

2020 Millage Form

Please print clearly and note any changes to information. Member Community Name Name of Person Filling Out Form ______ Title _____ E-mail Phone _____ Operations that this revenue covers: (example: Nursing home, assisted living and housing) **Program Service Revenue** Program services are those activities your organization was created to conduct, plus programs and activities later added, that form the basis of your current federal tax exemption. Program service revenue includes, but is not limited to, revenue from nursing care, assisted living, independent living, adult day care services, home health care, transportation, outpatient services, hospice, meals and other communitybased services. Program service revenue would exclude your interest on savings and temporary cash investments, realized and unrealized gains or losses, special events and activities, charitable contributions, and any other services unrelated to LeadingAge's mission. The program service revenue should come from IRS Form 990, Part I, line 9 of the most recently completed fiscal year. If you are a LTCU of a Hospital, please only provide revenue from the relevant business lines for aging services and not the entire hospital. 1. If your organization does not file Form 990 with the IRS, provide program service revenue from one of the following documents using the IRS definition (see above) for program service revenue: ☐ The organization's audited financial statement ☐ Medicaid Cost Report □ Profit and loss statement 2. Please report your program service revenue and fiscal year it represents: Program Revenue Fiscal Year this number respresents

Email to Tina Andres at mailto:dana@leadingagekansas.orgby July 31, 2019.

NOTE: This information helps us to determine your dues. Without program service revenue information, your dues will automatically increase 5% from previous year's dues.