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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **January 1**, 2010, and ending **December 31**, 20 **10**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Tom Deierlein Foundation
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
38 Hamilton Place
 City or town, state or country, and ZIP + 4
Garden City NY 11530

D Employer identification number
41 2255430

E Telephone number
917-287-5961

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **www.tdfoundation.org**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	73,762.83
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	214.97
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,762.83
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	0
14		Occupancy, rent, utilities, and maintenance	14	0
15		Printing, publications, postage, and shipping	15	0
16		Other expenses (describe in Schedule O)	16	6,096.53
17		Total expenses. Add lines 10 through 16	17	63,029.87
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,732.96	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	161,051.17	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	171,784.13	

For Paperwork Reduction Act Notice, see the separate instructions.

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10

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	161,051.17	22 171,784.13
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	161,051.17	25 171,784.13
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	161,051.17	27 171,784.13

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? aid needy children in Iraq and Afghanistan

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	provided medical/surgery expenses, school supplies, medical supplies, clothes, vitamins		
	(Grants \$) If this amount includes foreign grants, check here	28a	56,933.34
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	56,933.34

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ New York		
42a The organization's books are in care of ▶ Thomas J Deierlein Telephone no. ▶ 917-287-5961 Located at ▶ 38 Hamilton Place, Garden City NY 11530 ZIP + 4 ▶ 11530		
b 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)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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** 8 DEC 11

Deierlein, Thomas J. Founder

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

Tom Deierlein Foundation

Employer identification number

41 2255430

Line 16 - other expenses. Our expenses are website hosting fees and credit card transaction fees = \$6,096.53



TASK FORCE ONE PANTHER



CERTIFICATE OF APPRECIATION

TASK FORCE ONE PANTHER takes great pride in
recognizing

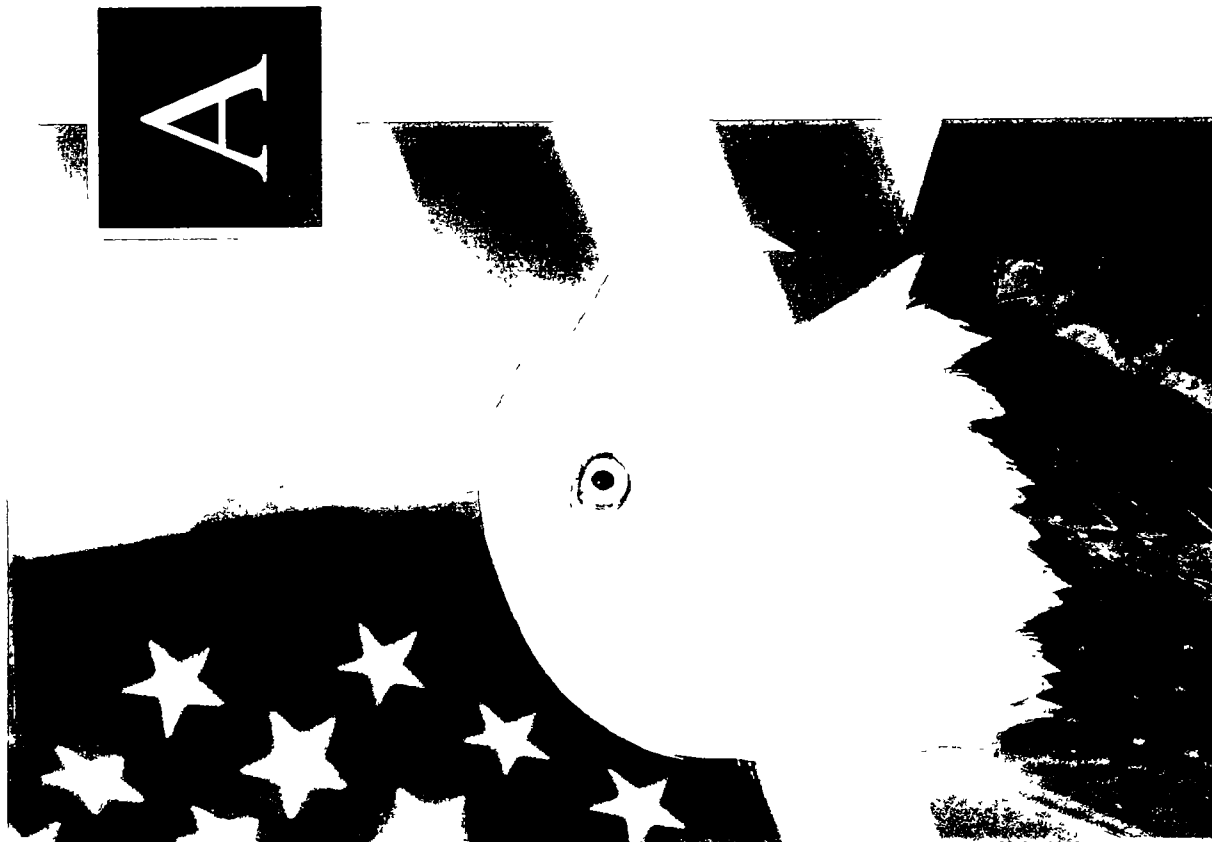
Mr. Tom Deierlein & The TD Foundation

Thank you for your hard work, dedication, and generosity
to the Paratroopers of 1st Battalion, 505th Parachute
Infantry Regiment.

Brian T. Severino
CSM, USA
Battalion Command Sergeant Major

1-505 PIR
82D Airborne Division

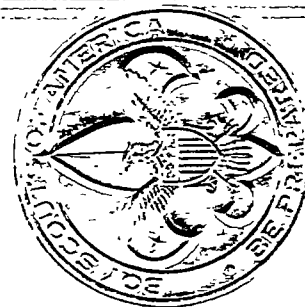
Hugh D. Bair
LTC, IN
Battalion Commander



IN GRATEFUL APPRECIATION

Presented to
Thomas J. Deierlein
and
T D Foundation

*In recognition of valuable contribution
and continuous support to the
"School Supplies for the Children of Iraq"
Eagle Scout Leadership Project*



James Birkenstamm
James Birkenstamm—Eagle Scout
June 6, 2009



36TH SPECIAL TROOPS BATTALION

CERTIFICATE OF APPRECIATION

Presented
to

TOM DEIERLEIN
TD FOUNDATION
GARDEN CITY, NEW YORK



In appreciation for, and recognition of, your selfless support of the 36th Special Troops Battalion on Contingency Operating Base Adder and Convoy Support Center Scania, Iraq. Your patriotism was reflected by answering the call to support our Troops and the Iraqi people. Your generosity has earned you the gratitude of all the troops stationed in Southern Iraq as well as countless Iraqi families served by them. It is this demonstration of concern to the 36th Special Troops Battalion and the United States Armed Forces that brings your organization honor and shows your associates are true American Patriots.

"Trail Boss Ready"

Murphy L. McCordell
MURPHY L. MCCARDELL

CSM, USA

Command Sergeant Major



3 November 2009

Marvin D. Joinson
MARVIN D. JOINSON

LTC, LG

Commander



379th Air Expeditionary Wing



CERTIFICATE OF APPRECIATION

AWARDED TO

TD Foundation

You for your generosity and thoughtfulness to the service men and woman of this military installation. Take pride in knowing that you have helped make

“The Deid” a better place.

Al Udeid Air Base Chapel, Qatar

July 2011

KRYSTAL ANDERSON

KRYSTAL ANDERSON, TSgt, USAF
NCOIC, Chapel Operations

Glorifying God, Serving Airmen, Pursuing Excellence



Certificate Of Appreciation

1st Battalion, 64th Armored Regiment
2ND Brigade Combat Team, 3RD Infantry Division
United States Army



is awarded to

Thomas Deierlein

This 10th day of March 2010

In recognition of your contributions in support of the 1st Battalion, 64th Armored Regiment during Operation Iraqi Freedom VII. Your time, efforts and contributions are greatly appreciated by the Soldiers of the "Desert Rogue" Battalion. Thank you for all that you do in support of the United States Army and our great Nation!

*Thanks !
Tommy*

Frankie Thumhart
FRANKIE THUMHART

CSM, USA
Battalion Command Sergeant Major

Richard R. Coffman

RICHARD R. COFFMAN
LTC, AR
Commanding



Make A Difference Award presented to



Thomas Doreheim

in recognition and celebration of your sacrifice and service for the betterment of others.

You have opened your heart and offered your hands to lend support and assistance to fellow residents. You have earned the respect and admiration of our entire township.

As a true and trusted volunteer you have never sought acclaim or adulation but your wonderful deeds have earned you this richly deserved "Make A Difference Award."

You are truly an inspiration to us all. We proudly bestow this honor upon you and we are privileged to add your name to the distinguished honor roll of recipients who have garnered the title of "MAKE A DIFFERENCE" awardee in years gone by.



Presented on November 13, 2010

Kate Murray
KATE MURRAY
Supervisor

Anthony J. Santino
ANTHONY J. SANTINO
Councilman

Angie M. Cullin
ANGIE M. CULLIN
Councilwoman

Dorothy L. Goosby
DOROTHY L. GOOSBY
Councilwoman

Gary Hudes
GARY HUDES
Councilman

James Darcy
JAMES DARCY
Councilwoman

Edward A. Ambrosino
EDWARD A. AMBROSINO
Councilman

Mark A. Bonilla
MARK A. BONILLA
Town Clerk

Donald X. Clavin, Jr.
DONALD X. CLAVIN, JR.
Receiver of Taxes