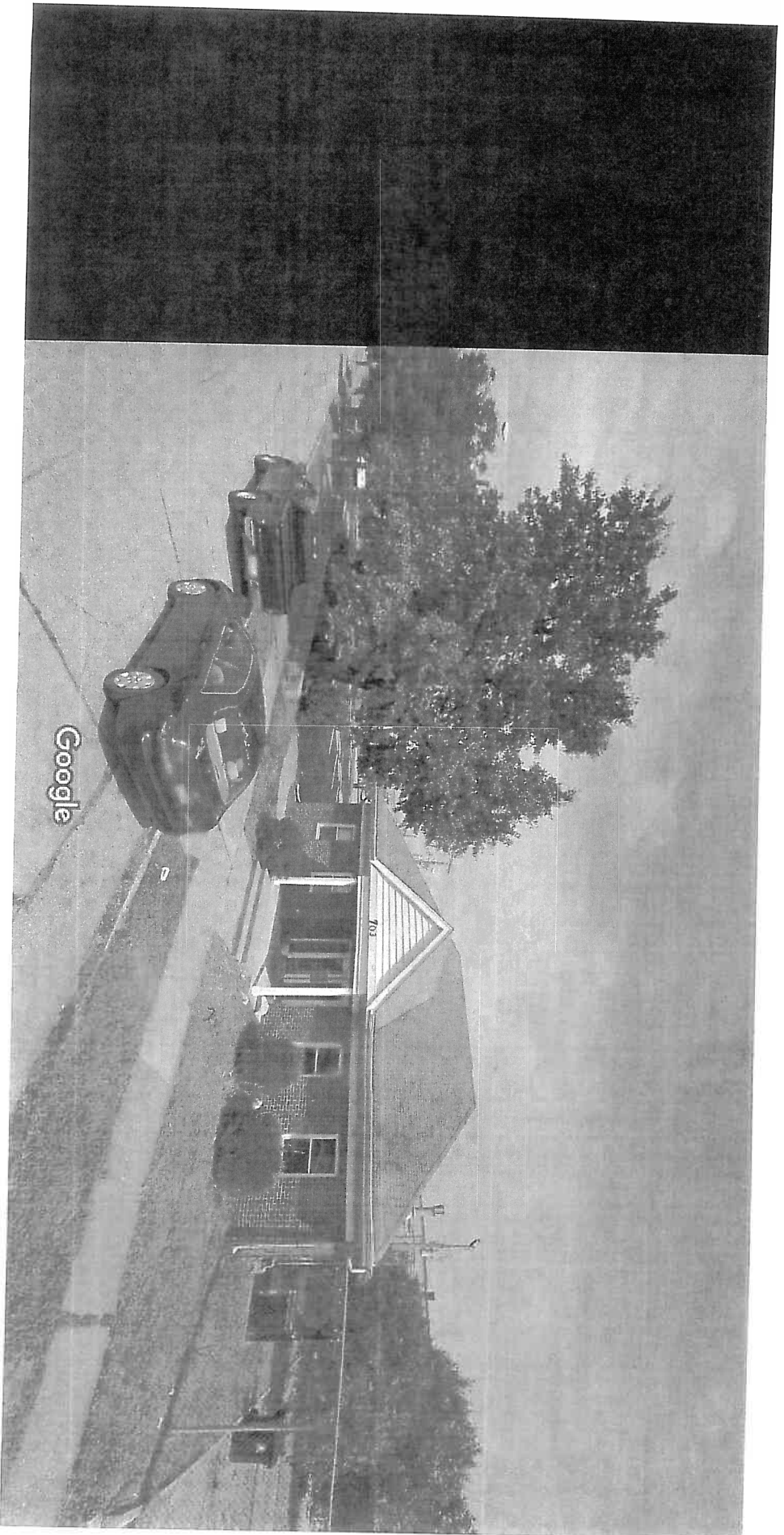
E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

7/11/2018

730 S 31st St - Google Maps

730 S 31st St



Louisville, Kentucky

Google, Inc.

Street View - Sep 2014

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