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Short Form

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Openito Public

Α	For the	e 2009 c al	lendar	year, or tax year beginning	9/01	, 2009), an d endin	g 8/31			, 2010	
В	Check if a	applicable		C					D Em	ployer	dentification number	
	Address change Please use IRS NH Teachers of Mathematics								02	02-0349434		
	T. Ilahalor o							E Tele				
	Initial retu		type	Nashua, NH 03063					11	:U31	594-4308	
	Terminati		See Specific	•				ŀ		303)	334-4300	
	Amended		Instruc- tions.						F Gro	oup E	xemptio n	
Ш	Application	on pending							Nu	<u>mber</u>	•	
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method X Cash Accrual Other (specify) ► 											
							Н	Check ► X	I if t	he or	ganization is not	
ł	Websit	te: > w	ww.nh	ntm.org				required to	attach	Sche	dule B (Form 990,	
J	Tax-exer	mpt status	(check o	nly one) - X = 501(c) (3)	(insert no)	4947(a)(1) or	527	990-EZ, or 9	990-PF)		
	Check	► If t	the orga	anization is not a section 509(a	a)(3) suppor	ting organization	and its gros	ss receipts a	re nori	nally	not more than	
	\$25,000	0 A Form	990-EZ	or Form 990 return is not require	ed, but if the	organization choos	ses to file a r	return, be sure	e to file	a cor	mplete return	
L	Add lin	es 5b, 6b	o, and 7	b, to line 9 to determine gross	receipts, if	\$500,000 or mor	re, file Form	990				
	ınstead	of Form	990-E	Z						▶\$	32,941.	
Pä	in I	Reve	nue, I	Expenses, and Changes	in Net As	sets or Fund	Balances	(See the	ınstru	ictior	ns for Part I.)	
				ts, grants, and similar amount			-			1	2,016.	
	2 P	Program s	service	revenue including government	fees and co	ontracts			Ī	2	20,173.	
	1			s and assessments						3	10,456.	
	4 Ir	nvestmer	nt incon	ne					ľ	4	296.	
	5a 0	Gross amo	ount fro	om sale of assets other than in	ventory		5a					
	I .			er basis and sales expenses			5 b					
R	1			ale of assets other than inventory (Subt	ract In 5h from	In 5a)	<u> </u>			5 c		
E	1			tivities (complete applicable parts of S		•	mina check he	ere ►		100		
REVENU	1			not including \$		contributions	ining, check he		니 [
Ü	1	eported o	-			Contributions	6a					
_	1	•		•			6b					
	1			enses other than fundraising ex	-	om long Cal	60					
	1			from special events and activities (Sub		om ime ba)	1 -1		ŀ	6c		
	l .			ventory, less returns and allow	ances		7a 7b				ı	
	1	ess cost	_			76 forms 1 7-1	/0				_	
	Į.			oss) from sales of inventory (S	ubtract line	76 from line 7a)				7c	·	
	i	ther revenu	•	- 10.0*					-)	8		
				dd lines 1, 2, 3, 4, 5c, 6c, 7c, a						9	32,941.	
	1			ar amounts paid (attach schedi	ıle)	2	See Stat	ement 1	Ļ	10	3,701.	
E		•		or for members	F	RECEIVE			L	11		
X P				ompensation, and employee be					L	12		
E N				s and other payments to indepe		ractors	NO.		L	13	250.	
Š	1			utilities, and maintenance	355	JAN 21 2	1011		Ļ	14	1,046.	
S	1			ions, postage, and shipping					L	15	312.	
				ribe ► <u>See Statement 2</u>	<u> </u>		اردا	;)	16	27,450.	
=	17 T	otal expe	enses.	Add lines 10 through 16		<u>OGDEN</u>	UT		•	17	32,759.	
20	18 E	Excess or	(deficit	t) for the year (Subtract line 17	from line 9)			L	18	182.	
Z SSS	19 N	vet assets	s or fun	id balances at beginning of yea	ar (from line	27, column (A))	(must agree	e with end-of	-vear	1		
ES	ļ fi	igure repo	orted o	n prior year's return)	•		(g.		,	19	70,704.	
S	20 C	Other cha	nges ın	net assets or fund balances (attach expla	ination)			L	20		
뺩	20 C 21 N	Vet assets	s or fun	d balances at end of year Cor	nbine lines	18 through 20			•	21	70,886.	
Pa	iti III	Balar	nce SI	heets. If Total assets on line:	25, column	(B) are \$1,250,00	00 or more,	file Form 990) inste	ad of	Form 990-EZ	
ā				(See the instructions for P				A) Beginning			(B) End of year	
1122	. Cash	, savings	, and ir	nvestments	•				704.		70,886.	
≝ 23	Land	and build								23		
324	Other	r assets (-	pe ►)				24		
C25	Total	assets	•			<u> </u>		70.	704.		70,886.	
1122 1222 1224 1224 1225 126	Total	liabilitie	s (desc	cribe ►)			0.	26	0.	
27			-	alances (line 27 of column (B)	must agree	with line 21)		70.	704.		70,886.	
				Paperwork Reduction Act Not			ıs.			 L	Form 990-EZ (2009)	
		-									, ,	

, <u>Forn</u>	1 990-EZ (2009) NH Teachers of	<u>Mathematics</u>		02-	-034	19434 Page 2
Par	till Statement of Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expenses
Desc	is the organization's primary exempt purpose? <u>Eccribe</u> what was achieved in carrying out the ribe the services provided, the number of ram title		poses In a clear and co relevant information for	oncise manner,	(Reg 501 (o orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	Promotion and Supplementa	tion of Mathematic	as in Education		tor o	thers)
20					00	22.750
29	Cuarts V) II II	nis amount includes foreign g	· · · · · · · · · · · · · · · · · · ·		28 a	32,758.
	(Grants \$) If th	us amount includes foreign g	rants chack here	╾╾╾┈┈╾┤ ╾╾╾┈	29 a	
30					230	
	(Grants \$) If th	us amount includes foreign gi			30 a	
31	Other program services (attach schedule	e)				
32	(Grants \$) If the Total program service expenses (add In	us amount includes foreign gr	rants, check here		31 a 32	32,758.
	tilV List of Officers, Directors		Inlovees List each or			ated (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	to s and	(e) Expense account and other allowances
See	Statement 3		0.		0.	0.
					j	
						()
						U
BAA		TEEA0812L 0	1/30/10		1	Form 990-EZ (2009)

TEEA0812L 01/30/10

Form **990-EZ** (2009)

1,4	Other Information (Note the statement requirements in the instrict Fart V.) See Statement requirements in the instriction of Part V.)	<u>teme</u>	SIIL	4
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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			
	a 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?	35 a		Х
ŀ	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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	72 5.004	X , ``& .+
	a Enter amount of political expenditures, direct or indirect, as described in the instructions □ 37a 0. Did the organization file Form 1120-POL for this year?	37b	X	X
38 a	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?	38 a	\$. 49 	X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	a Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities. N/A		, 1867.	, ,,,
4U a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►	, ' 		\$ 000 W.
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		Х
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			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	, 13 ³		
	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	<u>*</u> 40 e		X
41	List the states with which a copy of this return is filed None	· · · · · · · · · · · · · · · · · · ·		
42 a	The organization's books are in care of Connie Upshulte Located at 3 Wheaton Drive Nashua NH ZIP + 4 > 03063	594-	<u>-43</u> 0	<u>8</u>
Ь	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)? If 'Yes,' enter the name of the foreign country	42b	Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c		X
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	• 		N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	46	Yes	No_
45	of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44		<u>X</u>
BAA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/30/10 Form	45 m 990	- F7 \ (<u>X</u>

Form 990-EZ ((2009)	NH	Teachers	of	Mathematics

02-0349434

Page 4

►X Yes No

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Х 46 X 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 Х 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49 b 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 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employed benefit plans and (e) Expense account and (a) Name and address of each employee paid more than \$100,000 deferred compensation other allowances None f Total number of other employees paid over \$100,000 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 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 preperer (other than officer) is based on all information of which preparer has any knowledge Sign re of officer Date Here unnie Treasurer Type or print name and title Preparer's Identifying Number (See instructions) Check if self Preparer's signature Paid Beltiore-Jr, EA N/A employed Pre-Merrimack Tax Associates PLLC Firm's name (or yours if self-employed), parer's 401 Daniel Webster Highway Use N/A EIN address, and Only Merrimack, NH 03054 (603) 429-2009 Phone no

May the IRS discuss this return with the preparer shown above? See instructions

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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**



Name o	of the organization						•	Employe	r identificat	tion number
	Teachers of Mat								349434	
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must (comple	ete this	part.) See i	nstruct	ions
The o	rganization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check c	nly one	box)			<u></u>
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 1 70 (b)	(1)(A)(i)).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3										
4	A medical research	organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A)(iiı) Er	nter the hospital's
	name, city, and sta		·	•				, ,, ,,		•
5										
6 7	An organization that		governmental unit descri substantial part of its si art II)					t or fron	n the ger	neral public described
8			170(b)(1)(A)(vi). (Comple	te Part	II)					
9	from activities relate investment income June 30, 1975 See	d to its exempt function and unrelated busine e section 509(a)(2). (C	•	eptions, section	and (2) r 511 tax)	no more) from b	than 33- usiness	1/3 % of es acqu	its suppo	ort from gross
10	An organization org	ganized and operated	exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4).		
11	more publicly supp	orted organizations of	exclusively for the bene- lescribed in section 509(zation and complete line:	a)(1) or	section	509(a)(octions (2) See	of, or ca section	rry out th 509(a)(3	ne purposes of one or). Check the box that
	a Type I	b Type II	c Type II	i – Fund	ctionally	ıntegra	ted		d 🗍	Type III - Other
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led dired upported	ctly or in d organi	directly zations	by one describ	or more ed in se	disqualiction 509	fied persons other $\theta(a)(1)$ or section
f	If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organization,
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	?
										Yes No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?	togethe	r with pe	rsons d	escribe	d ın (ıı)	and (III)	11 7 (3)
	-	ber of a person desc								11 g (i)
		·	described in (i) or (ii) a	hovo?						11 g (ii)
h		-	the supported organization							11 g (iii)
	(i) Name of Supported	(II) EIN	(iii) Type of organization	I	1- 45-	63 0.4			- 45 -	
	Organization	(11) 2.114	(described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
						ļ				
				[
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	· · · · · · · · · · · · · · · · · · ·									1 P
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	THE RESIDENCE THE TO PERSON AND THE									
Total			The second second second				- 1-1-1-10 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

Pai	t.II Support Schedule for				b)(1)(A)(iv) an	d 170(b)(1)	(A)(vi)	
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t1)				
Sec	tion A. Public Support					ı		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) T	otal
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			A Park Park Park Park Park Park Park Park	A STATE OF THE STA			
6	Public support. Subtract line 5 from line 4						•	
Sec	tion B. Total Support					,—		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) T	otal
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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				3 4 4 4			
12	Gross receipts from related activ	rities, etc (see ins	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organization the stop here	ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 50	1(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	- ·	``	ne 11, column (f)			14	<u>%</u>
15	Public support percentage from	2008 Schedule A,	Part II, line 14			Ľ	15	<u></u> %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo olicly supported or	x on line 13, and rganization.	the line 14 is 33	-1/3 % or mor	e, check this t	oox►
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization	, and line 15 is 3	3-1/3% or moi	re, check this	box □
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in l	Part IV how	• []
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organia	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in l rted organizat	Part IV how th ion	e ► 🗌
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a				
BAA					Scl	hedule A (For	m 990 or 990-	EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support			-			
Caler	ndar year (or fiscal yr 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 'unusual grants ')	5,621.	6,677.	9,886.	8,692.	12,472.	43,348.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	23,392.	17,632.	20,366.	25,309.	20,273.	106,972.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	23,392.	17,032.	20,300.	23,309.	20,273.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	29,013.	24,309.	30,252.	34,001.	32,745.	150,320.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	,		()(,)() () ()			
•	7c from line 6)	* · · ·		* * * * * * * * * * * * * * * * * * *	* ***		150,320.
Sec	tion B. Total Support	[<i>m</i> ; ×	- 86 × ×××				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	29,013.	24,309.	30,252.	34,001.	32,745.	150,320.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	979.	793.		570.	296.	
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1,022.			3,660.
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on	979.	793.	1,022.	570.	296.	3,660.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						3 0.
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secoi	nd, third, fourth,	or fifth tax year as	s a section 501(c)	153,980.
	tion C. Computation of Pu					-	
				20 13 column (ft)		15	97.6%
		•	• • • • • • • • • • • • • • • • • • • •	ie 13, coluitiii (1))	,	16	97.4%
	Public support percentage from tion D. Computation of Inv			<u> </u>			<u> </u>
17	Investment income percentage f				ump (fl)	17	2.4%
18	Investment income percentage f	•	• • •	•	11111 (1))	18	2.6%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	%, and line 17 is no	
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check		_	•		-	
	Private foundation. If the organi				-		▶ □

Scriedule A	(FOITH 990 OF	990-EZ) ZU	יו חאו פט	eachers	or mathe	шастсь		02-03494	54 Page 4
Partive:	Supplemer Part II, line	ntal Inform 17a or 1	nation. Co 7b; and Pa	mplete thi art III, line	s part to p 12. Provid	provide the elements	explanations r additional inf	equired by Par formation. See	t II, line 10; instructions.
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	NH Teachers of Mathematic	s		02-0349434
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid				
Class of Activity: Cash Amount Given:	Scholarships		\$	1,500.
Class of Activity: Cash Amount Given:	Awards		\$	1,101.
Class of Activity: Cash Amount Given:	Donations		\$	1,100.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Bank Charges Conferences, Conventions, and Dues Gifts Insurance Registration Fee	d Meetings		\$ Total \$	104. 21,471. 5,134. 111. 555. 75. 27,450.
Statement 3 Form 990-EZ, Part IV List of Officers, Directors, Trustees,	Title and	Compan	Contri-	Expense
Name and Address	Average Hours Per Week Devoted	Compen- sation	bution to EBP & DC	Account/ Other
Judy Curran Buck 5 Cole Road Derry, NH 03038	President Elect \$ 4.00	0.	\$ 0.	\$ 0.
Christine Downing 42 Brickyard Road Goshen, NH 03752	President 10.00	0.	0.	0.
Connie Upshulte 3 Wheaton Drive Nashua, NH 03063	Treasurer 3.00	0.	0.	0.
Caroline Herold 31 Valleyview Drive Merrimack, NH 03054	Secretary 1.00	0.	0.	0.
Stephanie Wheeler 75 Alice Drive Nashua, NH 03303	E/S Rep 1.00	0.	0.	·0 :

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Federal Statements

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NH Teachers of Mathematics

02-0349434

Statement 3 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Nancy Bronder 10 North Road Sunapee, NH 03782	M/S Rep : 1.00	\$ 0.	\$ 0.	\$ 0.
Greg Superchi 159 Jim Noyes Hill Road Landaff, NH 03285	Secondary Rep 1.00	0.	0.	0.
Theresa Magnus 183 Ridgefield Drive Milford, NH 03055	Post Second Rep 2.00	0.	0.	0.
Betty Erikson PO Box 157 Georges Mills, NH 03751	ATMNE Rep 5.00	0.	0.	0.
Barbara Boschmans 17 High Street, MSC 29 Plymouth, NH 03264	NCTM Rep/Webmas 1.00	0.	0.	0.
Cecile Carlton 3 Wentworth Street Nashua, NH 03060	Membership 3.00	0.	0.	0.
Donald West 163 Old Warner Road Bradford, NH 03221	Sch Admin Rep 1.00	0.	0.	('
David Kent PO Box 413 Contoocook, NH 03229	Mathesis Ed 1.00	0.	0.	0.
Bill Roberts 45 Birch Way New Hampton, NH 03256	Operation Mgr 1.00	0.	0.	0.
	Total 3	\$ 0.	<u>\$ 0.</u>	\$ 0.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

No

⁽a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?