

## 2021 Millage Form

Member Community Nam	e	
Name of Person Filling Ou	ut Form	Title
E-mail	Phone	
	ne covers: (example: Nursing home, a	
Program Service Revenu	e	
activities later added, that includes, but is not limited	to, revenue from nursing care, assist	ated to conduct, plus programs and I tax exemption. Program service revenue ted living, independent living, adult day ces, hospice, meals and other community-
		s and temporary cash investments, ities, charitable contributions, and any
completed fiscal year. If y	nue should come from IRS Form 990, ou are a LTCU of a Hospital, please rvices and not the entire hospital.	, Part I, line 9 of the most recently only provide revenue from the relevant
	es not file Form 990 with the IRS, prousing the IRS definition (see above) to	ovide program service revenue from one of for program service revenue:
☐ The organization'	s audited financial statement	
<ul> <li>Medicaid Cost Re</li> </ul>	port	
<ul><li>Profit and loss star</li></ul>	ement	
2. Please report your progr	ram service revenue and fiscal year it	represents:
Program Revenue	Fiscal Year this number	respresents

Email to Hayley Spicer by <u>July 31, 2020</u>.

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.