

DUES CALCULATOR

Total membership dues are calculated by adding the LeadingAge New York and LeadingAge millage totals. Although calculated differently, both factor into the total and must be paid. You cannot opt out of either set of dues.

Dues are calculated on a millage system based on a **member organization's program revenue as reported on line 9 of the IRS Form 990**. Please use the guidelines and charts below to calculate your membership dues. If you have questions about either LeadingAge New York or LeadingAge portions, please contact LeadingAge New York at 518-867-8383.

Note:

- Both LeadingAge New York and LeadingAge offer a 50 percent discount to new members in year one.
- A flat rate of \$500 is assessed for facilities under construction and not yet operational. Skip to STEP THREE and enter \$500.

Calculating LeadingAge New York dues

- ◆ Find your organization's total program revenue range on the chart

LeadingAge New York Dues Calculation

<u>If Program Revenue</u> <u>is >=</u>	<u>Multiply</u> <u>Total By</u>	<u>Then Add Base</u> <u>Dues</u>	<u>Cap</u>
<i>From line 9 of IRS Form 990</i>			
50,000,000	0.00035	0	32,000
40,000,000	0.0005	0	17,500
35,000,000	0.0005	0	16,500
25,000,000	0.0005	0	15,500
20,000,000	0.0005	1,000	12,500
10,000,000	0.0005	1,000	10,000
5,000,000	0.0005	1,000	5,000
1,000,000	0.0005	250	2,250
500,000	0.0005	250	750
1	0	400	400

◆ Perform Calculation

<u>Example:</u> Program Revenue	\$6,500,000	<u>Actual:</u> Program Revenue	\$ _____
Multiply By	x .0005	Multiply By	x _____
Sub-total	\$3,250	Sub-total	\$ _____
Add Base Dues	+\$1,000	Add Base Dues	+ _____
Total Dues	\$4,250	Total Dues	\$ _____

◆ Apply Year One Discount

LeadingAge New York dues = \$ _____ – 50% discount = \$ _____

Total LeadingAge New York dues = \$ _____.

Calculating LeadingAge dues

Program service revenue is used to calculate LeadingAge dues. This is revenue your organization receives from aging services and is reported on line 9 of IRS Form 990. If you do not report program service revenue, LeadingAge will assess the maximum dues of \$9,625.00,

◆ Step ONE - Find your revenue range on the chart

Total Program Service Revenue (required) \$ _____

2024 Dues Bands

10	>\$27,000,000	\$9,625
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
Adult Day	flat fee	\$200
Hospice	50% off band	---
Pace	flat fee	\$2,500
Corp MSO	Revenue >\$27,000,000 will continue to use formula with no cap (PSR * 0.0003 + 550)	---

◆ *Minimum dues are \$350. Maximum dues are \$9,625.*

◆ Step TWO – Enter the figure below.

LeadingAge Dues: \$ _____

◆ Step THREE - Apply year one discount (50%)

LeadingAge dues = \$ _____ – 50% discount = \$ _____

◆ **Step FOUR – Calculate total LeadingAge dues**

Total LeadingAge dues = \$ _____

Total Membership Dues

Total **LeadingAge New York** dues + Total **LeadingAge** dues = \$ _____

BILLING

☐ Please bill me for the full year's dues ☐ Please bill me quarterly

Applicants, please enclose a copy of your Exempt Organization Certificate (ST-119.1) as required by New York state law.

I understand that this payment entitles this organization for which total program service revenue has been reported to membership in LeadingAge New York and LeadingAge and the full privileges and services of both associations.

In addition, I understand that membership is terminated **ONLY** by sending a letter requesting termination of benefits to the attention of LeadingAge New York's accounting department. Non-payment of dues does not constitute a notification of termination. Any dues or other expenses incurred prior to receipt of the letter requesting termination of benefits will be the responsibility of the member.

Your signature indicates that you understand and agree to LeadingAge New York's notification of termination policy and you are in compliance with the attached "Criteria for Membership."

Application submitted by:

Name: _____

Title: _____

Signed: _____

Date: _____

Please submit your application and a copy of your tax exempt certificate to via mail or email to:

Membership Committee:

LeadingAge New York

13 British American Blvd., Suite 2, Latham, N.Y. 12110-1431

or via email to egifford@leadingageny.org

Thank you for your interest in becoming a member of LeadingAge New York. If you have any questions, feel free to call (518) 867-8383. Upon approval by the committee, all services will begin immediately and you will be invoiced.

Please do not send payment with this application.