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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**PLAN NH - THE FOUNDATION FOR SHAPING THE BUILT ENVIRONMENT**

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 1105

Room/suite

City or town, state or country, and ZIP + 4

PORTSMOUTH**NH 03802****D** Employer identification number**22-3019910****E** Telephone number**603-452-7526****F** Group Exemption Number

▶

- 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 ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **PLANNH.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **67,147****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,999
	2	Program service revenue including government fees and contracts	2	24,087
	3	Membership dues and assessments	3	15,560
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	17,238
	b	Less direct expenses other than fundraising expenses	6b	12,397
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,841	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 2)	8	263	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	54,750	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	986
	13	Professional fees and other payments to independent contractors	13	37,729
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	25,344
	17	Total expenses. Add lines 10 through 16. ▶	17	64,059
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,309
	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	17,550
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	8,241

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,550	8,241
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	17,550	8,241
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,550	8,241

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 4

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, or other relevant information for each program title.

28 See Statement 5(Grants \$) If this amount includes foreign grants, check here ☐**Expenses**
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)**28a** **2,379****29** See Statement 6(Grants \$) If this amount includes foreign grants, check here ☐**29a** **7,384****30** PLAN NH MAINTAINS A WEBSITE THAT PROMOTES AND INTRODUCES PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATED TO NEW HAMPSHIRE'S BUILT ENVIRONMENT.(Grants \$) If this amount includes foreign grants, check here ☐**30a** **3,468****31** Other program services (attach schedule) **See Statement 7**(Grants \$) If this amount includes foreign grants, check here ☐**31a** **4,536****32** **Total program service expenses** (add lines 28a through 31a)**32** **17,767****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
ROBIN LEBLANC	PORTSMOUTH	EXEC DIRECT			
PLAN NH	NH 03802		0	0	0
ROGER HAWK	CONCORD	PRESIDENT			
HAWK PLANNING CONSULTANTS	NH 03301		0	0	0
KEN HADLEY	CONCORD	VICE PRES			
J.H. SPAIN COMMERCIAL SERVICES LLC	NH 03301		0	0	0
MICHAEL CASTAGNA	MANCHESTER	PAST PRES			
CASTAGNA CONSULTING GROUP LLC	NH 03101		0	0	0
PETER MIDDLETON	PORTSMOUTH	TREASURER			
MARTINI NORTHERN	NH 03801		0	0	0
RYAN BIANCHETTO	MANCHESTER	SECRETARY			
ALLEN & MAJOR ASSOCIATES	NH 03101		0	0	0
FRED RICHARDS	CONCORD	DIRECTOR			
ATLANTIC VALUATION ASSOCIATES	NH 03101		0	0	0
LINDA CONNELL	MANCHESTER	DIRECTOR			
MCLANE LAW FIRM	NH 03105-0326		0	0	0
THOMAS HOWARD	HANOVER	DIRECTOR			
SIGNATURE PRESS	NH 03755		0	0	0
HEATHER ROWAN	DOVER	DIRECTOR			
OFFICE INTERIORS	NH 03820		0	0	0
CHRIS NADEAU	CONCORD	DIRECTOR			
NOBIS ENGINEERING	NH 03301		0	0	0
WILLIAM JEAN	AMHERST	DIRECTOR			
FULCRUM ASSOCIATES	NH 03031-2839		0	0	0
JAYME SIMOES	CONCORD	DIRECTOR			
LOUIS KARNO & COMPANY	NH 03301		0	0	0
NORTH STURTEVANT	PORTSMOUTH	DIRECTOR			
JSA ARCHITECTS	NH 03801		0	0	0
STEVE PEACH	MANCHESTER	DIRECTOR			
DENNIS MIRES ARCHITECTS	NH 03104-3632		0	0	0
MAL MERRILL	CENTER HARBOR	DIRECTOR			
PLAN NH	NH 03226		0	0	0

Form 990-EZ (2009) **PLAN NH - THE FOUNDATION FOR 22-3019910**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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	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		X
34. Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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.		
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
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 40a		
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 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		X
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		
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		X
41 List the states with which a copy of this return is filed. NH		
42a The organization's books are in care of GALEN NICHOLS Telephone no 603-436-0007		
35 VAUGHAN MALL		
Located at PORTSMOUTH, NH ZIP + 4 03801		
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)?		X
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.? If "Yes," enter the name of the foreign country.		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 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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PLAN NH - THE FOUNDATION FOR

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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 46-49b and complete the tables for lines 50 and 51.

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

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."

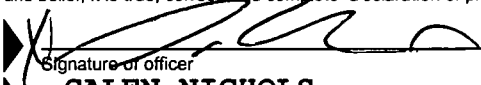
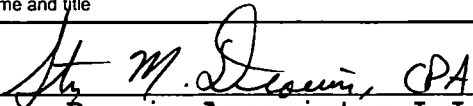
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 ▶

Sign Here	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.			
	 Signature of officer GALEN NICHOLS Type or print name and title		Date 5/13/11 TREASURER	
Paid Preparer's Use Only	Preparer's signature	 Date 05/06/11		Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Drouin Associates L.L.C. 197 Loudon Rd Ste 210 Concord, NH 03301		Preparer's Identifying Number (See instr.) P00672443
				EIN ▶ 20-3237047 Phone no ▶ 603-225-9400
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")	25,175	24,415	27,620	26,207	9,999	113,416
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					15,560	15,560
3 Gross receipts from activities that are not an unrelated trade or business under section 513					41,325	41,325
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	25,175	24,415	27,620	26,207	66,884	170,301
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						170,301

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	25,175	24,415	27,620	26,207	66,884	170,301
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56	56	44	19		175
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	56	56	44	19		175
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,481	0	0	0	0	1,481
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	26,712	24,471	27,664	26,226	66,884	171,957
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.04 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBER DUES	\$ 15,560
Total	<u>\$ 15,560</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 163
WEBSITE ADVERTISEMENT	100
Total	<u>\$ 263</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
MERIT AWARDS & SCHOLARSHIPS	\$
MERIT AWARD MEETING EXP	3,474
SCHOLARSHIP MEETING EXP	1,910
SCHOLARSHIPS	2,000
WEBSITE ADVERTISEMENT	
WEBSITE MAINTENANCE	1,668
COMMUNITY CHARETTES	
CHARRETTE EXPENSES	2,379
FORUMS & MEETINGS	
FORUM & MEETING EXPENSES	4,536
Expenses	
COMPACT DESIGN PROJECT SPONSO	1,000
OFFICE & ADMINISTRATIVE	870
POSTAGE & DELIVERY	332
PRINTING	987
TRAVEL MILEAGE	2,691
INSURANCE - D&O	1,467
BANK CHARGES	882
LGC	753
DUES & SUBSCRIPTIONS	97
TELECOMMUNICATIONS	298
Total	<u>\$ 25,344</u>

22-3019910

Federal Statements

FYE: 6/30/2010

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

PLAN NH IS A FOUNDATION OF ALL DISCIPLINES THAT CREATE OR IMPACT NEW HAMPSHIRE'S BUILT ENVIRONMENT. PLAN NH'S MEMBERSHIP IS DEDICATED TO SUPPORTING AND SATISFYING OUR QUALITY OF LIFE AND STRIVES TO CREATE A FORUM TO IMPROVE NEW HAMPSHIRE'S COMMUNITIES THROUGH EXCELLENCE IN PLANNING, DESIGN, AND DEVELOPMENT.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

PLAN NH HELD 3 COMMUNITY DESIGN CHARRETTES DURING FISCAL YEAR 2009-2010. THESE CHARRETTES BRING TOGETHER PROFESSIONALS AND LOCAL CITIZENS TO EXPLORE POTENTIAL SOLUTIONS TO COMMUNITY DESIGN ISSUES.

Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

PLAN NH HAS ESTABLISHED A SCHOLARSHIP FUND TO ASSIST NEW HAMPSHIRE STUDENTS STUDYING IN AREAS RELATED TO THE BUILT ENVIRONMENT. PLAN NH ALSO SPONSORS AWARDS TO HONOR ACHIEVEMENTS OF EXCELLENCE WHICH EFFECT THE QUALITY OF NEW HAMPSHIRE'S BUILT ENVIRONMENT.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

PLAN NH HOSTS FORUMS FOR PROFESSIONALS TO MEET, VIEW, AND DISCUSS DESIGN PROJECTS THAT CONTRIBUTE SIGNIFICANTLY TO NEW HAMPSHIRE'S BUILT ENVIRONMENT.
SEE ORGANIZATION'S PRIMARY EXEMPT PURPOSE