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990-EZ)

it of the Treasury

of the organization

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.

OMB No 1545-0047

Open to Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Employer identification number

/	<i>F</i>	UMBER 1	newry Found	Lation	1		i	14	-2419	546]		
Par			ity Status (All organ			omplete	this part	t.) See in	struction	าร.		
he c	organization is not	a private foundat	tion because it is: (For	lines 1 th	nrough 1	1, check	only one	box.)				
1	A church, conv	ention of church	nes, or association of	churches	describe	d in sect	ion 170(k	o)(1)(A)(i).	•			
2	_	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	· ·	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		-	n operated in conjunc	tion with	a hospita	al describ	ed in sec	ction 170	(b)(1)(A)(i	ii). Enter the		
_	·	e, city, and state		·						-,,		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.)									pea in		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community t	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 🗋 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fer												
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more the support from gross investment income and unrelated business taxable income (less section 511 tax)												
									1 511 tax	() from busing	nesses	
	•	•	fter June 30, 1975. Se					· · · · ·	• \			
10		on organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
			describes the type of								cclion	
	a ☑ Type I			☐ Type				-		Type III-Oth	ner .	
e	/ * * * * * * * * * * * * * * * * * * *		that the organization			_	_	by one				
	,	•	rs and other than one			-						
	or section 509						_					
f	If the organization	ation received a	written determination	n from t	he IRS t	hat it is	a Type	l, Type I	l, or Type	e III support	ıng	
	organization, o	check this box .		•			•					
ç	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from ai	ny of the		-	•	
			ndirectly controls, eith				persons (described	d ın (iı) an	id Yes	No	
	(III) below,	the governing body of the supported organization?										
		nember of a person described in (i) above?										
			a person described in					•	•	11g(iii)		
t	n Provide the fo	llowing informati	on about the support	ed organi	zation(s).	,		,				
(i)	Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-9	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in		(vi) Is the organization in col		(vii) Amount of		
Organization			above or IRC section	governing document?		col (i) of your support?		(i) organized in the US?		support		
			(see instructions))	Yes	No	Yes	No	Yes	No			
/ A \	U. Illinois			/								
(~)	U. Illinois Foundation	37-600607	u A	-/-				-		ٽ	2	
(B)	(Statement 2)										
(C)												
(D)		}										
(E)												
				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			LAY ST		表 <i>表</i> 為	,		

Total

NUMBER THEORY FOUNDATION % CARL POMERANCE HB-6188 DARTMOUTH COL HANOVER NH 03755



52906

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date

President

Title