



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

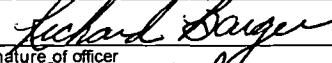
<b>B</b> Check if applicable		C Name of organization DIAKON				D Employer identification number 23-3014613	
<input type="checkbox"/> Address change		Doing Business As					
<input type="checkbox"/> Name change							
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address) 798 HAUSMAN ROAD				Room/suite 300	E Telephone number (610) 682-1262
<input type="checkbox"/> Terminated		City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18104					
<input type="checkbox"/> Amended return		F Name and address of principal officer MARK T. PILE 798 HAUSMAN ROAD, SUITE 300 ALLENTOWN, PA 18104				G Gross receipts \$ 14,923,499.	
<input type="checkbox"/> Application pending						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						H(c) Group exemption number ► 9386	
J Website: ► <a href="http://WWW.DIAKON.ORG">WWW.DIAKON.ORG</a>							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►						L Year of formation 1999	M State of legal domicile PA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities IN 2013, DIAKON SERVED 728 PERSONS THROUGH 83,355 CARE DAYS IN MARYLAND.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	6.
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	6.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	5	0
	6 Total number of volunteers (estimate if necessary) . . . . .	6	6.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	85,974.	2,622.	
9 Program service revenue (Part VIII, line 2g) . . . . .	14,170,800.	13,245,650.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	150,640.	252,806.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	476,163.	496,859.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	14,883,577.	13,997,937.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	0	0
	16a Professional fundraising fees (Part IX, column (A), line 1a) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) . . . . .	17,010,869.	15,387,565.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	17,010,869.	15,387,565.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	-2,127,292.	-1,389,628.
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	24,404,480.	23,814,713.
	21 Total liabilities (Part X, line 26) . . . . .	25,010,937.	27,362,235.
	22 Net assets or fund balances Subtract line 21 from line 20. . . . .	-606,457.	-3,547,522.

## 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	► 	Date 11/2/14
	Signature of officer Richard Berger	
	► 	
	Type or print name and title EVP + Treasurer	

Paid Preparer Use Only	Print/Type preparer's name JOCELYNE C. MILLER	Preparer's signature 	Date 10/22/14	Check <input type="checkbox"/> if self-employed	PTIN P00634378
	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 (2013)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III . . . . .  X**1 Briefly describe the organization's mission**

IN RESPONSE TO GOD'S LOVE IN JESUS CHRIST, DIAKON WILL DEMONSTRATE  
GOD'S COMMAND TO LOVE THE NEIGHBOR THROUGH ACTS OF SERVICE.

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  X No  
If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  X No  
If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 14,887,559 including grants of \$ \_\_\_\_\_) (Revenue \$ 13,245,650)  
SENIOR LIVING SERVICES. SEE SCHEDULE O

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d Other program services (Describe in Schedule O)**(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ 496,859)**4e Total program service expenses ► 14,887,559**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 X	
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 X	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	35a	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35b	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0
2b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
3b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966? . . . . .		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
b	Note. See the instructions for additional information the organization must report on Schedule O		
c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . .

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	6
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	6
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6	Did the organization have members or stockholders? . . . . .	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	13	X
13	Did the organization have a written whistleblower policy? . . . . .	14	X
14	Did the organization have a written document retention and destruction policy? . . . . .	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .	15b	X
a	The organization's CEO, Executive Director, or top management official . . . . .	16a	X
b	Other officers or key employees of the organization . . . . .		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► MD,
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RICHARD BARGER 1022 N UNION STREET MIDDLETOWN, PA 17057 717-795-0342

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) SUSAN SCHELLENBERG CHAIR	1.00 3.00	X					0	0	0
(2) PAUL HORGAN VICE CHAIR	1.00 3.00	X					0	0	0
(3) EMRIED D COLE JR ESQ BOARD MEMBER	1.00 0	X					0	0	0
(4) PETER L KERN SECRETARY	1.00 0	X					0	0	0
(5) KENNETH G MERTZ II BOARD MEMBER	1.00 1.00	X					0	0	0
(6) JOHN PEARSON BOARD MEMBER	1.00 2.00	X					0	0	0
(7) MARK T PILE PRESIDENT/CEO	5.25 32.25		X				0	712,414.	-169,531.
(8) RICHARD M BARGER EXECUTIVE VP/CFO	.31 37.19		X				0	517,834.	62,590.
(9) SCOTT HABECKER EXECUTIVE VP/COO	1.00 36.50		X				0	258,860.	60,351.
(10)									
(11)									
(12)									
(13)									
(14)									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

- reportable compensation from the organization ► 0

- Yes  No

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated

- employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such organizations.

## Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

## Part VIII

## Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns . . . . .	1a				
b Membership dues . . . . .	1b				
c Fundraising events . . . . .	1c				
d Related organizations . . . . .	1d				
e Government grants (contributions) . . . . .	1e				
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	2,622			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f . . . . . ►		2,622			
Program Service Revenue	Business Code				
2a SENIOR LIVING SERVICES	900099	13,245,650	13,245,650		
b					
c					
d					
e					
f All other program service revenue . . . . .					
g Total. Add lines 2a-2f . . . . . ►		13,245,650			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ►		68,462			68,462
4 Income from investment of tax-exempt bond proceeds . . . . . ►		0			
5 Royalties . . . . .	(i) Real (ii) Personal				
6a Gross rents . . . . .					
b Less rental expenses . . . . .					
c Rental income or (loss) . . . . .					
d Net rental income or (loss) . . . . . ►		0			
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
1,109,906					
b Less cost or other basis and sales expenses . . . . .	925,562				
c Gain or (loss) . . . . .	184,344				
d Net gain or (loss) . . . . . ►		184,344			184,344
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
b Less direct expenses . . . . . b					
c Net income or (loss) from fundraising events . . . . . ►		0			
9a Gross income from gaming activities See Part IV, line 19 . . . . . a					
b Less direct expenses . . . . . b					
c Net income or (loss) from gaming activities . . . . . ►		0			
10a Gross sales of inventory, less returns and allowances . . . . . a					
b Less cost of goods sold . . . . . b					
c Net income or (loss) from sales of inventory . . . . . ►		0			
Miscellaneous Revenue	Business Code				
11a MANAGEMENT FEE REVENUE	900099	496,859	496,859		
b					
c					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . . ►		496,859			
12 Total revenue. See instructions . . . . . ►		13,997,937	13,742,509		252,806

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members .	0			
5 Compensation of current officers, directors, trustees, and key employees .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	0			
7 Other salaries and wages .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .	0			
9 Other employee benefits .	0			
10 Payroll taxes .	0			
11 Fees for services (non-employees)				
a Management .	403,652.	403,652.		
b Legal .	0			
c Accounting .	476,004.		476,004.	
d Lobbying .	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees .	1,104.	1,019.	85.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	539,967.	522,943.	17,024.	
12 Advertising and promotion .	196,055.	196,055.		
13 Office expenses .	1,065,682.	1,065,674.	8.	
14 Information technology .	225,196.	225,196.		
15 Royalties .	0			
16 Occupancy .	1,030,069.	1,030,069.		
17 Travel .	91,933.	91,172.	761.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings .	11,050.	4,926.	6,124.	
20 Interest .	1,121,976.	1,121,976.		
21 Payments to affiliates .	0			
22 Depreciation, depletion, and amortization .	650,169.	650,169.		
23 Insurance .	130,849.	130,849.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REIMBURSED SALARIES/BENEFITS	5,885,777.	5,885,777.		
b CULINARY SERVICE	1,557,531.	1,557,531.		
c I/AGENCY - HAGERSTOWN	807,303.	807,303.		
d BAD DEBT EXPENSE	595,548.	595,548.		
e All other expenses	597,700.	597,700.		
25 Total functional expenses Add lines 1 through 24e	15,387,565.	14,887,559.	500,006.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . .

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing . . . . .	677,212.	1 567,687.	
	2 Savings and temporary cash investments . . . . .	496,152.	2 492,797.	
	3 Pledges and grants receivable, net . . . . .	0 3	0	
	4 Accounts receivable, net . . . . .	1,617,466.	4 1,392,264.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		0 5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations or section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		0 6	0
	7 Notes and loans receivable, net . . . . .	621,442.	7 539,187.	
	8 Inventories for sale or use . . . . .	0 8	0	
	9 Prepaid expenses and deferred charges . . . . .	157,717.	9 70,172.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 18,912,665.		
	b Less accumulated depreciation . . . . .	10b 708,000.	10c 17,496,664.	18,204,665.
	11 Investments - publicly traded securities . . . . .	3,224,398.	11	2,446,954.
	12 Investments - other securities See Part IV, line 11 . . . . .	0 12	0	
	13 Investments - program-related See Part IV, line 11 . . . . .	0 13	0	
	14 Intangible assets . . . . .	0 14	0	
	15 Other assets See Part IV, line 11 . . . . .	113,429.	15	100,987.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>24,404,480.</b>	<b>16</b>	<b>23,814,713.</b>	
Liabilities	17 Accounts payable and accrued expenses . . . . .	861,993.	17 724,364.	
	18 Grants payable . . . . .	0 18	0	
	19 Deferred revenue . . . . .	4,777,293.	19 2,529,864.	
	20 Tax-exempt bond liabilities . . . . .	0 20	0	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0 21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0 22	0	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0 23	0	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0 24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	19,371,651.	25	24,108,007.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>25,010,937.</b>	<b>26</b>	<b>27,362,235.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-615,375.	27 -3,558,542.	
	28 Temporarily restricted net assets . . . . .	189.	28 1,076.	
	29 Permanently restricted net assets . . . . .	8,729.	29 9,944.	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	-606,457.	33	-3,547,522.
	<b>34 Total liabilities and net assets/fund balances.</b> . . . . .	<b>24,404,480.</b>	<b>34</b>	<b>23,814,713.</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

- 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .
- 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .
- 3 Revenue less expenses Subtract line 2 from line 1 . . . . .
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .
- 5 Net unrealized gains (losses) on investments . . . . .
- 6 Donated services and use of facilities . . . . .
- 7 Investment expenses . . . . .
- 8 Prior period adjustments . . . . .
- 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .
- 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .

1	13,997,937.
2	15,387,565.
3	-1,389,628.
4	-606,457.
5	74,136.
6	0
7	0
8	-1,679,319.
9	53,746.
10	-3,547,522.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 2b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DIAKON

Employer identification number

23-3014613

**Part I Reason for Public Charity Status (All organizations must complete this part) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated  
     e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
     f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. \_\_\_\_\_  
     g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
       (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
       (ii) A family member of a person described in (i) above? \_\_\_\_\_  
       (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_  
     h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b. . . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, andline 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule A (Form 990 or 990-EZ) 2013

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
DIAKON LUTHERAN SOCIAL MINISTRIES	23-1857015	09	X	X		0
TOTAL AMOUNT OF SUPPORT						0

**SCHEDULE D  
(Form 990)****Supplemental Financial Statements**

OMB No. 1545-0047

**2013**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

DIAKON

Employer identification number  
23-3014613► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► -----	2d
4 Number of states where property subject to conservation easement is located ► -----	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► -----	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ -----	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----
(ii) Assets included in Form 990, Part X . . . . . ► \$ -----
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----
b Assets included in Form 990, Part X . . . . . ► \$ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

JSA  
3E1268 2 000

PJ1789 2502

V 13-6.5F

654800

PAGE 18

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |                                                                |                                                      |
|----------------------------------------------------------------|------------------------------------------------------|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____               |
| c <input type="checkbox"/> Preservation for future generations |                                                      |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
1c		
1d		
1e		
1f		

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	8,729.				
b Contributions . . . . .	1,215.	8,729.			
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	9,944.	8,729.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.0000 %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes	No
3a(i)	X
3a(ii)	X
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		19,458,170.	1,253,505.	18,204,665.
<b>Total. Add lines 1a through 1e</b> (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ►				18,204,665.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15). . . . . ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENT IN SUBSIDIARY	174,276.
(3) SECURITY DEPOSITS	968.
(4) OBLIGATION UNDER CAPITAL LEASE	18,886,326.
(5) DUE FROM AFFILIATE	529,282.
(6) EST THIRD PARTY PAYOR SETTLEMENT	64,077.
(7) REFUNDABLE ENTRANCE FEE LIABILITY	4,453,078.
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 24,108,007.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	220,094,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	206,099,688.
e	Add lines 2a through 2d	2e	206,099,688.
3	Subtract line 2e from line 1	3	13,994,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,104.
b	Other (Describe in Part XIII)	4b	2,102
c	Add lines 4a and 4b	4c	3,206.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,997,937.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	224,747,646.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	214,229,756.
e	Add lines 2a through 2d	2e	214,229,756.
3	Subtract line 2e from line 1	3	10,517,890.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,104.
b	Other (Describe in Part XIII)	4b	4,868,571.
c	Add lines 4a and 4b	4c	4,869,675.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,387,565.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information (continued)****SCHEDULE D, PART X, LINE 2**

DIAKON AND ITS CONTROLLED AFFILIATES, WITH THE EXCEPTION OF ISM, A PENNSYLVANIA FOR-PROFIT CORPORATION, ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES.

THE CORPORATION USED A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CORPORATION DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT SHOULD BE RECORDED.

**SCHEDULE D, PARTS XI & XII****PART XI, LINE 2D, RECONCILIATION OF REVENUE:****REVENUE OF OTHER ENTITIES IN CONSOLIDATED FINANCIAL STATEMENTS:**

DIAKON LUTHERAN SOCIAL MINISTRIES	\$206,373,261
DIAKON LUTHERAN FUND	\$ 1,355,275
DIAKON LUTHERWOOD SENIOR HOUSING, LLC	\$ 1,164,431
DIAKON LUTHERAN SENIOR HOUSING AT LUTHER MEADOWS	\$ 521,446
DIAKON LUTHERAN SENIOR HOUSING AT HEILMAN HOUSE	\$ 470,386
INSTITUTE FOR STRATEGIC MANAGEMENT, INC.	\$ 433,290
<b>SUBTOTAL</b>	<b>\$210,318,089</b>

**REVENUE ELIMINATED IN CONSOLIDATION IN CONSOLIDATED FINANCIAL STATEMENTS:**

DIAKON LUTHERAN FUND GRANT INCOME	\$(1,100,004)
MANAGEMENT FEE REVENUE	\$(1,952,452)
INTERAGENCY CONSULTATION REVENUE	\$ (43,969)

**Part XIII Supplemental Information (continued)**

DIAKON LUTHERAN SENIOR LIVING - MARYLAND LLC.,

INTEREST REVENUE	\$(1,121,976)
SUBTOTAL	\$(4,218,401)
<b>TOTAL</b>	<b>\$206,099,688</b>

PART XI, LINE 4B, RECONCILIATION OF REVENUE:

REVENUE NOT INCLUDED IN EXCESS (DEFICIT) IN CONSOLIDATED FINANCIAL STATEMENTS:

TEMPORARILY RESTRICTED CONTRIBUTIONS	\$ 907
NET ASSETS RELEASED FROM RESTRICTION	\$ (20)
PERMANENTLY RESTRICTED CONTRIBUTIONS	\$ 1,215
<b>TOTAL</b>	<b>\$ 2,102</b>

PART XII, LINE 2D, RECONCILIATION OF EXPENSES:

EXPENSES OF OTHER ENTITIES IN CONSOLIDATED FINANCIAL STATEMENTS:

DIAKON LUTHERAN SOCIAL MINISTRIES	\$210,103,203
DIAKON LUTHERAN FUND	\$ 1,171,021
DIAKON LUTHERWOOD SENIOR HOUSING, LLC	\$ 1,438,375
DIAKOKN LUTHERAN SENIOR HOUSING AT LUTHER MEADOWS	\$ 577,492
DIAKON LUTHERAN SENIOR HOUSING AT HEILMAN HOUSE	\$ 524,118
INSTITUTE FOR STRATEGIC MANAGEMENT, INC.	\$ 415,547
<b>SUBTOTAL</b>	<b>\$214,229,756</b>

PART XII, LINE 4B, RECONCILIATION OF EXPENSES:

EXPENSES ELIMINATED IN CONSOLIDATION IN CONSOLIDATED FINANCIAL STATEMENTS:

**Part XIII Supplemental Information (continued)**

DIAKON LUTHERAN FUND GRANT FUND	\$1,100,004
MANAGEMENT FEE	\$1,952,452
INTERAGENCY CONSULTATION FEE	\$ 43,969
DIAKON LUTHERAN SENIOR LIVING MARYLAND, LLC.,	
INTEREST AND DEPRECIATION EXPENSE	\$1,772,146
<b>TOTAL</b>	<b>\$4,868,571</b>

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

DIAKON

Employer identification number

23-3014613

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment? . . . . .  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization? . . . . .  
b Any related organization? . . . . .  
If "Yes" to line 5a or 5b, describe in Part III

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization? . . . . .  
b Any related organization? . . . . .  
If "Yes" to line 6a or 6b, describe in Part III

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

## Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARK T PILE 1 PRESIDENT/CEO	(i) 357,274.	(ii) 0.	(iii) 0.	0.	0.	20,469.	542,883.
RICHARD M BARGER 2 EXECUTIVE VP/CFO	(i) 254,680.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
SCOTT HABECKER 3 EXECUTIVE VP/COO	(i) 250,587.	(ii) 0.	(iii) 0.	0.	0.	7,890.	580,424.
4	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
6	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
7	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
8	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
10	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
11	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
12	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
14	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
16	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

Schedule J (Form 990) 2013

**Part III Supplemental Information**

**Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.**

**SCHEDULE J DISCLOSURES**

ALL EMPLOYEES ARE COMPENSATED BY DIAKON LUTHERAN SOCIAL MINISTRIES

(DLSM). SEE SCHEDULE O IN REFERENCE TO PART VI, SECTION B, LINE 15 FOR A

DETAILED DESCRIPTION OF DLSM'S EXECUTIVE COMPENSATION PROGRAM.

**SCHEDULE J, PART I, QUESTION 4B**

ONE OFFICER WAS OFFERED AND SIGNED AN AGREEMENT WHICH INCLUDES A 457 (F) SUPPLEMENTAL, NONQUALIFIED BENEFIT. THE EFFECTIVE DATE IS DECEMBER 7,

2012. THIS BENEFIT WAS ADDED TO RECOGNIZE THE SIGNIFICANT CONTRIBUTIONS OF THE IDENTIFIED OFFICER, AND IN CONSIDERATION OF EXPECTED CONTRIBUTION TO THE GROWTH OF DLSM, ITS AFFILIATES AND SUBSIDIARIES IN THE FUTURE.

THE ANNUAL ACCRUALS AND INTEREST EARNINGS FOR THE 457 (F) SUPPLEMENTAL, NONQUALIFIED BENEFIT PLAN IS REPORTED IN PART VII, SECTION A, COLUMN F AND SCHEDULE J, PART II, COLUMN C.

AS A CONDITION FOR PARTICIPATING IN THE 457 (F) SUPPLEMENTAL NONQUALIFIED BENEFIT PLAN, THE OFFICER MUST BE EMPLOYED AT THE VESTING DATE AND HAVE AGREED TO CERTAIN RESTRICTIVE COVENANTS.

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE OFFICER WHO PARTICIPATED IN THE 457 (F) PLAN IN 2013 AND THE AMOUNT OF

THIS PLAN THAT IS REPORTED IN PART VII, SECTION A, COLUMN E AND SCHEDULE

**PART II COLUMN C IS LISTED BELOW:**

SCOTT D. HABECKER

\$42.722

SCHEDULE J, PART II  
THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F AS COMPENSATION  
REPORTED AS DEFERRED IN PRIOR FORM 990 ALONG WITH THE AMOUNTS REPORTED IN  
SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED  
COMPENSATION, REPRESENT SUPPLEMENTAL RETIREMENT PLAN COSTS FOR THE CEO  
AND CFO. THESE AMOUNTS WERE PAID OUT AT DECEMBER 31, 2013 AND ARE  
INCLUDED IN SCHEDULE J, PART II, COLUMN B (III). THE CURRENT YEAR AMOUNT  
DEFERRED IN SCHEDULE J, PART II, COLUMN C FOR THE CEO IS NEGATIVE DUE TO  
CHANGES IN ASSUMPTIONS AND PLAN REVISIONS.

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization  
**DIAKON**

Employer identification number  
**23-3014613**

### FORM 990, PART III, QUESTION 1

IN 2013, DIAKON SERVED 728 INDIVIDUALS IN MARYLAND THROUGH RESIDENTIAL ACCOMMODATIONS FOR OLDER PERSONS AND NURSING CARE SERVICES.

IN ADDITION, DIAKON, PRIMARILY THROUGH ITS SUBSIDIARY NON-PROFIT CORPORATION (DIAKON LUTHERAN SOCIAL MINISTRIES (DLSM)), SERVED MORE THAN 56,000 INDIVIDUALS THROUGH SUCH SERVICES AS RESIDENTIAL ACCOMMODATIONS FOR OLDER PERSONS, NURSING CARE, ADOPTION, ADULT DAY SERVICES, COUNSELING AND RELATED MENTAL HEALTH SERVICES, COMMUNITY-BASED SENIOR SERVICES, AND A RANGE OF COMMUNITY AND OUTDOOR-BASED PROGRAMS FOR COURT-ADJUDICATED YOUTHS.

IN ADDITION TO THE NUMBER SERVED DIRECTLY BY THESE PROGRAMS, PRODUCTS DELIVERED THROUGH DIAKON KATHRYN'S KLOSET TO REGIONAL, NATIONAL AND INTERNATIONAL NON-PROFIT ORGANIZATIONS TOUCHED THE LIVES OF APPROXIMATELY 400,000 PERSONS; THE NUMBER SERVES AS AN ESTIMATE BECAUSE DIAKON KATHRYN'S KLOSET RELIES ON SELF-REPORTING FROM SHELTERS AND OTHER NON-PROFIT PROGRAMS AND CANNOT CONFIRM THE EXTENT TO WHICH INDIVIDUALS REPORTED BY EACH PROGRAM MAY BE DUPLICATES.

DLSM IS AFFILIATED WITH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA THROUGH LUTHERAN SERVICES IN AMERICA. DLSM, WHOSE NAME DERIVES FROM A GREEK TERM FOR "ONE ASSIGNED BY THE CHURCH TO MINISTER TO THE NEEDS OF OTHERS," OFFERS PROGRAMS THAT TRANSFORM THE LIVES OF CHILDREN, FAMILIES,

Name of the organization

DIAKON

Employer identification number

23-3014613

AND OLDER ADULTS AT APPROXIMATELY 30 SERVICE CENTERS AND SENIOR LIVING COMMUNITIES IN PENNSYLVANIA AND MARYLAND. DETAILED PROGRAM SERVICE ACCOMPLISHMENTS CAN BE FOUND IN THE DLSM IRS FORM 990.

CHARITY CARE AND SUPPORT OF THOSE IN NEED

DIAKON PROVIDES CHARITY CARE AND OTHER SUPPORT IN NEED TO MANY OF THE PROGRAMS AND INDIVIDUALS THAT IT SERVES.

DIAKON MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY, AND THE ESTIMATED COST OF THOSE SERVICES AND SUPPLIES.

SUPPORT OF THOSE IN NEED INCLUDES SERVICES PROVIDED TO PERSONS WITHIN OUR SENIOR LIVING SERVICES (SLS) LINE OF SERVICE WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED.

A NUMBER OF PROGRAMS FOR CHILDREN, FAMILIES, AND THE COMMUNITY DO NOT RECEIVE SUFFICIENT FUNDING FROM THE SPONSORING ORGANIZATIONS OR FROM PROGRAM FEES TO MEET THE NEEDS OF THE PEOPLE THEY SERVE. DIAKON HAS ELECTED TO UNDERWRITE THE OPERATING DEFICITS OF CERTAIN PROGRAMS TO SERVE AS MANY OF THE IDENTIFIED NEEDS AS POSSIBLE.

THE FOLLOWING IS A SUMMARY OF THE VALUE OF DIAKON'S SUPPORT OF THESE

Name of the organization <b>DIAKON</b>	Employer identification number <b>23-3014613</b>
-------------------------------------------	-----------------------------------------------------

PROGRAMS DURING THE YEAR ENDED DECEMBER 31, 2013:

SUPPORT PROVIDED TO SENIOR LIVING RESIDENTS:

MEDICAL ASSISTANCE COST IN EXCESS OF

CONTRACTUAL REIMBURSEMENT	\$1,111,714
CHARITY CARE IN SUPPORT OF THOSE NEED	\$ 448,768
 -----	
<b>TOTAL</b>	<b>\$1,560,482</b>

LINE 4A: SENIOR LIVING SERVICES

DIAKON LUTHERAN SENIOR LIVING - MARYLAND LLC OFFERS A CONTINUUM OF SERVICE FOR OLDER ADULTS INCLUDING RESIDENTIAL ACCOMMODATIONS, ASSISTED LIVING SERVICES, AND SKILLED NURSING AND REHABILITATIVE CARE. IN 2013, THIS CONTINUING CARE RETIREMENT COMMUNITY SERVED 728 PERSONS THROUGH 83,355 CARE DAYS. IN THE CASE OF NURSING CARE AND ASSISTED LIVING ACCOMMODATIONS, THE NUMBER SERVED INCLUDES ONE ADDITIONAL FAMILY MEMBER FOR EACH RESIDENT OR COUPLE.

DURING 2013, DIAKON AND DLSM CONTINUED TO FOCUS ON EXPANSION OF THE CONTINUUM OF SERVICES AT ITS SENIOR LIVING COMMUNITIES. SUCH PROJECTS INCLUDED THE BUILDING OF NEW RESIDENTIAL ACCOMMODATIONS AND EXTENSIVE RENOVATIONS TO UPGRADE LIVING OPTIONS FOR OLDER ADULTS. AMONG SUCH EFFORTS WAS THE OPENING OF A NEIGHBORHOOD-CONCEPT HEALTH CARE CENTER AT BUFFALO VALLEY LUTHERAN VILLAGE, LEWISBURG, PA.

FORM 990, PART VI, SECTION A, LINE 7A

A MAJORITY OF THE MEMBERS OF THE GOVERNING BODY (THE DIAKON BOARD OF

Name of the organization

DIAKON

Employer identification number

23-3014613

DIRECTORS) ARE ELECTED BY A MAJORITY VOTE OF THE BISHOPS OF THE FOLLOWING SYNODS OF THE EVANGELICAL LUTHERAN CHURCH OF AMERICA: NORTHEASTERN PENNSYLVANIA SYNOD, SOUTHEASTERN PENNSYLVANIA SYNOD, DELAWARE-MARYLAND SYNOD, UPPER SUSQUEHANNA SYNOD, AND LOWER SUSQUEHANNA SYNOD. THE REMAINING MEMBERS OF THE BOARD ARE ELECTED BY THE BOARD FROM A SLATE OF CANDIDATES PRESENTED BY THE BOARD DEVELOPMENT COMMITTEE.

FORM 990, PART VI, SECTION B

LINE 11B:

MEMBERS OF SENIOR MANAGEMENT AND OF THE FINANCE DEPARTMENT OF DIAKON LUTHERAN SOCIAL MINISTRIES IN ITS ROLE OF PROVIDING MANAGEMENT SERVICES TO DIAKON, PARTICIPATED IN DEVELOPING THE DRAFT 990 IN CONSULTATION WITH KPMG, WHICH WAS ENGAGED TO PROVIDE ASSISTANCE. SENIOR MANAGEMENT AND FINANCE STAFF REVIEWED AND REVISED DRAFTS. THE FINAL DRAFT OF DIAKON'S 990 WAS RECEIVED AND ACCEPTED BY THE DIAKON GOVERNING BODY AT ITS REGULAR QUARTERLY MEETING ON SEPTEMBER 17, 2014.

LINE 12C:

DLSM'S SENIOR VICE PRESIDENT/CHIEF RISK OFFICER, IN HIS ROLE OF PROVIDING MANAGEMENT SERVICES TO DIAKON, REVIEWS THE ORGANIZATION'S CONFLICT OF INTEREST STATEMENT AND CERTIFICATION FORM WITH THE BOARD OF DIRECTORS ON A REGULAR BASIS. ALL BOARD MEMBERS AND ALL OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CERTIFICATION FORM AND DISCLOSE POSSIBLE OR ACTUAL CONFLICTS OF INTEREST. THE COMPLETED FORMS ARE REVIEWED BY THE SENIOR VICE PRESIDENT/CHIEF RISK OFFICER AND BY ORGANIZATION'S OUTSIDE AUDITOR

Name of the organization

DIAKON

Employer identification number

23-3014613

ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

EXECUTIVE COMPENSATION PHILOSOPHY

DLSM SEEKS TO ATTRACT, REWARD AND RETAIN CRITICAL LEADERSHIP TALENT IN ORDER TO FULFILL ITS MISSION AND ORGANIZATIONAL STRATEGIC INITIATIVES. A COMPENSATION COMMITTEE OF INDEPENDENT DIRECTORS OF DIAKON (COMPENSATION COMMITTEE), UTILIZES EXTERNAL CONSULTANTS TO ASSIST WITH THE DEVELOPMENT, ADMINISTRATION, AND TERMINATION OF COMPENSATION, WELFARE, BENEFIT, PENSION AND OTHER PLANS, WHICH TAKE INTO ACCOUNT APPROPRIATE INDUSTRY BENCHMARKS AND THE COMPENSATION POLICIES FOLLOWED BY ORGANIZATIONS SIMILARLY SITUATED TO DLSM. THE COMPENSATION COMMITTEE HAS ADOPTED A WRITTEN "CHARTER", WHICH SETS FORTH THE PURPOSE, MEMBERSHIP AND RESPONSIBILITIES OF THE COMMITTEE. IN ADDITION, IT CONDUCTS ITS ACTIVITIES IN COMPLIANCE WITH DLSM'S "EXCESS BENEFITS TRANSACTIONS" POLICY, WHICH REQUIRES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

DLSM AND ITS PARENT ORGANIZATION DIAKON'S EXECUTIVE COMPENSATION PROGRAM CONSISTS OF A BASE SALARY REFLECTING THE VALUE OF AN EXECUTIVE'S CAPABILITIES, EXPERIENCE, AND SUCCESS IN MEETING MISSION, FINANCIAL, OPERATIONAL, AND QUALITY OBJECTIVES.

INFORMATION ABOUT EXECUTIVE COMPENSATION ISSUES AND DECISIONS IS REPORTED TO THE FULL BOARD OF DIRECTORS AT REGULAR MEETINGS.

Name of the organization

DIAKON

Employer identification number

23-3014613

## EMPLOYEE BENEFITS

DLSM PROVIDES ALL EMPLOYEES, INCLUDING EXECUTIVES, WITH A COMPREHENSIVE BENEFIT PLAN THAT INCLUDES HEALTH INSURANCE, DENTAL INSURANCE, LIFE AND DISABILITY INSURANCE, A DEFINED BENEFIT PENSION PLAN, AND A DEFINED CONTRIBUTION RETIREMENT PLAN.

THE EMPLOYER MATCHING CONTRIBUTION TO THE DEFINED CONTRIBUTION PLAN WAS SUSPENDED AS OF JULY OF 2010. THE DLSM DEFINED RETIREMENT PLAN ACCRUALS WERE FROZEN AS OF 12/31/11.

FORM 990, PART VI. SECTION C, LINE 19

DIAKON MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS) AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. A STATEMENT OF FINANCIAL POSITION IS PUBLISHED IN THE ORGANIZATION'S ANNUAL REPORT, WHICH IS MAILED TO THE APPROXIMATELY 120,000 INDIVIDUALS ON THE ORGANIZATION'S PUBLICATION MAILING LIST. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON THE DIAKON WEBSITE AT DIAKON.ORG AS WELL AS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

## OTHER CHANGES IN NET ASSETS

EQUITY TRANSFER TO AFFILIATE	\$36,003
EQUITY GAIN IN JOINT VENTURE OPERATION	17,743
<b>TOTAL</b>	<b>\$53,746</b>

Name of the organization

DIAKON

Employer identification number

23-3014613

## FORM 990, PART XII, LINES 2 AND 3

## LINE 2:

DIAKON HAS AN ANNUAL AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS FOR DIAKON AND CONTROLLED AFFILIATES PERFORMED BY AN INDEPENDENT ACCOUNTING FIRM. THE AUDIT COMMITTEE OF THE DIAKON BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTING FIRM.

## LINE 3:

DIAKON ALSO HAS AN ANNUAL AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 PERFORMED BY AN INDEPENDENT ACCOUNTING FIRM FOR THE CONSOLIDATED GROUP.

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
DIAKONOMB No. 1545-0047  
**2013**Open to Public  
InspectionName of the organization  
DIAKON  
Employer identification number  
23-3014613**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DIAKON LUTHERAN SNR LIVING-MARYLAND LLC 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	27-2352873 SENIOR HOUSIN	MD	13,303,973.	21,251,287.	DIAKON
(2) DIAKON HOME CARE SERVICES, LLC 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	45-4004627 HOSPICE/HOMEC	PA	0	18,646.	DIAKON
(3)					
(4)					
(5)					
(6)					
(7)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	23-1857015 PRGM OPTIONS	PA	501 (C) (3)	9	DIAKON	X
(2) DIAKON LUTHERAN FUND 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	23-1365978 FUND PROGRAMS	PA	501 (C) (3)	11	DIAKON	X
(3) DLSH AT LUTHER MEADOWS 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	23-2837747 HUD HOUSING	PA	501 (C) (3)	9	DLSM	X
(4) DLSH AT HEILMAN HOUSE 798 HAUSMAN RD, STE 300 ALLENTOWN, PA 18104	23-2463233 HUD HOUSING	PA	501 (C) (3)	9	DLSM	X
(5) SUSQUEHANNA HOUSING, INC 798 HAUSMAN ROAD, STE 300 ALLENTOWN, PA 18104	23-2040250 INACTIVE	PA	501 (C) (3)	11	DLSM	X
(6)						
(7)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

JSA  
3E1307 1 000  
PJ1789 2502

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
(1) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1) INSTITUTE FOR STRATEGIC MANAGEMENT 960 CENTURY DRIVE, MECHANICSBURG, PA 17055 25-4316868	CONSULTING	PA	DIATRON	C. CORP	433,7290	382,835	100,000.00	X
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- |                                                                                                  | Yes | No |
|--------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   | 1a  | X  |
| b Gift, grant, or capital contribution to related organization(s)                                | 1b  | X  |
| c Gift, grant, or capital contribution from related organization(s)                              | 1c  | X  |
| d Loans or loan guarantees to or for related organization(s)                                     | 1d  | X  |
| e Loans or loan guarantees by related organizations(s)                                           | 1e  | X  |
| f Dividends from related organization(s)                                                         | 1f  | X  |
| g Sale of assets to related organization(s)                                                      | 1g  | X  |
| h Purchase of assets from related organization(s)                                                | 1h  | X  |
| i Exchange of assets with related organization(s)                                                | 1i  | X  |
| j Lease of facilities, equipment, or other assets to related organization(s)                     | 1j  | X  |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | 1k  | X  |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l  | X  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | 1m  | X  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n  | X  |
| o Sharing of paid employees with related organization(s)                                         | 1o  | X  |
| p Reimbursement paid to related organization(s) for expenses                                     | 1p  | X  |
| q Reimbursement paid by related organization(s) for expenses                                     | 1q  | X  |
| r Other transfer of cash or property to related organization(s)                                  | 1r  | X  |
| s Other transfer of cash or property from related organization(s)                                | 1s  | X  |

- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
- |                                       | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|----------------------------------|----------------------------|---------------------|-------------------------------------------|
| (1) DIAKON LUTHERAN SOCIAL MINISTRIES |                                  | K                          | 1,380,304.          | BOOK VALUE                                |
| (2) DIAKON LUTHERAN SOCIAL MINISTRIES |                                  | O                          | 5,885,777.          | BOOK VALUE                                |
| (3) DIAKON LUTHERAN SOCIAL MINISTRIES |                                  | Q                          | 496,859.            | BOOK VALUE                                |
| (4) SUSQUEHANNA HOUSING, INC          |                                  | S                          | 36,003.             | BOOK VALUE                                |
| (5)                                   |                                  |                            |                     |                                           |
| (6)                                   |                                  |                            |                     |                                           |

**Part VI****Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated from tax under section 512-514)	(e) Are all partners Section 501(c)(3) organizations? Yes      No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes      No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes      No	(k) Percentage ownership partner?
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an  
Exempt Organization Return► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ►
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete . . . . . ► Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	DIAKON	23-3014613
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	798 HAUSMAN ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
ALLEGTON, PA 18104		

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► RICHARD BARGER

- Telephone No ► 717 795-0342 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9386 If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- calendar year 2013 or
  - tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
►  Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ 0
- c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. . . . . ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or  23-3014613
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	798 HAUSMAN ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
ALLEGTON, PA 18104		

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

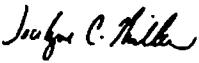
**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► RICHARD BARGER, 960 CENTURY DRIVE, MECHANICSBURG, PA 17055  
Telephone No ► 717 795-0342 Fax No ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9386 If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for
- 4. I request an additional 3-month extension of time until 11/17, 20 14
- 5. For calendar year 2013, or other tax year beginning 20 , and ending 20
- 6. If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 7. State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 0
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► PAID PREPARER Date ► 8/11/14

Form 8868 (Rev. 1-2014)