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SCANNED MAY 19 2010

Short Form Return of Organization Exempt From Income Tax

Under 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

		f the Treasury		assets less ► The organization may l		e end of the year may u this return to satisfy sta			ents		Inspection	on
_	A For the 2009 calendar year, or tax year beginning , 2009, and endi								. 20			
_			Please	C Name of organization	Nu no 122 - 7				D Empl	over ident	ification number	er
	Address	change	use IRS		,	00/11		'' I	7	4/	24/39	
=	Name ch		label or print or	Number and street (or P.C	ين ب <u>ه دهم دي.</u> D box. if mail is not d	elivered to street address	ss) I Ro	om/suite	E Telen	hone num		
=	Initial ret	turn	type.	Dartmont			.,				46-263	5
	Termina		See Specific			٧						
=	Amende	d return	Instruc-	Henry or	NHU3	フケニ				ıp Exemp	tion	
빞		on ponding	tions.			 				nber 🕨	a	
	• Sec	ction 501(c)(3) (zations and 4947(a)(1) r			ach	,	_		Cash 🗌 A	ccrual
_			a cor	mpleted Schedule A (Fo	0/111 990 0/ 990-E2	· <i>)</i> ·		 	(specify			
				w. math. wie	a A. L.	1-L					anization is no	
	Websi -						7				dule B (Form	990,
				nly one) — 🗌 501(c) (527		Z, or 99			
	Check		_	zation is not a section 50	_	-						Α
_			_	turn is not required, but							า.	
		es 5b, 6b, and 7t	o, to line	e 9 to determine gross rec	ceipts; if \$500,000 or	more, file Form 990 ii	nstead o	f Form 990-	EZ Þ	• \$	or Down 13	
ŀ	art I			enses, and Chang			ances	(See the	instru	Ctions to		
	1		. •	ts, grants, and sımılar						1	25,00	<u> </u>
	2	Program se	rvice r	revenue including gov	ernment fees and	d contracts				2		
	3	Membershi	p dues	s and assessments.						3		
	4	Investment	incom	ne		<i></i>	٠, ٠			4	2.5	52.09
	5a	Gross amo	unt fro	m sale of assets othe	er than inventory	· · · · <u>[</u>	5a					
	b	Less: cost	or othe	er basis and sales exp	oenses	<u>L</u>	5b					
-	C			n sale of assets other						5c		
Ĕ	6	Special events	and act	tivities (complete applicable	parts of Schedule G)	. If any amount is from	gaming,	check here	▶ □			
Revenue	a	Gross revei	nuje (no	ot including \$ VF) of	f contributions						
ě	1	reported or	i lihe 1) IILULIA E	70	[0	6a					
	þ	Less: direct	tekpe∣	nses other than fundr	alsing expenses		6b					
	C	Net income	or (10:	ss) from special event	s and activities (Subtract line 6b fro	om line	6a)		6c		
	7a			ventory, less returns a		1 .	7a					
	b			ds sold D.E.M.	TT	[:	7b					
	C			ss from sales of Inve	htory (Subtract In	ne 7b from line 7a))			7c	_	
	8	Other rever	ue (de	escribe >)	8		
	9	Total rever	nue. A	dd lines 1, 2, 3, 4, 5c,	, 6c, 7c, and 8				. ▶	9	25,25	8.09
	10			r amounts paid (attac		Statement.	3.).			10	2,40	77
	11			or for members		<i>.</i> .				11		
S	12	Salaries, ot	her co	empensation, and emp	oloyee benefits .					12		
enses	13			and other payments	-					13		
<u>o</u>	44			utilities, and mainten						14		
Exp	15	5 :				,				15		
	16	Other expe	nses (lons, postage, and sni describe ► <u>∫ww. I</u>	hes it box	rd meeting)	16		88
	17			Add lines 10 through					. ▶	17	8,50	5.5
S	18) for the year (Subtrac						18		5-3
Net Assets	19			nd balances at begini								
Ą		end-of-yea	r figure	e reported on prior ye	ar's return) .					19	31.9.	36
e	20	Other chan	ges ın	net assets or fund ba	alances (attach ex	kplanation)				20		
Z	21	Net assets	or fun	d balances at end of	year. Combine lir	nes 18 through 20			. ▶	21	48,6	89
F	art II			ets. If Total assets on						ınstead		
				(See the instruction	ns for Part II.)			(A) Beg	inning of	year	(B) End of ye	ar
2:	2 (Cash, savings.	and ir	nvestments				31	,936	22	486	29
2									7	23		
2				pe ▶						24		
2	5 T	otal assets						31	936			89
2		otal liabilities			- ,	. , , .	· 1		, 	26		
2				balances (line 27 of co	olumn (B) must a	agree with line 21)	 ′	31	.936		 	29

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

Form 990-EZ (2009)

Cat. No 10642I

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)							
	t is the organization's primary exempt purpose?					Expenses ured for section)(3) and 501(c)(4)		
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
manı	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
each	program title.				for ot	a)(1) trusts; optional hers.)		
28	Grants to support numb	er theory Con	ferences					
	including support for tre	well to confere				1		
	(Statema	J 3)						
	(Grants \$) If this amount	includés foreign grants, chi	eck here	. ▶ 🗆	28a	5,407		
29	Grant to support steering	of "MSI" (M	H. Scenes					
	Investigations) et Instit	Je for Alvince	& Shely					
	(Styt2	ment 3)	·					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	3,000		
30								
		includes foreign grants, chi		<u>. ▶ ⊔</u>	30a			
31								
		includes foreign grants, che		<u>. ▶ U</u>	31a			
	Total program service expenses (add lines 28a t			-	32	8,407		
Par	t IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week	(If not paid, enter -0)	employee benefit	plans &			
		devoted to position	enter -0)	deferred comper	isation	other allowances		
	Stare ment							
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	0-EZ (2009)`		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No_ X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		X
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 period covered by this return?	38a		X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ○ ; section 4912 ▶ ; section 4955 ▶ ○			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year or is it 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	40b		X
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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. ► None.			
42a	The organization's books are in care of ▶ Carl Pomerance Telephone no. ▶ 60	3-69	16-2	1635
	Located at ► Math. Dapt., Dortmouth Callage, Honover, NH ZIP+4 > 03	75	>	
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		Yes	No
	account)?	42b	162	140
	If "Yes," enter the name of the foreign country: ▶	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	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	 N	<u>4</u> . •	▶ □
			V	Ne
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	NO
45	Form 990-EZ	44		<u>×</u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Form	990-EZ	(2009)

Part Vi	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt charitab table trusts mus	le trusts only. A st answer question	ll section ns 46–49b				
46 D	old the organization engage in direct or indirect	political campaign activiti	es on behalf of or	ın opposition to	Yes No				
	andidates for public office? If "Yes," complete s				46 X				
	Did the organization engage in lobbying activities				47 x				
	"Yes," was the related organization a section 5		· · · · · ·		49a X				
50 C	Complete this table for the organization's five his imployees) who each received more than \$100,000.	ghest compensated emplo	yees (other than o	officers, directors, t	rustees and key				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense				
	than \$100,000	devoted to position		deferred compensation	other allowances				
	None								
		····							
				,					
f T	otal number of other employees paid over \$100	0,000	<u> </u>	<u> </u>					
	(a) Name and address of each independent contractor	<u> </u>		pe of service	(c) Compensation				
d T	otal number of other independent contractors e	each receiving over \$100,00	00▶						
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and sta lased on all information	tements, and to the bes of which preparer has a	t of my knowledge any knowledge				
Sign Here	Signature of officer Carl Pamerance	Prosident	1	4/14/10 Date					
	Type or print name and title	1431000							
Paid Preparer	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nurr	nber (See instructions)				
Preparer' Use Only	yours if self-employed),		EIP						
May the	address, and ZIP + 4 IRS discuss this return with the preparer shown	above? See instructions			Yes No m 990-EZ (2009)				

SCHEDULÈ A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Number Theory Foundation 74 2913961 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33% % 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% % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c ☐ Type III–Functionally integrated d Type III-Other a 🛛 Type I **b** Type II 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (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? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify organization in col support (described on lines 1-9 in col (i) listed in your the organization in organization governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes Yes No University 37-600607 117 X X

Total

Schedule A (Fori	n 990 or !	990-EZ)	2009
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• •

Pa	Support Schedule for Org (Complete only if you chec	ganizations E	Described in on line 5, 7,	Sections 17 or 8 of Part I	O(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support				′ 		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	Total. Add lines 1 through 3	12 6. 53 5 5 2 2 2	Character to	F 1 m 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and and office to the	(3.4) 11.15	
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	学课以出来	4-44 (Tar 197 - 18- 22	· · · · · · · · · · · · · · · · · · ·	THE THERE	27 127 127 1275	
	tion B. Total Support	12 05 011 13-1	3 01 to 21 /4/61	The following of	PAGE SERVICE	** *********	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	Total support. Add lines 7 through 10 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		म स्वामान स	المناجية وتروا		
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>		n, or fifth tax y		n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percei	ntage				
14	Public support percentage for 2009 (line	•	-	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc	•	•			15	<u> </u>
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33% 9		ck this box
b	33% % support test—2008. If the organic box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	009. If the organ facts-and-circur test. I	ization did not on nstances" test, The organization	check a box on check this box n qualifies as a	line 13, 16a, or and stop here. publicly suppor	16b, and line 14 Explain ın Part ted organizatıor	4 is 10% or IV how the n▶ □
ь 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	facts-and-circum ances" test. The	istances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
.5	iodiadaon ii tie organization die	and check a DU	A OH III G 10, 10	u, 100, 17a, 01	170, CHECK (HIS I	JON 8110 SEE 11151	i detions - L

art III	Support Schedule for Organ	nizations De	scribed in S	ection 509(a)(2)		Page
ction A.	(Complete only if you checked Public Support	d the box or	iline 9 of Pa	rt I.)			
	ear (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, membe	grants, contributions, and rship fees received. (Do not include usual grants.")				·		
Gross re sold or furnishe	ceipts from admissions, merchandise services performed, or facilities d in any activity that is related to the tion's tax-exempt purpose						
	ceipts from activities that are not an I trade or business under section 513						
	enues levied for the organization's and either paid to or expended on alf						
furnish	alue of services or facilities ed by a governmental unit to the ation without charge						
Total.	Add lines 1 through 5					 	
	ts included on lines 1, 2, and 3 d from disqualified persons .				-		
from of exceed	s included on lines 2 and 3 received her than disqualified persons that the greater of \$5,000 or 1% of the on line 13 for the year	_					
	es 7a and 7b						
line 6.)			<u></u>				
	Total Support ear (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-		(a) 2000	(6) 2000	(0) 2007	(4) 2000	(6) 2005	(1) 10101
a Gross payme rents, (ts from line 6						
section	red business taxable income (less 511 taxes) from businesses ed after June 30, 1975						
Net in activiti	es 10a and 10b						
loss fi	income. Do not include gain or om the sale of capital assets in in Part IV.)						
and 12	support. (Add lines 9, 10c, 11,						501(-)(0)
organi	ive years. If the Form 990 is for t zation, check this box and stop I	here		nd, third, fourt	n, or ππn τax	year as a secti	on 501(c)(3) ▶
	. Computation of Public Sup			10 10 column	<u>(0)</u>	15	
Public	support percentage for 2009 (lin support percentage from 2008 S . Computation of Investmen	Schedule A, P	art III, line 15			16	9
	ment income percentage for 2009			d by line 13 o	olumn (fi)	17	9
mivest	ment income percentage for 2003	- (mic 100, 00	A, Part III, line		J.J. (1)) .	18	9

b 33½% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

Part IV	Supplemental Information	. Complete this	part to provide the	e explanations required	Page 4 by Part II, line 10;
	Supplemental Information Part II, line 17a or 17b; and	Part III, line 12.	Provide any other	additional information.	See instructions.
		•			••••••

				·	

Number Theory Foundation, 74-2913961

Form 990-EZ, Part IV- List of officers, directors, trustees, annd key employees: Statement ${\bf 1}$

Name and address	Title, avg. hrs./week	Compensation	Employee ben. contrib.	Expense account
Carl Pomerance Math. Dept. Dartmouth Co Hanover, NH 03755	President, 1 oll.	0.	0.	0.
Harold Diamond Math. Dept. U. Illinois Urbana, IL 61801	Vice president, 1	0.	0.	0.
John Selfridge 2944 Greenwood Acres Dr. Dekalb, IL 60115	Treasurer, 0	0.	0.	0.
Richard Blecksmith Math. Dept. N. Illinois U. Dekalb, IL 60115	Secretary, 0	0.	0.	0.
Paul Bateman Math. Dept. U. Illinois Urbana, IL 61801	Emeritus director, 0	0.	0.	0.
Michael Bennett Dept. Math. U. British Col Vancover, BC, Canada	Director, 0 umbia	0.	0.	0.
John Brillhart Dept. Math. U. Arizona Tucson, AS 85721	Director, 0	0.	0.	0.
Brian Conrey American Inst. Math. 360 Portage Ave., Palo Alt	Director, 0 o, CA 94306	0.	0.	0.
Chantal David Math. Dept. Concordia U. Montreal, Quebec, Canada	Director, 0	0.	0.	0.

Kevin Ford Math. Dept. U. Illinois	Director, 0	0.	0.	0.
Urbana, IL 61801 Ronald Graham	Director, 0	0.	0.	0.
Math. Dept. U. California S La Jolla, CA 92093	San Diego		•	
Richard Guy Dept. Math. U. Calgary Calgary, Alberta, Canada	Emeritus Director, 0	0.	0.	0.
Bruce Reznick Dept. Math. U. Illinois Urbana, IL 61801	Director, 0	0.	0.	0.
Samuel Wagstaff, Jr. Dept. Comp. Sci. Purdue U W. Lafayette, IN 47907	Director, 0	0.	0.	0.
Hugh Williams Dept. Math. U. Calgary Calgary, Alberta, Canada	Director, 0	0.	0.	0.

Number Theory Foundation, 74-2912961

Form 990-EZ, Schedule A, Part I, 11h- Explanation of qualifications to receive payments: Statement 2

Grants must be made to the University of Illinois Foundation, publicly supported organizations closely related in purpose to the UIF, or to individual members of the charitable class benefited by the UIF.

Number Theory Foundation, 74-2912961

Form 990-EZ, Part I, 10- Grants and similar amounts paid: Statement 3

Class of activity/Donee	Relationship	Amount
SERMON conference U. North Carolina, Greensboro	none	700.
Automorphic forms workshop Bucknell U.	none	3,500.
Western Number Theory Conference Jeff Achter Colorado State U.	none	707.
Graduate student workshop on L-functions Utah Valley U.	none	500.
MSI theater production Andrew Granville Institue for Advanced Study (Princeton, NJ)	none	3,000.
NTF Board meeting lunches, March meeting U. Illinois, Urbana, IL	NTF Board	98.