

# LeadingAge Illinois Application for Membership – Non-Profit

## MEMBER INFORMATION

Provider or Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Medicare ID \_\_\_\_\_ EIN: \_\_\_\_\_

How did you hear about LeadingAge Illinois? \_\_\_\_\_

What are your primary interests in LeadingAge Illinois membership? \_\_\_\_\_

Primary Contact \_\_\_\_\_

Primary Contact Title & Email \_\_\_\_\_

Names, titles and emails of other key personnel (e.g., CFO, COO, Director of Nursing, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

Number of residents served: \_\_\_\_\_ Number of Clients Served: \_\_\_\_\_

Planning stages or under construction?  Expected opening date \_\_\_\_\_

## MANAGEMENT

Self-managed

Management company name \_\_\_\_\_  For-profit  Non-for-profit

Tax Exempt Status:  501 (c)(3)  501 (c)(4)  Other (please specify) \_\_\_\_\_

## SPONSORSHIP

Full Name of Parent Company or Sponsor: \_\_\_\_\_

*(Parent organizations are those that have more than one community as part of their overall operation)*

Primary Contact at Parent Company or Sponsor: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

### Type of Sponsorship:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Community  | <input type="checkbox"/> Private Foundation                     |
| <input type="checkbox"/> Fraternal  | <input type="checkbox"/> Religious (include denomination) _____ |
| <input type="checkbox"/> Government | <input type="checkbox"/> Union                                  |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Other (please specify) _____           |

## SERVICE TYPES – check all that apply at this community

- Assisted Living No. of Units \_\_\_\_\_
- CCRC No. of Skilled Nursing Beds \_\_\_\_\_ No. of Assisted Living Beds \_\_\_\_\_ No. of Housing Units \_\_\_\_\_
- Skilled Nursing No. of Beds \_\_\_\_\_  Medicare certified  Medicaid certified
- HCBS
- Senior Housing
- Supportive Living
- Hospice

## Additional Information – check all that apply at this community

- Intermediate Care No. of Beds \_\_\_\_\_
- Sheltered Care No. Licensed \_\_\_\_\_ No. Occupied \_\_\_\_\_
- ICF
- Independent Living

**HOUSING**

Market Rate Housing No. of Units \_\_\_\_\_  Public Housing Authority No. of Units \_\_\_\_\_  
 Tax Credit-Funded Housing No. of Units \_\_\_\_\_  HUD Subsidized Housing No. of Units \_\_\_\_\_  
HUD Program Type: Section:  221d3  202(old)  202  231  232  236  PRAC  
 Other Housing Type (Please specify): \_\_\_\_\_ No. of Units \_\_\_\_\_

**Home and Community Based Services (HCBS)**

If HCBS, specify type(s) of services (check all that apply):

Adult Day Services  Hearing Impaired  Physical Therapy  
 Memory Care  Home Care Agency  Rehabilitation  
 Blind/Visually Impaired Services  Home Health Agency  Respiratory Care  
 Congregate Meals  Home Infusion Therapy  Senior Center  
 Durable Medical Equipment  Homemaker  Transportation Program  
 Geriatric Clinic  Meals on Wheels  Other \_\_\_\_\_  
 HCBS Hospice Care  Occupational Therapy  
 HCBS Personal Care  PACE Program

**Special Program Types (For National Dues Structure)**

Adult Day (standalone – no other services) No. Served \_\_\_\_\_  
 Hospice Program (standalone – no other services) No. Served \_\_\_\_\_  
 PACE Program (standalone – no other services) No. Served \_\_\_\_\_  
 Public Housing Authority No. Served \_\_\_\_\_  
 Village No. Served \_\_\_\_\_

**LeadingAge Illinois' bylaws require:**

- That all levels of care within a single organization be included in LeadingAge Illinois membership – (e.g. a community that has both assisted living and independent living units must include all units in their LeadingAge Illinois membership).
- That each Illinois organization affiliated with a multi-site corporation/system must be in LeadingAge Illinois membership – (e.g. a multi-site corporate housing sponsor must bring each of its sites into LeadingAge Illinois membership).

**MEMBERSHIP DUES CALCULATIONS** (Actual dues will be calculated by LeadingAge Illinois and invoiced accordingly)

LeadingAge Illinois assesses dues for joint membership in LeadingAge Illinois and our national partner LeadingAge. LeadingAge Illinois calculates dues using a millage system based on program service revenue. Please note that the information you provide is for LeadingAge Illinois/LeadingAge internal staff use only, to determine your membership dues. It will not be shared with any other organization.

Program service revenue is defined as the revenue an organization receives from aging services activities are “primarily those that form the basis for an organization’s exemption from tax,” according to the IRS and how your membership dues are calculated. It EXCLUDES unrelated items such as interest, realized and unrealized gains or losses, special events/activities, charitable contributions and any other services unrelated to the LeadingAge mission. **The program service revenue should come from IRS Form 990, Part I, line 9 of the most recently completed fiscal year.**

1. Please report your program service revenue and the fiscal year it represents:

\_\_\_\_\_  
Program Service Revenue Fiscal Year

2. If your organization *does not* file a Form 990 with the IRS, provide program service revenue from one of the following documents using the IRS definition (above):

- The Organization’s most recent Audited Financial Statement
- Medicaid Cost Report
- Profit and Loss statement
- Rental Income (Housing members only)

Invoice Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Dues Information

### LeadingAge Illinois Dues Millage System

LeadingAge Illinois calculates dues using a millage system based on program service revenue.

Program Service Revenue=	>\$10M	\$1M-\$10M	<\$1M
Rate x PSR	0.00065	0.00070	0.00075
Plus	\$750	\$250	\$100

Maximum Dues: \$24,000

Minimum Dues: \$500

### LeadingAge National Dues Band System

National dues are calculated on a 10-level dues band structure. Each level represents the annual program service revenue collected by an organization at the site level. There are also some special categories that are charged outside the dues band. Please see below.

## LeadingAge Dues Bands

Level	Program Service Revenue annual revenue from programs less grants or donations	National Annual Dues
10	>\$27,000,000	\$9,300
9	\$26,999,999 — \$24,000,000	\$8,000
8	\$23,999,999 — \$20,000,000	\$7,000
7	\$19,999,999 — \$17,000,000	\$6,000
6	\$16,999,999 — \$14,000,000	\$5,000
5	\$13,999,999 — \$9,900,000	\$4,000
4	\$9,899,999 — \$7,000,000	\$3,000
3	\$6,999,999 — \$4,400,000	\$2,000
2	\$4,399,999 — \$1,900,000	\$1,000
1	<\$1,899,999	\$350*
<b>Special Programs</b> the below members have a different dues structure		
	Adult Day (standalone – no other services)	\$200 flat fee
	Hospice (standalone – no other services)	50% off the applicable band
	PACE (standalone – no other services)	\$2,500 flat fee
	Public Housing Authority (per site)	\$350 flat fee
	Village (per site)	\$175 flat fee
<b>Corporate Multisite Program</b> <i>If you have multiple communities in membership within a single state, we can offer a single payment option. Add up all the Program Service Revenue (PSR) for all communities and apply the band above. If the cumulative PSR is greater than \$27 million, please use the following formula to calculate Corporate Multisite Program dues:</i> <b>Total cumulative PSR for all sites x 0.0003 + \$550</b>		
*minimum dues for regular band is \$350		