



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, 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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012**

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization PLAN NH - THE FOUNDATION FOR SHAPING THE BUILT ENVIRONMENT	D Employer identification number 22-3019910
Number and street (or P O box, if mail is not delivered to street address) 56 MIDDLE STREET 2ND FLOOR	E Telephone number (603) 452-7526
City or town, state or country, and ZIP + 4 PORTSMOUTH, NH 03802	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: ► PLANNH.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 or a section 527 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 ► \$ 120,462**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 20,364
	2 Program service revenue including government fees and contracts	2 45,235
	3 Membership dues and assessments	3 32,300
	4 Investment income	4 8
	5a Gross amount from sale of assets other than inventory	5a
	5b Less cost or other basis and sales expenses	5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ 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 22,435
	c Less direct expenses from gaming and fundraising events	6c 7,534
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d 14,901
	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 in Schedule O)	8 120
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 112,928
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 63,883
	13 Professional fees and other payments to independent contractors	13 1,372
	14 Occupancy, rent, utilities, and maintenance	14 8,050
	15 Printing, publications, postage, and shipping	15 321
	16 Other expenses (describe in Schedule O)	16 38,894
	17 Total expenses. Add lines 10 through 16	17 112,520
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 408
	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 12,556
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 12,964

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,556	22 12,964
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	12,556	25 12,964
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,556	27 12,964

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PLAN NH'S MISSION IS TO FOSTER EXCELLENCE IN PLANNING AND DESIGN AND DEVELOPMENT OF THE BUILT ENVIRONMENT BECAUSE, WE BELIEVE, WHAT WE BUILD, WHERE WE BUILD AND HOW WE BUILD HAS A SIGNIFICANT IMPACT ON THE FABRIC OF A COMMUNITY. OUR NEW HAMPSHIRE-FOCUSED MEMBERSHIP IS COMPRISED OF ARCHITECTS, LANDSCAPE ARCHITECTS, ENGINEERS, PLANNERS, BUILDING AND REAL ESTATE PROFESSIONALS, LAWYERS, FINANCIAL AND INSURANCE FIRMS AND OTHERS WITH AN INTEREST IN PROMOTING AND IMPLEMENTING ENVIRONMENTALLY, ECONOMICALLY AND SOCIALLY SUSTAINABLE COMMUNITIES. THIS DIVERSITY OF MEMBERSHIP BRINGS A UNIQUE VARIETY OF VIEWS AND PERSPECTIVES TO OUR APPROACH TO SHAPING NEW HAMPSHIRE'S BUILT ENVIRONMENT. PLAN NH WORKS WITH ORGANIZATIONS THROUGHOUT THE STATE TOWARDS REALIZING A VISION OF AN ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY VIBRANT NEW HAMPSHIRE IN WHICH -TOWNS AND NEIGHBORHOODS BALANCE NECESSARY DEVELOPMENT WITH PRESERVING THEIR UNIQUE, TRADITIONAL CHARACTERISTICS -MIXED-USE CENTERS, INCLUDING AFFORDABLE R

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 34,358

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

(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
See Additional Data Table				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

b Did the organization file **Form 1120-POL** for this year?

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?

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 ► _____, section 4912 ► _____, section 4955 ► _____

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

	Yes	No
--	-----	----

33		No
-----------	--	----

34		No
-----------	--	----

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

40b		No
------------	--	----

40e		No
------------	--	----

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) 724-4392**

Located at ► **5 PALAMINO COURT**

Concord, NH

ZIP + 4 ► **03301**

	Yes	No
--	-----	----

42b		No
------------	--	----

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)?

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 ► _____

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

	Yes	No
--	-----	----

44a		No
------------	--	----

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

44b		No
------------	--	----

44c		No
------------	--	----

44d		
------------	--	--

45a		No
------------	--	----

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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)*

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

	Yes	No
46		No

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.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

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

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	***** Signature of officer GALEN NICHOLS TREASURER Type or print name and title	2013-05-08 Date		
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> STEVEN DROUIN	Date 2013-05-13	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> DROUIN ASSOCIATES LLC 197 LOUDON RD STE 210 CONCORD, NH 03301			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (603) 225-9400

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

Yes No

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
PLAN NH - THE FOUNDATION FOR
SHAPING THE BUILT ENVIRONMENT

Employer identification number

22-3019910

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described 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 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

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

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 trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% 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 1/3% 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)**.

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 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. 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	►
b 33 1/3% support test—2010. If the organization did not check the 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	►
17a 10%-facts-and-circumstances test—2011. 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	►
b 10%-facts-and-circumstances test—2010. 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	►
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	►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,620	26,207	9,999	16,075	20,364	100,265
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	23,365	32,300	71,225
3 Gross receipts from activities that are not an unrelated trade or business under section 513			41,325	52,699	59,420	153,444
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	27,620	26,207	66,884	92,139	112,084	324,934
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)						324,934

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	27,620	26,207	66,884	92,139	112,084	324,934
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					8	8
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					8	8
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					5,857	5,857
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)	27,620	26,207	66,884	92,139	117,949	330,799

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 230 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 950 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

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

F Attach to Form 550 or Form 550 EZ. F See separate instructions.

Department of the Treasury
Internal Revenue Service

Employer identification number

22-3019910

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

N H

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	18,900			18,900
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	18,900			18,900
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	6,465			6,465
	10 Direct expense summary Add lines 4 through 9 in column (d)				(6,465)
	11 Net income summary Combine lines 3 and 10 in column (d)				12,435

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a

13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

Name of the organization

PLAN NH - THE FOUNDATION FOR
SHAPING THE BUILT ENVIRONMENT**Employer identification number**

22-3019910

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER INCOME 120 TOTAL 120

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	MERIT AWARDS & SCHOLARSHIPS MERIT AWARD MEETING EXP 2,821 SCHOLARSHIPS 2,231 WEB COMMUNICATIONS PLAN NH WEB MAINTENANCE 1,644 VIBRANT VILLAGE WEB DEV 7,978 COMMUNITY CHARETTES CHARRETTE EXPENSES 4,411 MEETINGS & EVENTS ANNUAL MEETING EXP 2,085 HOLIDAY DINNER EXP 2,146 AFTER HOUR EVENT EXP 29 HEAL NH PROJECT PROJECT EXPENSES 1,513 EXPENSES SUPPLIES & MISCELLANEOUS 2,247 PAY ROLL SERVICES 1,129 BANK CHARGES 794 TELECOMMUNICATIONS 874 TRAVEL 3,898 BUSINESS & PROF DEVELOPMENT 2,467 INSURANCE 2,627 TOTAL 38,894

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	<p>PLAN NH'S MISSION IS TO FOSTER EXCELLENCE IN PLANNING AND DESIGN AND DEVELOPMENT OF THE BUILT ENVIRONMENT BECAUSE, WE BELIEVE, WHAT WE BUILD, WHERE WE BUILD AND HOW WE BUILD HAS A SIGNIFICANT IMPACT ON THE FABRIC OF A COMMUNITY. OUR NEW HAMPSHIRE-FOCUSED MEMBERSHIP IS COMPRISED OF ARCHITECTS, LANDSCAPE ARCHITECTS, ENGINEERS, PLANNERS, BUILDING AND REAL ESTATE PROFESSIONALS, LAWYERS, FINANCIAL AND INSURANCE FIRMS AND OTHERS WITH AN INTEREST IN PROMOTING AND IMPLEMENTING ENVIRONMENTALLY, ECONOMICALLY AND SOCIALLY SUSTAINABLE COMMUNITIES. THIS DIVERSITY OF MEMBERSHIP BRINGS A UNIQUE VARIETY OF VIEWS AND PERSPECTIVES TO OUR APPROACH TO SHAPING NEW HAMPSHIRE'S BUILT ENVIRONMENT. PLAN NH WORKS WITH ORGANIZATIONS THROUGHOUT THE STATE TOWARDS REALIZING A VISION OF AN ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY VIBRANT NEW HAMPSHIRE IN WHICH -TOWNS AND NEIGHBORHOODS BALANCE NECESSARY DEVELOPMENT WITH PRESERVING THEIR UNIQUE, TRADITIONAL CHARACTERISTICS -MIXED-USE CENTERS, INCLUDING AFFORDABLE RESIDENTIAL SPACES, ARE ENCOURAGED -NATURAL RESOURCES, OPEN AREAS, UNDEVELOPED LAND AS WELL AS AGRICULTURAL ASSETS ARE PROTECTED AND HONORED -TRADITIONAL AND CREATIVE WAYS OF GETTING ABOUT INCREASE ACCESS TO JOBS, FOOD, EDUCATION, HEALTHCARE AND OTHER SERVICES, FRIENDS AND FAMILY -CLEAN ENERGY FOR HEAT AND POWER BECOMES STANDARD -COLLABORATION AND COOPERATION BETWEEN AND AMONG TOWNS AND REGIONS ENHANCE THE VITALITY OF LIFE IN THE GRANITE STATE. TO ACHIEVE THE VISION (AND FULFILL THE MISSION) PLAN NH CHAMPIONS PRINCIPLES AND IDEAS THAT BALANCE BUILDING PROJECTS - AND THIS WOULD INCLUDE ANYTHING BUILT IN THE PUBLIC REALM, SUCH AS BUILDINGS, ROADS, BRIDGES, MEMORIALS, PUBLIC SCULPTURE - WITH -"THE NEEDS OF PEOPLE - WHERE THEY LIVE, HOW THEY GET ABOUT, WHAT SERVICES ARE NECESSARY, WHAT THEY VALUE -MAINTAINING THE "SENSE OF PLACE" OF OUR TOWNS, CITIES AND VILLAGES THAT MAKES THEM UNIQUE -PROTECTING OUR AIR, WATER, FLORA AND FAUNA</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	<p>PLAN NH CONDUCTED FIVE CHARRETTES IN THE 2011-12 YEAR ASHLAND, HEBRON, PLAISTOW, STRATHAM AND RINDGE TOGETHER, THESE POPULATIONS TOTAL OVER 23, 500 SINCE 1996, PLAN NH HAS TOUCHED THE LIVES, DIRECTLY AND INDIRECTLY, OF 27% OF NH CITIZENS THROUGH THE COMMUNITY DESIGN CHARRETTE PROGRAM CHARRETTES ARE BRAINSTORMING SESSIONS EACH YEAR, PLAN NH SOLICITS APPLICATIONS FROM NH COMMUNITIES WHO ARE SEEKING ASSISTANCE WITH DOWNTOWNS OR OTHER SIGNIFICANT NEIGHBORHOODS - USUALLY AROUND REVIVING THE VIBRANCY OF THE AREA WHEN A PROJECT IS ACCEPTED, PLAN NH VOLUNTEERS FROM APPLICABLE DISCIPLINES SPEND TWO DAYS WITH THE COMMUNITY THE FIRST IS SPENT STUDYING THE AREA AND LISTENING TO CITIZENS, THE SECOND IS SPENT BRAINSTORMING AND CREATING RECOMMENDATIONS FOR IMPROVING THE SOCIAL, ECONOMIC AND ENVIRONMENTAL FABRIC OF THE AREA THROUGH DESIGN OF THE BUILT ENVIRONMENT</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	<p>PLAN NH'S PARTNERSHIP WITH THE NH CHARITABLE FOUNDATION EXPANDED A CRITICAL PART OF FULFILLING OUR MISSION IS TO RECOGNIZE STUDENTS FROM NH WHO ARE STUDYING IN A FIELD RELATED TO THE MISSION PLAN NH HAS ITS OWN SCHOLARSHIP PROGRAM, THE FUNDS FOR WHICH ARE MANAGED BY THE FOUNDATION IN ADDITION, PLAN NH HAS DISPERSED FUNDS FROM THE GRANGER FOUNDATION SINCE OUR FOUNDING THIS YEAR, FOUR MORE FUNDS (WHICH ARE MANAGED BY THE FOUNDATION) WERE INCLUDED IN PLAN NH'S SCHOLARSHIP AND FELLOWSHIP PROGRAM AND WE WERE ABLE TO AWARD OVER 30,000 IN SCHOLARSHIP AND FELLOWSHIP MONEY TO 11 STUDENTS STUDYING ARCHITECTURE, ENGINEERING, PLANNING AND OTHER FIELDS IN ACCREDITED SCHOOLS ACROSS THE COUNTRY MERIT AWARDS PROGRAM EACH YEAR, PLAN NH RECOGNIZES BUILDING PROJECTS THAT REFLECT OUR MISSION AND PRINCIPLES, AS WELL AS SOCIAL RESPONSIBILITY AND CREATIVE APPROACHES TO COLLABORATION AND COOPERATION IN SPRING 2012, FOUR PROJECTS WERE RECOGNIZED A A NEW PUBLIC VISION AND STREETSCAPE PROJECT IN PETERBOROUGH NH B NEWBURY CENTER MEETINGHOUSE HISTORIC PRESERVATION C REGENERATION PARK (PORTSMOUTH) D WEST GRANITE HOMEOWNERSHIP INITIATIVE (MANCHESTER)</p>

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	PLAN NH MAINTAINS A WEBSITE THAT PROMOTES AND INTRODUCES PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT. IN ADDITION, THE VIBRANT VILLAGES NH WEBSITE WAS SOFT-LAUNCHED IN FEBRUARY WITH FUNDING FROM THE NH HOUSING FINANCE AUTHORITY. THIS IS THE FOUNDATION OF AN INITIATIVE TO INFORM LAY CITIZENS OF THE GRANITE STATE ABOUT THE RELATIONSHIP OF THE BUILT ENVIRONMENT TO THE ECONOMIC, SOCIAL AND ENVIRONMENTAL HEALTH OF THEIR COMMUNITIES. THE SITE INCLUDES STORIES ABOUT REAL PROJECTS IN REAL TOWNS IN NEW HAMPSHIRE, WITH FOCUSES ON TOWN CENTERS, WHERE WE LIVE, HOW WE GET ABOUT, AND HISTORIC ASSETS, AND IS A COLLABORATIVE EFFORT BETWEEN PLAN NH AND HOUSING, TRANSPORTATION, PLANNING, PRESERVATION AND OTHER ORGANIZATIONS ACROSS THE STATE.

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	<p>GRANITE STATE FUTURE THE NH REGIONAL PLANNING COMMISSIONS HAVE RECEIVED A 3.4 MILLION SUSTAINABLE COMMUNITIES INITIATIVE GRANT (FROM HUD/DES/USDOT) TO SUPPORT THEIR EFFORTS IN DEVELOPING REGIONAL PLANS THAT ARE IN SYNC WITH EACH OTHER BUT ALSO REFLECT THE CHARACTERS OF EACH REGION. PLAN NH IS ONE OF MANY, MANY PARTNERS IN THIS PROJECT - WE ARE ON THE TECHNICAL ADVISORY COMMITTEE FOR "TRADITIONAL SETTLEMENT PATTERNS" AND WE WILL ALSO POST EXAMPLES OF PROGRESS ON OUR VIBRANT VILLAGES NH SITE. HEALTHY EATING ACTIVE LIVING (HEAL) NH PROJECT FOUR TOWNS IN THE GRANITE STATE WERE SELECTED TO RECEIVE FINANCIAL AND TECHNICAL ASSISTANCE IN IDENTIFYING AND IMPLEMENTING PROJECTS THAT WILL LEAD TO HEALTHIER EATING AND BETTER ACTIVITY FOR THEIR CITIZENS. PLAN NH IS A CONSULTANT IN THIS PROJECT, WORKING TO HELP COMMUNITIES CONDUCT ASSET MAPPING AND ALSO TO DEVELOP LEADERSHIP FROM AMONG ITS CITIZENRY. A COMMUNITY PLANNING GRANT PROGRAM THAT PROVIDES "COMPETITIVE MATCHING GRANTS TO MUNICIPALITIES FOR THE DEVELOPMENT OF REGULATIONS THAT WILL PROMOTE AND ENHANCE LOCAL ENVIRONMENTAL, ECONOMIC AND SOCIAL SUSTAINABILITY." THE PROGRAM IS ADMINISTERED BY THE NH HOUSING FINANCE AUTHORITY. PLAN NH WAS INVITED TO PARTICIPATE ON THE STEERING COMMITTEE, AND TO SIT ON THE COMMUNICATIONS COMMITTEE. TRANSPORTATION SOLUTIONS NH (TSNH), A COALITION OF DIVERSE ORGANIZATIONS WITH A COMMON INTEREST IN CHANGING HOW WE DEVELOP POLICY FOR AND FUND TRANSPORTATION IN NEW HAMPSHIRE. AFFORDABLE ACCESS TO JOBS, FOOD, HEALTHCARE AND OTHER SERVICES, AS WELL AS TO FRIENDS AND FAMILY IS CRITICAL FOR A VIBRANT, HEALTHY FUTURE FOR EVERY ONE. PLAN NH IS ON THE STEERING COMMITTEE.</p>

TY 2011 Compensation Explanation

Name: PLAN NH - THE FOUNDATION FOR
SHAPING THE BUILT ENVIRONMENT
EIN: 22-3019910

Person Name	Explanation
ROBIN LEBLANC	
ROGER HAWK	
RYAN BIANCHETTO	
HEATHER ROWAN	
J CHRIS NADEAU	
WILLIAM JEAN	
GALEN NICHOLS	
NORTH STURTEVANT	
SCOTT COLLARD	
ALICIA DUNSTAN	
SHANNON ALTHER	
JENNIFER VIARENKO	

Additional Data

Software ID:
Software Version:
EIN: 22-3019910
Name: PLAN NH - THE FOUNDATION FOR
SHAPING THE BUILT ENVIRONMENT

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>28 PLAN NH CONDUCTED FIVE CHARRETTES IN THE 2011-12 YEAR ASHLAND, HEBRON, PLAISTOW, STRATHAM AND RINDGE TOGETHER, THESE POPULATIONS TOTAL OVER 23, 500 SINCE 1996, PLAN NH HAS TOUCHED THE LIVES, DIRECTLY AND INDIRECTLY, OF 27% OF NH CITIZENS THROUGH THE COMMUNITY DESIGN CHARRETTE PROGRAM CHARRETTES ARE BRAINSTORMING SESSIONS EACH YEAR, PLAN NH SOLICITS APPLICATIONS FROM NH COMMUNITIES WHO ARE SEEKING ASSISTANCE WITH DOWNTOWNS OR OTHER SIGNIFICANT NEIGHBORHOODS - USUALLY AROUND REVIVING THE VIBRANCY OF THE AREA WHEN A PROJECT IS ACCEPTED, PLAN NH VOLUNTEERS FROM APPLICABLE DISCIPLINES SPEND TWO DAYS WITH THE COMMUNITY THE FIRST IS SPENT STUDYING THE AREA AND LISTENING TO CITIZENS, THE SECOND IS SPENT BRAINSTORMING AND CREATING RECOMMENDATIONS FOR IMPROVING THE SOCIAL, ECONOMIC AND ENVIRONMENTAL FABRIC OF THE AREA THROUGH DESIGN OF THE BUILT ENVIRONMENT</p> <p>(Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	4,411
<p>29 PLAN NH'S PARTNERSHIP WITH THE NH CHARITABLE FOUNDATION EXPANDED A CRITICAL PART OF FULFILLING OUR MISSION IS TO RECOGNIZE STUDENTS FROM NH WHO ARE STUDYING IN A FIELD RELATED TO THE MISSION PLAN NH HAS ITS OWN SCHOLARSHIP PROGRAM, THE FUNDS FOR WHICH ARE MANAGED BY THE FOUNDATION IN ADDITION, PLAN NH HAS DISPERSED FUNDS FROM THE GRANGER FOUNDATION SINCE OUR FOUNDING THIS YEAR, FOUR MORE FUNDS (WHICH ARE MANAGED BY THE FOUNDATION) WERE INCLUDED IN PLAN NH'S SCHOLARSHIP AND FELLOWSHIP PROGRAM AND WE WERE ABLE TO AWARD OVER 30,000 IN SCHOLARSHIP AND FELLOWSHIP MONEY TO 11 STUDENTS STUDYING ARCHITECTURE, ENGINEERING, PLANNING AND OTHER FIELDS IN ACCREDITED SCHOOLS ACROSS THE COUNTRY MERIT AWARDS PROGRAM EACH YEAR, PLAN NH RECOGNIZES BUILDING PROJECTS THAT REFLECT OUR MISSION AND PRINCIPLES, AS WELL AS SOCIAL RESPONSIBILITY AND CREATIVE APPROACHES TO COLLABORATION AND COOPERATION IN SPRING 2012, FOUR PROJECTS WERE RECOGNIZED A A NEW PUBLIC VISION AND STREETSCAPE PROJECT IN PETERBOROUGH NH B NEWBURY CENTER MEETINGHOUSE HISTORIC PRESERVATION C REGENERATION PARK (PORTSMOUTH) D WEST GRANITE HOMEOWNERSHIP INITIATIVE (MANCHESTER)</p> <p>(Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	5,052
<p>30 PLAN NH MAINTAINS A WEBSITE THAT PROMOTES AND INTRODUCES PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT IN ADDITION, THE VIBRANT VILLAGES NH WEBSITE WAS SOFT-LAUNCHED IN FEBRUARY WITH FUNDING FROM THE NH HOUSING FINANCE AUTHORITY, THIS IS THE FOUNDATION OF AN INITIATIVE TO INFORM LAY CITIZENS OF THE GRANITE STATE ABOUT THE RELATIONSHIP OF THE BUILT ENVIRONMENT TO THE ECONOMIC, SOCIAL AND ENVIRONMENTAL HEALTH OF THEIR COMMUNITIES THE SITE INCLUDES STORIES ABOUT REAL PROJECTS IN REAL TOWNS IN NEW HAMPSHIRE, WITH FOCUSES ON TOWN CENTERS, WHERE WE LIVE, HOW WE GET ABOUT, AND HISTORIC ASSETS, AND IS A COLLABORATIVE EFFORT BETWEEN PLAN NH AND HOUSING, TRANSPORTATION, PLANNING, PRESERVATION AND OTHER ORGANIZATIONS ACROSS THE STATE</p> <p>(Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	9,622
<p>GRANITE STATE FUTURE THE NH REGIONAL PLANNING COMMISSIONS HAVE RECEIVED A 3 4 MILLION SUSTAINABLE COMMUNITIES INITIATIVE GRANT (FROM HUD/DES/USDOT) TO SUPPORT THEIR EFFORTS IN DEVELOPING REGIONAL PLANS THAT ARE IN SYNC WITH EACH OTHER BUT ALSO REFLECT THE CHARACTERS OF EACH REGION PLAN NH IS ONE OF MANY, MANY PARTNERS IN THIS PROJECT - WE ARE ON THE TECHNICAL ADVISORY COMMITTEE FOR "TRADITIONAL SETTLEMENT PATTERNS" AND WE WILL ALSO POST EXAMPLES OF PROGRESS ON OUR VIBRANT VILLAGES NH SITE HEALTHY EATING ACTIVE LIVING (HEAL) NH PROJECT FOUR TOWNS IN THE GRANITE STATE WERE SELECTED TO RECEIVE FINANCIAL AND TECHNICAL ASSISTANCE IN IDENTIFYING AND IMPLEMENTING PROJECTS THAT WILL LEAD TO HEALTHIER EATING AND BETTER ACTIVITY FOR THEIR CITIZENS PLAN NH IS A CONSULTANT IN THIS PROJECT, WORKING TO HELP COMMUNITIES CONDUCT ASSET MAPPING AND ALSO TO DEVELOP LEADERSHIP FROM AMONG ITS CITIZENRY A COMMUNITY PLANNING GRANT PROGRAM THAT PROVIDES "COMPETITIVE MATCHING GRANTS TO MUNICIPALITIES FOR THE DEVELOPMENT OF REGULATIONS THAT WILL PROMOTE AND ENHANCE LOCAL ENVIRONMENTAL, ECONOMIC AND SOCIAL SUSTAINABILITY" THE PROGRAM IS ADMINISTERED BY THE NH HOUSING FINANCE AUTHORITY PLAN NH WAS INVITED TO PARTICIPATE ON THE STEERING COMMITTEE, AND TO SIT ON THE COMMUNICATIONS COMMITTEE TRANSPORTATION SOLUTIONS NH (TSNH), A COALITION OF DIVERSE ORGANIZATIONS WITH A COMMON INTEREST IN CHANGING HOW WE DEVELOP POLICY FOR AND FUND TRANSPORTATION IN NEW HAMPSHIRE AFFORDABLE ACCESS TO JOBS, FOOD, HEALTHCARE AND OTHER SERVICES, AS WELL AS TO FRIENDS AND FAMILY IS CRITICAL FOR A VIBRANT, HEALTHY FUTURE FOR EVERYONE PLAN NH IS ON THE STEERING COMMITTEE</p> <p>(Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	15,273

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 PLAN NH PO BOX 1105 PORTSMOUTH, NH 03802	EXEC DIRECT 000 00	49,846		
ROGER HAWK HAWK PLANNING CONSULTANTS 9 LIBERTY STREET CONCORD, NH 03301	PAST PRESIDE 000 00	0		
RYAN BIANCHETTO ALLEN MAJOR ASSOCIATES 250 COMMERCIAL STREET MANCHESTER, NH 03101	SECRETARY 000 00	0		
HEATHER ROWAN OFFICE RESOURCES 1000 ELM STREET MANCHESTER, NH 03101	DIRECTOR 000 00	0		
J CHRIS NADEAU NOBIS ENGINEERING 18 CHENELL DRIVE CONCORD, NH 03301	DIRECTOR 000 00	0		
WILLIAM JEAN FULCRUM ASSOCIATES 5 TECH CIRCLE AMHERST, NH 030312839	VICE PRESIDE 000 00	0		
GALEN NICHOLS EDWARD JONES 35 VAUGHAN MALL PORTSMOUTH, NH 03801	TREASURER 000 00	0		
NORTH STURTEVANT JSA ARCHITECTS 55 GREEN STREET PORTSMOUTH, NH 03801	PRESIDENT 000 00	0		
SCOTT COLLARD STANTEC ENGINEERING SCARBOROUGH, ME 04074	DIRECTOR 000 00	0		
ALICIA DUNSTAN TERRACON CONSULTANTS MANCHESTER, NH 03104	DIRECTOR 000 00	0		
SHANNON ALTHERR TMS ARCHITECTS PORTSMOUTH, NH 03801	AIA-NH LIAIS 000 00	0		
JENNIFER VIARENKO TIGHE AND BOND PORTSMOUTH, NH 03801	DIRECTOR 000 00	0		