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NC MEDICAL  
CARE COMMISSION

**North Carolina Medicare Care Commission  
Executive Summary of the CCRCs Community Improvement Relationships  
Continuing Care Retirement Community (CCRC)**

Organization: Aldersgate UMRC, Inc. Date: 04-28-2009

1. Statement of the CCRCs mission and commitment to charity care/community benefit.

**The Mission of Aldersgate is to provide excellent continuing care services for older adults. Aldersgate has historically assisted other groups, organizations, and individuals by providing time, talent, facilities and monetary support.**

2. Describe geographic service area and target populations for community benefits.

**Aldersgate's primary service area is Mecklenburg County and the counties that surround it. Our target population for community benefit is the county's older adults and/or groups that provide services to older adults with assistance also provided to children through outreach in the schools.**

3. Describe the relationships with agencies and organization with in the community.

**Aldersgate collaborates with the Alzheimer's Association , the Mecklenburg County Senior Centers, the Charlotte Museum of History, the City of Charlotte Parks and Recreation Dept. and others through the provision of services, land and facilities.**

4. List the current community benefit programs

**-Volunteer activities with more than 40 different groups multiple times throughout the year. The activities range from tutoring in schools; volunteering in local hospital ICU units; making blankets, clothing and bandages for those in need; assisting in other non-profits; provision of transportation.**

**-Provision of meeting space for over 25 groups multiple times throughout the year at no charge to the various organizations.**

**-Provision of land through no cost leases for a history museum, a city park, group homes for the mentally challenged, and land and a facility for the use of a branch of a local senior center.**

**-Donation of medical supplies and equipment, clothing , furniture, books, and school supplies to organizations such as the Salvation Army, Samaritans Purse, Habitat Restore, Love, Inc., Goodwill and others.**

**Application for Property Tax Exemption Under G.S. 105-278.6A**

**Instructions** (Return to County Tax Office No Later Than January 31)

A facility may be granted a total exclusion under Section 1, G.S. 105-278.6A, (c), provided that conditions (1) through (5) are met AND condition (6) a. OR (6) b.

If the facility qualifies under (6) a. AND meets conditions (1) through (5), check this box and do not complete the rest of the form to obtain a total exemption.

If the facility qualifies under (6) b. AND meets conditions (1) through (5), complete the rest of the form below.

Provide all relevant attachments as noted under each category.

**REVENUE**

**Total Resident Revenue - As Disclosed in Most Recent Audited Financial Statement**  
(Include all monthly service fees, fee for service charges, amortized entry fee income for the year, and any fees collected that would not otherwise be amortized into income for the year associated with living in the facility. Excludes investment income, contributions and income from non-resident sources.) Attach Relevant Sections of Most Recent Audited Financial Statements

(1) \$17,136,691

**CHARITY CARE**

**(A) Un-reimbursed Health Care**

(From Medicare/Medicaid or Third Party cost reports, internal resident assistance data certified by the facility or audited financial statements which show amount of un-reimbursed costs) Attach Applicable Pages of Cost Reports

\$352,754

**(B) Un-reimbursed Housing and Services**

(From internal assistance reports (Lyons software or spreadsheet) certified by the facility and/or audited statements which show amount of un-reimbursed costs and/or as disclosed in most recent audited financial statement)

\$89,365

**Total Charity Care**

(2) \$442,119

**COMMUNITY BENEFITS**

(Amounts claimed are to be taken from audited financial statements which either footnote the amount or disclose the amount in the statement of operations as a line item and/or

can be taken from documented receipt letters from entities receiving the service, donation or volunteer service, and/or as documented in the Lyons Software or similar spreadsheet program certified by the facility. The amounts are limited to actual expenses incurred by the facility to perform the service or provide the donation.)

**(A) Services**

(Verifiable un-reimbursed expenses incurred by the facility to provide health, recreation, community research, and education activities to the community at large, including the elderly - DOES NOT include resident volunteer time.)

\$34,660

**(B) Charitable Donations**

(Actual cash outlay or equivalent dollar amount of donated items originally acquired by the facility and documented in facility community benefit report (Lyons software or spreadsheet) and/or noted in audited financial statements.)

\$626,235

**Application for Property Tax Exemption Under G.S. 105-278.6A**

**(C) Donated Volunteer Services**

(Cost to the facility for allowing employees to volunteer in community service projects or organizations and/or actual un-reimbursed facility material, space and volunteer time as documented based on wages paid by the facility for the volunteer during the service period/project)

\$62,329

**(D) Donations and Voluntary Payments to Government Agencies**

(Amounts to be taken from Receipted donations/payments from government agency receiving donation/payment when the facility would otherwise not have to pay the agency - goodwill.)

0

**Total Community Benefits**

(3) \$723,224

**Total Community Benefits and Charity Care (2) + (3)=(4)**

\$1,165,343

**Percentage of Resident Revenue**

Total Community Benefits and Charity Care Divided by  
Total Resident Revenue

(4) \$1,165,343  
(1) \$17,136,691

Percentage of Resident Revenue (4) divided by (1)

6.80 %

**Exclusion Percentage Based on Percent of Resident Revenue Above**


<b>% of Revenue</b>	<b>Exclusion %</b>
5%	100%
4%	80%
3%	60%
2%	40%
1%	20%

**Exclusion % = 100%**

**Facility Name** Aldersgate United Methodist Retirement Community, Inc. **County** Mecklenburg

**Facility Address** 3900 Shamrock Drive, Charlotte, NC 28215

***By Signing Below We Hereby Certify the Information Stated Above is Correct and True as Supported by Our Financial and Facility Records:***

 **Officer's Signature** **Date** January 30, 2009