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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning JUN 25, 2013, and ending DEC 31, 2013

Name of foundation
DEACONESS FOUNDATION
FKA: DEACONESS COMMUNITY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address) Room/suite
7575 NORTHCLIFF, SUITE 203

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, OH 44144

G Check all that apply: ☐ Initial return ☒ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☒ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 48,126,624.** (Part I, column (d) must be on cash basis.)

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify)

A Employer identification number
34-1372066

B Telephone number
216-741-4077

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		687,044.	687,044.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		981,932.			
b Gross sales price for all assets on line 6a 4,201,574.					
7 Capital gain net income (from Part IV, line 2)			981,932.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		55,650.	0.		STATEMENT 2
12 Total. Add lines 1 through 11		1,724,626.	1,668,976.		
13 Compensation of officers, directors, trustees, etc		100,525.	1,005.		99,520.
14 Other employee salaries and wages		162,774.	0.		147,132.
15 Pension plans, employee benefits		38,820.	81.		35,167.
16a Legal fees STMT 3		16,300.	0.		15,233.
b Accounting fees STMT 4		14,755.	0.		925.
c Other professional fees STMT 5		90,274.	0.		92,653.
17 Interest					
18 Taxes STMT 6		46,784.	0.		13,437.
19 Depreciation and depletion		3,049.	0.		
20 Occupancy		51,702.	0.		53,922.
21 Travel, conferences, and meetings		6,692.	0.		7,154.
22 Printing and publications					
23 Other expenses STMT 7		52,080.	126,375.		-67,495.
24 Total operating and administrative expenses. Add lines 13 through 23		583,755.	127,461.		397,648.
25 Contributions, gifts, grants paid		1,062,500.			1,062,500.
26 Total expenses and disbursements. Add lines 24 and 25		1,646,255.	127,461.		1,460,148.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		78,371.			
b Net investment income (if negative, enter -0-)			1,541,515.		
c Adjusted net income (if negative, enter -0-)				N/A	

323501
10-10-13

LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	107,022.	47,584.	47,584.
	2 Savings and temporary cash investments	3,885,533.	4,172,854.	4,172,854.
	3 Accounts receivable ▶ 115,634.			
	Less: allowance for doubtful accounts ▶	103,398.	115,634.	115,634.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	13,855.	11,515.	11,515.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Liabilities	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	39,897,774.	43,589,751.	43,589,751.
	14 Land, buildings, and equipment: basis ▶ 115,683.			
	Less: accumulated depreciation ▶ 103,888.	18,004.	11,795.	11,795.
	15 Other assets (describe ▶ STATEMENT 10)	73,027.	177,491.	177,491.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	44,098,613.	48,126,624.	48,126,624.
	17 Accounts payable and accrued expenses	62,719.	78,699.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	62,719.	78,699.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	44,035,894.	48,047,925.	
	30 Total net assets or fund balances	44,035,894.	48,047,925.	
	31 Total liabilities and net assets/fund balances	44,098,613.	48,126,624.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	44,035,894.
2 Enter amount from Part I, line 27a	2	78,371.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8	3	3,933,660.
4 Add lines 1, 2, and 3	4	48,047,925.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	48,047,925.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES - SHORT TERM	P	VARIOUS	VARIOUS
b PUBLICLY TRADED SECURITIES - LONG TERM	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,326,172.		1,184,916.	141,256.
b 2,875,402.		2,034,726.	840,676.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			141,256.
b			840,676.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	981,932.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012			
2011			
2010			
2009			
2008			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4	8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	30,830.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	30,830.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	30,830.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	20,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	29,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		49,500.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		134.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		18,536.
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> 18,536. Refunded <input type="checkbox"/>	11		0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	STATEMENT 11	STMT 12	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			13	X	
Website address ► WWW.DEACONESSFDN.ORG						
14	The books are in care of ► DEBORAH VESY	Telephone no. ► 216-741-4077				
Located at ► 7575 NORTHCLIFF, SUITE 203, BROOKLYN, OH		ZIP+4 ► 44144				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►				X		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		
	Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.)	N/A	3b
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		100,525.	8,073.	4,368.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

(a) Name and address of each person paid more than \$50,000

Total number of others receiving over \$50,000 for professional services

0

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

Total. Add lines 1 through 30.Form **990-PF** (2013)

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	44,867,435.
b	Average of monthly cash balances	1b	1,919,246.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	46,786,681.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	46,786,681.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	701,800.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	46,084,881.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,199,451.

Part XI**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,199,451.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	30,830.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	654.
c	Add lines 2a and 2b	2c	31,484.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,167,967.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,167,967.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,167,967.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,460,148.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,460,148.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,460,148.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				1,167,967.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ 1,460,148.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				1,167,967.
e Remaining amount distributed out of corpus	292,181.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	292,181.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	292,181.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013	292,181.			

Form 990-PF (2013)

FKA: DEACONESS COMMUNITY FOUNDATION

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Part XIV	Private Operating Foundations (see instructions and Part VII-A, question 9)
-----------------	--

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

- b 85% of line 2a**

- c** Qualifying distributions from Part XII,
line 4 for each year listed

- d** Amounts included in line 2c not used directly for active conduct of exempt activities

- e Qualifying distributions made directly for active conduct of exempt activities.

- 3 Subtract line 2d from line 2c
Complete 3a, b, or c for the
alternative test relied upon:

- a "Assets" alternative test - enter:
(1) Value of all assets

- (2) Value of assets qualifying under section 4942(j)(3)(B)(i)

- b "Endowment" alternative test** - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

- c "Support" alternative test - enter:**

- (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

- (3) Largest amount of support from an exempt organization

- (4) Gross investment income**

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:**

- b The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

DEACONESS FOUNDATION

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FKA: DEACONESS COMMUNITY FOUNDATION

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Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACHIEVEMENT CENTER FOR CHILDREN 24211 CENTER RIDGE RD WESTLAKE , OH 44145	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	60,000.
BOYS AND GIRLS CLUB OF CLEVELAND 3340 TROWBRIDGE AVE CLEVELAND, OH 44109	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	52,500.
BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH ST, SUITE 1805 CLEVELAND, OH 44114	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	76,500.
CENTERS FOR FAMILIES AND CHILDREN 4500 EUCLID AVE CLEVELAND, OH 44103	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	95,000.
CLEVELAND FOODBANK 15500 S WATERLOO RD CLEVELAND, OH 44110	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	22,500.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	1,062,500.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
561000	55,650.			
		14	687,044.	
		18	981,932.	
	55,650.		1,668,976.	0

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

DEACONESS FOUNDATION
FKA: DEACONESS COMMUNITY FOUNDATION

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVE E CLEVELAND, OH 44114	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	60,000.
CORNUCOPIA 18120 SLOANE AVE LAKEWOOD, OH 44107	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	2,500.
COGSWELL HALL 7200 FRANKLIN BLVD CLEVELAND, OH 44102	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	5,000.
FAMILY PROMISE OF GREATER CLEVELAND 2592 W 14TH ST CLEVELAND, OH 44113	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	110,900.
FIELDSTONE FARM THERAPEUTIC RIDING CENTER 16497 SNYDER RD CHAGRIN FALLS, OH 44023	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	40,000.
FUNDS FOR OUR ECONOMIC FUTURE 1360 E. 9TH ST, SUITE 210 CLEVELAND, OH 44114	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	2,500.
GREATER CLEVELAND CONGREGATION 6114 FRANKLIN AVE CLEVELAND, OH 44127	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	5,000.
JOBS PARTNERSHIP CLEVELAND 15715 LIBBY RD MAPLE HTS, OH 44137	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	1,600.
LAKEWOOD COMMUNITY SERVICES CENTER 1412 MARLOWE AVE LAKEWOOD, OH 44107	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	26,000.
LEAP 2545 LORAIN AVE CLEVELAND, OH 44113	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	60,000.
Total from continuation sheets				756,000.

**DEACONESS FOUNDATION
FKA: DEACONESS COMMUNITY FOUNDATION**

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAGNOLIA CLUBHOUSE 11101 MAGNOLIA DR CLEVELAND, OH 44106	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	4,000.
NEAR WEST THEATRE 6516 DETROIT AVE, SUITE 9 CLEVELAND, OH 44102	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	13,000.
NORTHCOAST COMMUNITY HOMES 14221 BROADWAY AVE CLEVELAND, OH 44125	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	125,000.
NUEVA LUZ URBAN RESOURCE CENTER 2226 W 89TH ST CLEVELAND, OH 44102	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	33,000.
RECOVERY RESOURCES 3950 CHESTER AVE CLEVELAND, OH 44114	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	20,000.
REFUGEE RESPONSE 101 WEST PROSPECT, SUITE 1600 CLEVELAND, OH 44115	NONE	501 (C)(3)	FOR REFUGEE EMPOWERMENT AGRICULTURAL PROGRAM	41,000.
SALVATION ARMY 2507 E. 22ND ST CLEVELAND, OH 44115	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	20,000.
SEEDS OF LITERACY 3950 CHESTER AVE CLEVELAND, OH 44114	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	1,000.
TOWARDS EMPLOYMENT 1255 EUCLID AVE, SUITE 300 CLEVELAND, OH 44115	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	67,000.
UNITED CEREBRAL PALSY 547 W JACKSON BLVD CHICAGO, IL 60661	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	30,000.
Total from continuation sheets				

**DEACONESS FOUNDATION
FKA: DEACONESS COMMUNITY FOUNDATION**

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VOCATIONAL GUIDANCE SERVICES 2239 E. 55TH ST CLEVELAND, OH 44103	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	40,000.
VOICE FOR OHIO'S CHILDREN 3634 EUCLID AVE CLEVELAND, OH 44115	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	5,000.
YWCA 4019 PROSPECT AVE CLEVELAND, OH 44103	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	21,000.
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 44115	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	2,500.
CLEVELAND NEIGHBORHOOD DEVELOPMENT COALITION 3751 PROSPECT AVE CLEVELAND, OH 44115	NONE	501 (C)(3)	GENERAL OPERATING SUPPORT	20,000.
Total from continuation sheets				

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	682,467.	0.	682,467.	682,467.	
INTEREST	4,577.	0.	4,577.	4,577.	
TO PART I, LINE 4	687,044.	0.	687,044.	687,044.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PROFESSIONAL FEES	55,650.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	55,650.	0.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	16,300.	0.		15,233.
TO FM 990-PF, PG 1, LN 16A	16,300.	0.		15,233.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	14,755.	0.		925.
TO FORM 990-PF, PG 1, LN 16B	14,755.	0.		925.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT AND CONSULTING	74,785.	0.		84,471.
OTHER PURCHASED SERVICES	15,489.	0.		8,182.
TO FORM 990-PF, PG 1, LN 16C	90,274.	0.		92,653.

FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX AND FOREIGN WITHHOLDING	32,275.	0.		117.
PAYROLL TAXES	14,509.	0.		13,320.
TO FORM 990-PF, PG 1, LN 18	46,784.	0.	0.	13,437.

FORM 990-PF	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SERVICE CONTRACTS	3,945.	0.		4,431.
BANK FEES	289.	0.		289.
DUES AND SUBSCRIPTIONS	5,209.	0.		2,463.
INVESTMENT MANAGEMENT FEES	126,375.	126,375.		1,880.
INSURANCE	10,539.	0.		5,259.
WORKERS COMPENSATION	729.	0.		427.
EXPENSE REIMBURSEMENT	-95,006.	0.		-82,244.
TO FORM 990-PF, PG 1, LN 23	52,080.	126,375.		-67,495.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	2,694,135.
1/1-6/25/2013 NET INCOME ACTIVITY FOR PERIOD QUALIFIED AS A PUBLIC CHARITY	1,239,525.
TOTAL TO FORM 990-PF, PART III, LINE 3	3,933,660.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SCHAFER	COST	6,184,964.	6,184,964.
HARRIS KAYNE	COST	3,671,488.	3,671,488.
PIMCO TOTAL RETURN	COST	9,359,344.	9,359,344.
BLACKROCK HIY	COST	2,596,084.	2,596,084.
MCKEE	COST	2,788,246.	2,788,246.
SUSTAINABLE GROWTH	COST	4,928,656.	4,928,656.
DELAWARE	COST	1,058,493.	1,058,493.
JOHNSTON	COST	4,648,221.	4,648,221.
BLACKROCK GLOBAL	COST	4,528,963.	4,528,963.
PIMCO ALL ASSET	COST	3,825,292.	3,825,292.
TOTAL TO FORM 990-PF, PART II, LINE 13		43,589,751.	43,589,751.

FORM 990-PF	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INTEREST RECEIVABLE	7,740.	8,054.	8,054.
DIVIDENDS RECEIVABLE	65,016.	169,226.	169,226.
DEPOSITS	271.	211.	211.
TO FORM 990-PF, PART II, LINE 15	73,027.	177,491.	177,491.

FORM 990-PF

TRANSFERS TO CONTROLLED ENTITIES
PART VII-A, LINE 11

STATEMENT 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS HOSPITAL OF CLEVELAND - (PRIOR TO 12/09/1994)

34-0714617

ADDRESS

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

DESCRIPTION OF TRANSFER

AMOUNT
OF TRANSFER

0.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS - PERRY CENTER

34-1554124

ADDRESS

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

DESCRIPTION OF TRANSFER

AMOUNT
OF TRANSFER

0.

NAME OF CONTROLLED ENTITYEMPLOYER ID NO

DEACONESS - ZANE CENTER

34-1468732

ADDRESS7575 NORTHCLIFF AVE
BROOKLYN, OH 44144DESCRIPTION OF TRANSFERAMOUNT
OF TRANSFER

0.

NAME OF CONTROLLED ENTITYEMPLOYER ID NO

DEACONESS - KRAFFT CENTER

23-7296933

ADDRESS7575 NORTHCLIFF AVE
BROOKLYN, OH 44144DESCRIPTION OF TRANSFERAMOUNT
OF TRANSFER

0.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

INNOVA MEDICAL SERVICES, INC

34-1713549

ADDRESS

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

DESCRIPTION OF TRANSFER

AMOUNT
OF TRANSFER

0.

TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ENTITIES

FORM 990-PF

LIST OF CONTROLLED ENTITIES
PART VII-A, LINE 11

STATEMENT 12

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS HOSPITAL OF CLEVELAND - (PRIOR TO 12/09/1994)

34-0714617

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS - PERRY CENTER

34-1554124

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS - ZANE CENTER

34-1468732

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

DEACONESS - KRAFFT CENTER

23-7296933

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

INNOVA MEDICAL SERVICES, INC

34-1713549

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE
BROOKLYN, OH 44144

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAWRENCE BENDERS 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
MARY BRIGHT 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
DEBORAH VESY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	PRESIDENT 40.00	100,525.	8,073.	4,368.
MARY BETH COOPER 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	VICE CHAIR 0.50	0.	0.	0.
JULIE SIMMONDS HOGAN 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
MARVIN HAYES 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
SUSAN KELLEY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
RUSSELL LAMB 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.

DEACONESS FOUNDATION FKA: DEACONESS COMM

34-1372066

LOUISE MCKINNEY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	CHAIR 0.50	0.	0.	0.
REV. ELLEN PALMER MARSEY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
REV. SHAWNTHEA MONROE 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
JOHN NESTOR 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	SECRETARY 0.50	0.	0.	0.
JEFFREY POLLOCK 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
THOMAS WALTERMIRE 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
LAWRENCE YUNASKA 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TREASURER/ ASSISTANT SECRETARY 0.50	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

100,525.

8,073.

4,368.

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

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions DEACONESS FOUNDATION	Employer identification number (EIN) or 34-1372066
	Number, street, and room or suite no. If a P.O. box, see instructions. FKA: DEACONESS COMMUNITY FOUNDATION	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions 7575 NORTHCLIFF, SUITE 203 BROOKLYN, OH 44144	

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

04

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.

DEBORAH VESY

- The books are in the care of **7575 NORTHCLIFF, SUITE 203 - BROOKLYN, OH 44144**
Telephone No. **216-741-4077** 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) . 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 **NOVEMBER 15, 2014**
- 5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **DEC 31, 2013**
- 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

ADDITIONAL TIME IS NEEDED TO ENSURE ALL QUESTIONS ON THE FORM 990-PF ARE COMPLETE AND ACCURATE AND ALL REQUIRED SCHEDULES ARE INCLUDED.

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	\$	29,500.
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	\$	29,500.
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 **PRESIDENT**

Date

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at 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 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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. DEACONESS FOUNDATION FKA: DEACONESS COMMUNITY FOUNDATION	Employer identification number (EIN) or 34-1372066
	Number, street, and room or suite no. If a P O box, see instructions 7575 NORTHCLIFF, SUITE 203	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BROOKLYN, OH 44144	

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

04

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 ► _____
Telephone No ► _____ 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) _____ 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 August 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 _____, and ending _____

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	29500.
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	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	\$	29500.

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