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Form **990****Return of Organization Exempt From Income Tax****2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20**B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****DIAKON LUTHERAN SOCIAL MINISTRIES****Doing Business As**

Number and street (or P O box if mail is not delivered to street address)

**798 HAUSMAN ROAD**Room/suite  
**300**

City or town, state or country, and ZIP + 4

**ALLENTOWN, PA 18104****F Name and address of principal officer****MARK T. PILE****798 HAUSMAN ROAD, STE 300 ALLENTOWN, PA 18104****D Employer identification number****23-1857015****E Telephone number****(610) 682-1262****G Gross receipts \$ 314,663,352.****H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

If "No," attach a list. (see instructions)

**H(c) Group exemption number ▶ 9386****I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.DIAKON.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation 1868 M State of legal domicile PA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>THE ORGANIZATION IS A LEADING PROVIDER OF SENIOR LIVING SERVICES AND SOCIAL SERVICES, INCLUDING ADOPTION, FOSTER CARE, COUNSELING AND YOUTH SERVICES IN PENNSYLVANIA, MARYLAND, AND DELAWARE.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>
	5	Total number of individuals employed in calendar year 2010 (Part VII, line 2a)	<b>2,869</b>
	6	Total number of volunteers (estimate if necessary)	<b>4,800</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>-147,231</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>-147,231</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>6,286,903</b>
	9	Program service revenue (Part VIII, line 2g)	<b>194,849,819</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,720,507</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,839,710</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>209,696,939</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>180,544</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>89,432,816</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11)	<b>33,030</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>79,517</b>
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>117,607,533</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>207,253,923</b>
	19	Revenue less expenses Subtract line 18 from line 12	<b>2,443,016</b>
	20	Total assets (Part X, line 16)	<b>425,059,752</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>337,344,220</b>
	22	Net assets or fund balances Subtract line 21 from line 20	<b>87,715,532</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ *Richard M. Barger*  
Signature of officer

▶ *Executive VP & CFO Richard Barger*  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Scott Sherman** Preparer's signature: *Scott Sherman* Date: **10/19/11** Check if self-employed: ☐ PTIN: **P00451522**

Firm's name: **KPMG LLP** Firm's EIN: **13-5565207**

Firm's address: **1676 INTERNATIONAL DRIVE MCLEAN, VA 22102** Phone no: **703-286-8000**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)