

VOLUME 6 NO. 3

BRANCHING OUT

LIVING BRANCHES

Live & Grow – Together



THE *Changing* WORLD OF Healthcare

INSIDE THIS ISSUE: CHRONIC FATIGUE IN PERSONS OVER 50 | ANNUAL CHICKEN BBQ

FROM THE PRESIDENT'S DESK

A New Look



WINSTON CHURCHILL ONCE

said, “To improve is to change; to be perfect is to change often.” While perfection may be a lofty and unattainable goal, growth and improvement are necessary for organizations and individuals alike. At Living Branches we have welcomed new experiences and navigated change to strengthen our communities and enhance the services available to our residents. In that spirit, we have redesigned Branching Out to better serve our audience.

Branching Out now has a design and layout that is different from the template we have used since its inception. In addition to the overall appearance and length, we have also redirected the focus and purpose of the newsletter. Living Branches is a unique organization; persons in the community are related to the organization through residence, employment, familial relationships, volunteerism, and affiliations with the Franconia Mennonite Conference. Because of this we desire for Branching Out to be a resource to all of the persons with whom we interact.

The first edition under this new direction addresses a topic on the forefront of many of our minds: healthcare. Terms like the Affordable Care Act, Medicare A through D, and long-term care insurance are used frequently, but are confusing to almost everyone. We enlisted the help of a colleague at Everence, one of the Living Branches Preferred Trust Providers, to help clarify the new terminologies and explain how the changes affect seniors. I believe you’ll find Trish Sneddon’s straightforward approach to be not only educational, but entertaining.

We understand that while community happens at Living Branches every day, we serve the larger communities of the North Penn and Indian Valley regions. The purpose of Branching Out is to be a tool – for the persons living in our communities, those considering moving here in the future, the caregivers and family members of our residents, and more. We welcome your feedback regarding the format and content of the newly redesigned Branching Out. We hope it empowers you to lead a life of purpose and joy – whether that is at Living Branches or in the wider community.

EDWARD D. BRUBAKER
President/CEO

BRANCHINGOUT

A PUBLICATION OF LIVING BRANCHES
Together we empower older adults and families to lead lives of purpose and joy, guided by the Mennonite tradition of care and service to others.

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Living Branches maintains a mailing list of people who we feel are interested in the activities, events, programs, and services of our communities. If for any reason you want your name removed from this list, please email the editor with your name, address, and request at BranchingOut@LivingBranches.org

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THE Changing WORLD OF Healthcare

By Trish Sneddon, CSA®, CLTC
Everence Financial Services Representative



WE ARE INTERESTED IN UNDERSTANDING HOW CHANGES IN THE WORLD OF HEALTH CARE ARE AFFECTING RETIREES. ARE THESE CHANGES HAVING A POSITIVE IMPACT ON MEDICARE?

TS: There can't be one comprehensive answer, so let me pick a few specifics. If you are referring to affordable access to basic health care services, then YES, it is better. The Affordable Care Act (ACA), also known as Obamacare, added additional preventive health care benefits that Medicare now covers at 100%.

Or, if you are referring to coverage for many of the latest and greatest treatments for acute care conditions, then YES, Medicare is adding additional coverage for many new treatments. If you are referring to additional coverage for chronic conditions and long-term care, then the answer is "hmm, maybe not." The push with the ACA is to encourage healthier lifestyle choices and to try to prevent chronic health care issues, or at least identify those issues early enough so that treatments can be more effective.

Medicare constantly has to re-evaluate and re-balance effectiveness of treatments vs. costs. There are currently 54 million people on Medicare. For each additional dollar of coverage that is added per person, that adds \$54 million dollars to Medicare's claims costs.

WHAT CHANGES ARE HAPPENING WITH PRESCRIPTION DRUG COVERAGE?

TS: Well, I believe that Medicare took a huge step in the right direction in 2006 when they added coverage for outpatient medications under the Medicare Part D program. Medicare did not have any coverage for routine



outpatient medications prior to that. However, the cost of many medications, brand name medications in particular, has become so exorbitant that the Part D program has lost ground.

Even with increasing the percentage of coverage in the coverage gap, or "Donut Hole" (in 2015 and 2016 brand name medications are discounted by 55%), the inflating costs of medications are making those discounts seem less substantial. And the individual private Part D plans shift their benefits every year, seldom in ways that benefit the planholders, so that waters down the benefit for many retirees.



IS THERE A WAY TO COPE WITH THE PROBLEM OF RISING MEDICATION COSTS?

TS: The most important coping technique is for patients to be their own advocates when relating to their doctors. And, if the patients themselves are not able to communicate adequately with their doctors, then family members, or other trusted helping professionals, must be willing to step in to assist. Conversations about costs vs. benefits of various medications, or generics vs. brand name, can be hard to navigate for some seniors. It is a language and vocabulary that they may not be comfortable with.

IT SEEMS LIKE IT SHOULD BE OBVIOUS AND EASY TO UNDERSTAND WHAT IS COVERED BY MEDICARE PART A, PART B, PART C, AND PART D, BUT IT JUST ISN'T! CAN YOU GIVE US A GENERAL REVIEW OF WHAT IS COVERED BY THESE DIFFERENT AREAS OF MEDICARE?



TS: Ah yes, it all seems to get so crazy complicated! I am really going to try to be concise with my answers, but make the answers memorable, too.

- When you turn 65, with just a few exceptions, you are eligible to receive Original Medicare, which consists of Medicare Part A and Medicare Part B.
- Medicare Part A is "free" (well, prepaid from your past taxes and no current premium is required). Part A covers INPATIENT care, mainly for hospital services, some limited post-hospital recovery or rehab care in a Health Care Center (previously known as a Skilled Nursing Facility), and hospice care services for those who are terminally ill.

- Medicare Part B covers OUTPATIENT care, and there is a current premium that must be paid if you want to have this coverage (with exceptions for some low-income individuals).

So far this is straightforward. Original Medicare has been around for 50 years...yes, 2015 is the 50th anniversary of Medicare! Medicare Parts A and B provide you with a core benefit that compares well to some of the better Affordable Care Act plans (for under 65 year olds), but without built-in coverage for outpatient medications.

- Medicare Part C (often referred to as Medicare Advantage) is generally equivalent to the benefits received under Original Medicare Part A and B, but it is provided by private insurance companies who are subcontracting the business from Medicare. Medicare Part C or Medicare Advantage plans pays these private insurance companies an amount "equivalent" (well, there is a very complex formula for setting these amounts!) to what it costs Medicare to provide the benefits available under Original Medicare Part A and B.

The important concept is that Medicare Part C plans are NOT supplement plans; they are substitutes for the coverage that Original Medicare would have given you. Some of the private Part C insurance plans offer coverage for services not paid for by Original Medicare (i.e., dental, vision, hearing aids), so that is why you may still have a premium to pay for your private Medicare plan (separate from what is paid for Part D prescription coverage).

According to the Kaiser Family Foundation (April 2014) 96% of all medical providers (doctors, hospitals, Health Care Centers, outpatient treatment facilities, labs, etc.) will accept Original Medicare Part A and Part B. But not all those providers will accept private Medicare Part C or Medicare Advantage plans. Why not? Because each private insurance company has their own unique set of contractual arrangements with providers that are separate from Medicare; and not all Medicare providers are willing to accept those separate contractual arrangements.

- Medicare Part D covers outpatient drugs (prescription medications), offering various plans within the coverage structure set by legislation. Medications used when you are an inpatient in the hospital, as part of chemotherapy, as part of specialty injections, or IV infusions provided in a doctor's office or outpatient clinic are covered by Medicare Part B.



WHAT ABOUT MEDICARE SUPPLEMENT PLANS, WHICH ARE SOMETIMES CALLED MEDIGAP PLANS, OR SECONDARY INSURANCE? WHERE DO THEY FIT IN?

TS: Medicare supplement plans are what I think of as “buy-up” plans. These private insurance plans are constructed to pay the unpaid balances of Medicare-approved services. Original Medicare has its own deductibles, co-pays, and co-insurance requirements. Usually YOU have to pay those out-of-pocket expenses.

Medicare supplement insurance plans pay those deductibles, co-pays and co-insurances for you. There are currently 11 standardized Medicare supplement plans. Medicare has set-up these 11 standardized templates of benefits, so any insurance company selling private Medicare supplement plans is limited to selling these specific plans.

What is especially confusing is that Medicare assigned letter names to these plans, so they are referred to as Plan A, Plan B, Plan C, etc. Most people find it hard to remember the difference between Medicare Part A and Medicare supplement Plan A. The premium you pay for supplement plans can vary with each insurance company, so you need to shop around.

There are two additional important points I want to make:

- All providers who accept Original Medicare Part A and Part B will accept all standardized Medicare supplement plans.
- You can't have a Medicare Part C Medicare Advantage policy AND a Medicare supplement policy at the same time. It's one or the other.

DO I NEED TO HAVE A MEDICARE SUPPLEMENT PLAN?

TS: Well, it depends on whether you are going to need to use health care services in your retirement years! If you end up never using many health services, then you don't need a Medicare supplement plan! However, if you DO need to use health care services, the big issue is that there are NO OUT-OF-POCKET LIMITS with Original Medicare. If you are having serious medical issues, there is no cap on what you can be charged. If you need outpatient treatments that cost \$30,000, Medicare will pay 80%, or \$24,000, and then you will be billed the \$6,000 balance. A supplement plan can limit, or eliminate your out-of-pocket costs, depending on which one you choose. And that's why most retirement communities and Health Care Centers want their residents to have Medicare supplement plans, because they cap the out-of-pocket costs!



NOW WHAT CAN YOU TELL US ABOUT THE DIFFERENCE BETWEEN MEDICARE AND MEDICAID? THE NAMES ARE SO SIMILAR, BUT THEY ARE COMPLETELY DIFFERENT PROGRAMS.



TS: Almost everyone I work with is unclear about the differences between these two programs. I have just gone through the general benefits of Medicare, so it should be clear what it covers. Let me add that all U.S. citizens who are 65 years old or older (with a few exceptions that I won't go into now) are automatically entitled to Medicare.

Medicare is a federally funded program and there are no income requirements to be eligible. Some higher income earners may have to pay a higher Part B and Part D premium to be in Medicare; and some lower income citizens may not have to pay any Part B or Part D premiums. But income doesn't determine whether or not you can have Medicare.

Medicaid, on the other hand, is a joint federal and state funded program that is meant to assist those with a low income, or who have spent their savings on certain health care costs, and who now need help paying for health care services. Medicaid is a benefit that you must apply for and be approved for. The approval process uses “means testing,” and is not guaranteed!

In continuing care retirement communities like Dock Woods and Souderton Mennonite Homes, both Medicare and Medicaid can come into play. Medicare will pay for a limited period of post-hospital care in a Health Care Center, based on Medicare-established guidelines.

The most that Medicare will pay for is 100 days per episode of Health Care Center care. Anecdotally, I hear from my clients that 3-4 weeks is the average length of time that Medicare has covered their Health Care Center stay. They are often surprised at how quickly they have to start paying out of their own pockets.

Medicaid kicks in when a resident is in a Health Care Center for an extended, probably permanent stay, and the resident has spent their savings down to a certain level and can no longer afford the full cost of care. Medicaid uses a complex formula when there is a spouse involved to try to keep the spouse still living in the community from becoming impoverished. Medicaid is the “insurer of last resort.” Unfortunately Medicaid does NOT pay for personal care or assisted living, and only in very specific situations for home care. This is why the Living Branches system of having a benevolent fund is so impressive! Thanks to the fund, residents don't have to worry about being “evicted” if they live longer than their savings last. SO, support the Living Branches Benevolent Fund!!! (Please note that this comment was unsolicited!)

WHAT ABOUT LONG-TERM CARE INSURANCE? HOW DOES IT FIT IN TO RETIREMENT PLANNING? HOW DOES IT WORK? IS IT WORTH HAVING?



TS: It was actually my interest in educating people about planning for long-term care that got me into the insurance

world. I was a nursing home administrator for 8 years and helped people extensively with the admission process during that time. I was amazed at how little families knew about the costs of long-term care and how little planning had been done for the possibility.

Most people have trouble imagining themselves needing care in the future. But even though we are living longer, often we are just “kicking the can down the road”...we will still likely need long-term care, but it will be at a later age.

The statistics point to the reality that at least one in two people will need SOME level of assistance, or long-term care, at some point in their lives. Some will receive that assistance in their own homes, and some will need the more regular assistance that can be provided in a personal care setting, or the comprehensive care provided by a Health Care Center.

Most of us would prefer not to require assistance from our children, and many seniors don't even live near other family members. That means that care will need to be paid for. Whether long-term care insurance (LTCI) is right for you is a very individual assessment. If your savings are limited, then probably it's not.

I often consider LTCI to be “retirement savings insurance,” or a “savings extender.” In many circumstances, LTCI can help a person to stay in their own home for a longer period of time, with home health assistants coming in to help with care.

Or, it can help defray the costs when one spouse needs care in a facility setting and the other spouse is living in the community. LTCI is coverage worth exploring when you are planning for retirement. You have to still be healthy to qualify for coverage, so looking into it earlier rather than later is vital. There is more to this topic, but that will suffice for now!



TRISH SNEDDON, CSA, CLTC, is an Everence Financial Representative specializing in insurance products. She is part of the Everence team of advisors in the Souderton, PA office. Trish has a BA degree in Health Care Administration, and her CSA (Certified Senior Advisor) and CLTC (Certified in Long-Term Care insurance) designations. She previously worked as a Nursing Home and Health Services Administrator. For the last 13 years, Trish's primary ministry has been helping seniors to understand their Medicare options, and to make health plan choices that best serve their needs during retirement. Trish lives in New Hanover Township

with her husband Roger, an electrical engineer; and her son Ozzie, an artist and animator.

EVERENCE helps individuals, organizations and congregations integrate finances with faith through a national team of advisors and representatives. An Everence Trust Officer is available to meet with residents on campus at Souderton Mennonite Homes and Dock Woods each week. For information about Everence office hours, contact the front desk.

Why Are You TIRED All the Time?

By Jeanne Dorin for Next Avenue

Although she typically sleeps soundly and has good “sleep hygiene” — no coffee after 3 p.m., a quiet, darkened bedroom and a reasonable bedtime — Rose D. always feels tired. At 54, she slogs through her workday, hitting a wall in late afternoon when she closes the door to her office, lays her head on her desk and catches a 30-minute nap.

When her doctor gave her a clean bill of health, he suggested that Rose consider other factors that might account for her tiredness — the stressors in her life such as financial problems and a contentious relationship with her sister. As it turns out, they were weighing heavily on her and manifesting in a deep sense of exhaustion.

While the benefits of a good night’s sleep are well documented, chronic and more ambiguous tiredness afflicts millions of people over 50. Their fatigue isn’t caused by illness, medication or any clearly

diagnosable condition. It’s borne instead of leading complex emotional and psychological lives in a world fraught with stressors. At a stage in life where typical concerns such as money, children, illness and loss start to move toward center stage, the first cognizance of one’s mortality and a sense of time running out fuel an out-of-control feeling that can zap your energy.

“Exhaustion is the expression not just of a lack of sleep, but a much more profound underlying response to the conditions in which we live,” says New York clinical psychologist Michele Berdy, whose clientele includes many in their 50s and 60s.

RUNNING AT FULL TILT

Economics and technology add to the fatigue cocktail. While one’s 50s and 60s were traditionally a time to slow down (heading toward retirement), today’s boomers are typically still in high gear working and achieving, sometimes playing catch-up

to refill retirement coffers after being laid off or taking a financial hit.

This sense of having to beat the clock, so to speak, has conditioned them to a 24/7 work life. “It’s not unusual for people to feel like they have to be available to work at all times through smartphones, texting and email,” says

a low-level depression and even a sense of boredom, all of which can be expressed as fatigue.

A new retiree whose high-intensity career spanned four decades may wake up to long days with very little to do. The best antidote for that kind of tiredness is volunteer work

A new retiree whose high-intensity career spanned four decades may wake up to long days with very little to do. The best antidote for that kind of tiredness is volunteer work or finding a passion or hobby that restores a feeling of creativity and productivity.

Berdy. “That creates a sense that work is not bounded, which means leisure is always poor. There is never a sense of fully being on your own time.”

Many boomers who came of age with a deep sense of idealism and possibilities look at today’s world — with its economic realities, unwelcoming job market and even global terrorism — and respond by feeling tired, an existential exhaustion.

Compounding that are concerns about their children’s futures in a sluggish economy, which generates more anxiety. “It’s a step away from despair,” says Berdy. “On the one hand, being fully awake in one’s life is desirable, but the reality of how most of us live our lives is far afield from that.”

FIND PASSION TO REDUCE FATIGUE

According to research from the National Institute on Aging in Washington, D.C., retirement after decades of being in the workforce can also be accompanied by anxiety,

or finding a passion or hobby that restores a feeling of creativity and productivity. That said, persistent exhaustion is sometimes a by-product of sleeplessness and insomnia, which is also more common as people get older. According to Dr. Michael Irwin, a psychiatry professor and director of the Cousins Center for Psychoneuroimmunology at UCLA, some people have frenetic workdays and go to bed with a high level of arousal. They can’t maintain sleep.

But a light, non-restorative sleep can deepen daytime tiredness and also take a serious toll on health. In his new study published in the September issue of the journal *Sleep*, Irwin and his team of researchers documented for the first time the benefits of treating insomnia to reduce levels of inflammation-causing C-reactive protein (CRP), a marker for disease in older people. The research also documented cognitive behavioral therapy as the most effective treatment for insomnia.



Whether your tiredness is the result of non-restorative sleep or life’s stressors, the following antidotes recommended by the National Institute on Aging may help alleviate persistent exhaustion:

- **KEEP AN ‘EXHAUSTION DIARY’** so you can pinpoint certain times of the day or situations that make you feel more tired.
- **EXERCISE REGULARLY.**
- **AVOID LONG NAPS** during the day that leave you groggy and make it harder to fall asleep at night.
- **STOP SMOKING**, which can lead to diseases that zap energy.
- **IF YOU FEEL SWAMPED AND OVERWHELMED, ASK FOR HELP.** Working with others collaboratively can make tasks easier and diminish a feeling of tiredness.

Also consider meditation and relaxation tactics to help alleviate worry and angst.

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RYAN BURCIK
Executive Chef, Souderton
Mennonite Homes

With over 27 years of experience in the culinary field, Ryan has worked in all facets of the food service industry; from small family owned restaurants to a 5-star, 5-diamond resort called The Breakers in Palm Beach, Florida. Prior to joining Living Branches, Ryan spent the past 7 years working as an Executive Chef at other continuing care retirement communities in the area. Ryan graduated from the Pennsylvania Institute of Culinary Arts in 1998 and earned his master's degree in business administration in 2008 from Strayer University. Ryan is a member of the American Culinary Federation, the largest professional chefs' organization in North America, and is currently working towards his Certified Executive Chef credentials.

Autumn Dinner Party

Colorful menu choices for an evening with friends

ALL RECIPES SERVE FOUR.

BEET SALAD

½ lb golden beets	4 oz chevre goat cheese
½ lb beets	1 cup balsamic vinegar
2 heads frisee lettuce	4 tbsp olive oil
4 tbsp pistachio nuts	2 tbsp canola oil

Coat beets with canola oil and season with salt and pepper. Roast in a 375 degree oven for 35-45 minutes or until tender. Remove from oven and let rest 5 minutes. Using a clean towel wipe the skin off the beets, then cool them completely in the refrigerator. Once cooled, dice the beets.

In a double boiler over medium heat, reduce the balsamic vinegar by ¾. Let cool. Wash the frisee and then cut into bite sized pieces. Place the frisee on the plate, add the diced beets, crumble the goat cheese on top. Add the pistachios and then drizzle the balsamic reduction and olive oil over the salad. Serve.



PAN SEARED SCALLOP WITH GRILLED POLENTA AND FENNEL

2 lbs large scallops	1 cup butter
1 fennel bulb	½ cup Boursin cheese
½ cup red onion	2 fresh sage leaves
2 cloves garlic, sliced thinly	4 tbsp olive oil, divided
4 cups water	2 cups chicken broth
1 ¼ cup corn meal	

For the Sauce

In a small sauce pot, place the butter over medium heat and cook for 1-5 minutes until the water in the butter has evaporated and the sugars have begun to brown. You should notice a nutty aroma. Add the sage leaves. Remove from heat.

For the Polenta – can be made the night before

Bring water to a boil and stir in the corn meal. Let simmer for 5-10 minutes or until tender. Add the boursin cheese. Season with salt and pepper as needed. Remove from heat and pour the polenta into a greased baking dish. Cool completely in the refrigerator. Remove the polenta from the pan. Cut into desired shape. Reserve. To reheat, grill over medium heat for 5-10 minutes on each side.

For the Fennel

Remove the fennel fronds and stalks from the fennel bulb. Cut the bulb into quarters lengthwise and trim away the core. In a sauté pan over medium heat, add 2 tbsp oil and cook garlic for 30 seconds or until aromatic. Remove garlic from the pan and discard. Add the onions and fennel to the pan and sauté over medium heat for 1 minute. Add the chicken stock and simmer for 15 minutes or until tender. Season with salt and pepper.

For the Scallops

Season the scallops with salt and pepper. In a sauté pan over high heat, add olive oil. Add the scallops and sear on each side for about 1 minute.



HONEY ROASTED PEAR NAPOLEON

2 D'anjou pears	8 oz whipped cream
1 sheet puff pastry dough	⅓ cup sugar
⅓ cup honey	1 blood orange
¾ cup water	8 oz maple syrup
2 tsp vanilla extract, divided	½ tsp ground cinnamon
1 cinnamon stick	4 tbsp sliced almonds
¼ cup butter	powdered sugar as needed
8 oz mascarpone cheese	

With a rolling pin, thinly roll out the puff pastry dough. Cut into twelve 2 1/2" circles. Place the puff pastry dough circles onto a parchment paper lined sheet tray. Using a fork, prick each of the rounds to keep them from rising in the oven. Place another piece of parchment paper on top of the dough rounds followed by another sheet tray. In a preheated 375 degree oven, cook the puff pastry dough for 15 minutes. Remove from heat and reserve.

In bowl, combine the mascarpone, sugar, 1 tsp of cinnamon, and vanilla extract. Reserve.

In a sauce pot over medium heat, combine the water, honey, cinnamon stick, 1 tsp vanilla extract and 1 tbsp butter. Bring to a simmer and remove from heat. Reserve.

Peel the pears. Cut in half lengthwise. Remove the seeds. Place on a parchment lined sheet tray and brush with honey-water mixture. Place in preheated 375 degree oven and cook for 35-45 minutes or until tender, basting every 10 minutes with the honey-water mixture. Remove from heat and cool.

Place the almonds on a sheet tray on toast in a preheated 350 degree oven for 5 minutes or until toasted. Reserve.

In a small pot combine the maple syrup and 1 tbsp of juice from the blood orange. Bring to a simmer and remove from heat.

Assemble by placing one of the puff pastry rounds down. Spread some of the mascarpone cream on top of the round, followed by another round, some more mascarpone, and finally another puff pastry round. Sprinkle with powdered sugar. Place the pear halves next to the napoleon. Drizzle the maple syrup on top of the pear. Garnish the plate with toasted almonds.

- 1 | Brunch & Fashion Show
- 2 | STARR Program Graduation
- 3 | Car Show
- 4 | Rubina's Farewell



BRUNCH & FASHION SHOW

The Souderton Mennonite Homes Auxiliary hosted the first Brunch & Fashion Show at Souderton Mennonite Homes in June. Guests were treated to a fabulous brunch provided by our Dining Services staff while watching a fashion show featuring clothes and accessories from the Family Heritage Gift Shop and Shekala's. The Auxiliary is pleased to report over \$2,000 was raised for the Agape Fund, which provides grants to residents who can no longer pay the full cost of their care.

STARR PROGRAM GRADUATION

The STARR program began at Souderton Mennonite Homes in the fall of 2014. STARR, Souderton Transition to Adult Roles and Responsibilities, allows students from the Souderton Area School District to volunteer in the local community, gaining knowledge and experience before moving onto their future. The inaugural year was a great success and we are excited to have a new group of students return this fall.

In early June, the students and their families along with representatives from Souderton Area School District and staff and residents from Souderton Mennonite Homes gathered to celebrate the completion of the first year of the STARR program. Students received certificates of accomplishments and photo albums containing memories from their year. It was encouraging to see the room full of persons showing support for the students in our community.

CAR SHOW

The residents at Dock Meadows had front row seats to a car show featuring entries from the local community, some of which were owned by relatives of Dock Meadows' residents. While some residents enjoyed refreshments as they viewed the cars from the shade, others enjoyed rides with the top down!

RUBINA'S FAREWELL

Rubina Budha joined the Living Branches family in the summer of 2014 for a year of service with Mennonite Central Committee through their International Volunteer Exchange Program. Rubina made a profound impact on many residents and staff at all three Living Branches communities while volunteering with the life enrichment and pastoral care departments. She taught classes about her home country of Nepal and orchestrated a benefit concert which raised over \$13,000 for her country after the earthquake disaster. Eileen Burks, who serves as the liaison between Living Branches and MCC, shared, "Rubina has been a remarkable assistant. She developed lifelong relationships, skills that will enhance her continued education, and a passion to serve others in Nepal." Living Branches wishes to extend our sincerest gratitude to Rubina for her compassion and excellence while serving our communities.



NEW!
CHICKEN BBQ DRIVE THRU
Friday, August 21,
4:00 to 7:00 p.m.

- **Platters** – \$11 each, cash only – include half chicken, potato salad, applesauce, chocolate chip cookie, and bottled water.
- **Available until sold out**

40TH ANNUAL CHICKEN BBQ SILENT AUCTION AND GOSPEL MUSIC FEST
Saturday, August 22,
7:00 a.m. to 4:00 p.m.

- **Bake Sale** – 10:00 a.m.
- **The Ball Brothers Quartet** – 10:30 a.m.
- **The Brunner Family** – 1:30 p.m.
- **Flea Market** – 7:00 a.m. to 4:00 p.m.
- **Car Show** – 9:00 a.m. to 3:00 p.m.
- **Silent Auction** – 10:00 a.m. to 2:30 p.m.
- **Children's Activities** – 10:00 a.m. to 3:00 p.m.
- **Mommy Market** – 10:00 a.m. to 3:00 p.m.
- **Chicken platters, Jesse's BBQ Pulled Pork, Hot Dogs, and Desserts** – 11:00 a.m. to 4:00 p.m.

HYMN SING UNDER THE TENT
Sunday, August 23,
6:00 p.m.

- Singing led by Ivan Derstine and Ralph Alderfer
- Refreshments will be provided
- A love offering will be received for the Agape Fund

For information about the Chicken BBQ events, please contact Keith Heavener or Alta Yoder at 215-723-9881.



40TH ANNUAL CHICKEN BBQ AT SOUDERTON MENNONITE HOMES



LEGACY GIVING SPOTLIGHT
Richard Gulick

By Keith Heavener, Director of Fund Development

An important part of the work of the fund development office is planting and nurturing relationships with the next generation of donors and philanthropists. And the best way to help them understand the importance of regular gifts and estate planning is to tell the stories of our current and past donors. Since beginning my position with Living Branches in December 2010, I have had the pleasure of telling a number of stories of generosity from donors at various levels of the income spectrum. While their careers and life stories may be different, they share a common thread: they saved, planned, and lived with generosity in mind.

The largest give that has been given Living Branches since I have been here was made in June of 2014. The donation amounted to over \$300,000 and came from the estate of Richard Gulick, a resident who lived on the Dock Woods campus. Dick was touched by the commitment of our staff to the residents and their families and I'd like to share this story.

Dick grew up in a middle-class family in the Lansdale area and was employed by a number of regional firms in their accounting departments. Dick and his wife Jane, a teacher, enjoyed entertaining friends and neighbors at their home and favorite restaurants. One of Dick's hobbies was

Dick wanted to support the growth of our benevolent care ministry through his estate plan because he understood the mission of Living Branches.

gardening and he enjoyed working in his flowerbeds whenever he could. Dick and Jane were lifetime members at Trinity Lutheran Church in Lansdale and Dick spent time gardening there, too.

Dick and Jane did not have children, so they were able to build a sizeable

nest egg and invest their savings in a number of charitable gift annuities which provided stable income later in life. They were very conservative spenders, lived modestly, and were committed to providing support to their favorite charities.

After his wife's early passing, Dick moved to the Dock Woods campus and was a frequent participant in events and outings with his new neighbors. He was a regular donor to Living Branches and to organizations that were involved in Christian education. As his health declined, he moved to the health care center and passed away in 2013 at the age of 85. Thanks to his early financial planning, he was able to live comfortably during his time at Dock Woods and still leave a number of very generous estate gifts to local charities.

Dick wanted to support the growth of our benevolent care ministry through his estate plan because he understood the mission of Living Branches. The relationship that was started, watered, and fertilized by Edward Brubaker, our President/CEO, and my predecessor, Janet Vincent, grew into a very bountiful harvest. Dick believed in our mission and lived here to experience it in action. His generosity allows our mission and ministry to thrive. We appreciate the commitment that he made to the Living Branches organization during his lifetime and how he remembered our residents with his legacy of caring that will provide ongoing support for many years to come.

If you would like to learn more about income and estate planning options for your future, please contact Keith at 215-368-4438 or keith.heavener@livingbranches.org

AMAZONSMILE

Do you shop at Amazon.com? Or have family and friends who use Amazon regularly? You can now help Living Branches residents while you shop! AmazonSmile is the charitable arm of Amazon, allowing shoppers to donate 0.5% of their purchase total to a charity of their choice. The 0.5% is not added to your total; AmazonSmile donates the funds from their foundation. Next time you are shopping online be sure to use www.smile.amazon.com and select Living Branches as your designated charity. Donations are received quarterly and benefit the Living Branches Benevolent Care Fund which assists residents at all three campuses needing financial assistance.

Charitable Donations to the Living Branches Foundation

JANUARY 1, 2015 THROUGH JUNE 30, 2015

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Elsie Cardone
The Estate of Paul B. Clemmer
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Henry Goshow
Robert and Betty Kratz
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Souderton Mennonite Homes Auxiliary
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