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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

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)Room/suite
56 MIDDLE STREET 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
PORTSMOUTH, NH 03802

D

Employer identification number
22-3019910

E Telephone number
(603) 452-7526

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 Form of organization

☐ Corporation

☐ Trust

☒ Association

☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 110,236

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	1,075
	2	Program service revenue including government fees and contracts	2	54,616
	3	Membership dues and assessments	3	31,765
	4	Investment income	4	7
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	22,773
	c	Less direct expenses from gaming and fundraising events	6c	8,907
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,866
	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	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,329
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	47,188
	13	Professional fees and other payments to independent contractors	13	2,165
	14	Occupancy, rent, utilities, and maintenance	14	8,350
	15	Printing, publications, postage, and shipping	15	42
	16	Other expenses (describe in Schedule O)	16	32,913
	17	Total expenses. Add lines 10 through 16	17	90,658
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,671
	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	41,812
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	387
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,870

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	9,917	22	20,588
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	31,895	24	32,782
25 Total assets	41,812	25	53,370
26 Total liabilities (describe in Schedule O)		26	500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,812	27	52,870

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check 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, FOUNDED IN 1989, RAISES AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF OUR COMMUNITIES OUR MEMBERSHIP IS COMPRISED OF ARCHITECTS, ENGINEERS, LANDSCAPE ARCHITECTS, PLANNERS, BUILDERS AND REAL ESTATE PROFESSIONALS, FINANCIAL AND INSURANCE FIRMS AND OTHERS WITH AN INTEREST IN HOW WE BUILD, WHAT WE BUILD AND WHERE AND ITS IMPACT ON OUR DAILY LIVES PLAN NH HAS A VISION OF AN ECONOMICALLY, SOCIALLY, AND VIBRANT NEW HAMPSHIRE IN WHICH OUR CHANGING CONTEXT (WEATHER AND CLIMATE CHANGES, SHIFTING DEMOGRAPHICS, NEW WAYS OF THINKING ABOUT FOOD AND ENERGY SOURCES, MORE) IS TAKEN INTO CONSIDERATION DURING PLANNING AND RELATED DECISIONS TOWNS AND NEIGHBORHOODS BALANCE NECESSARY GROWTH WITH PRESERVING THEIR UNIQUE SENSES OF PLACE, COMPACT, MIXED-USE AREAS ARE ENCOURAGED THERE ARE REASONABLE, AFFORDABLE CHOICES FOR WHERE TO LIVE AND HOW TO GET ABOUT WE ARE STEWARDS OF OUR NATURAL RESOURCES AND HISTORIC ASSETS THERE ARE EDUCATIONAL AND CULTURAL OPPORTUNITIE

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

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

20,498

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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBIN LEBLANC EXEC DIRECT	000 00	0		
ROB DAPICE SECRETARY	000 00	0		
ROGER HAWK CO-PRESIDENT	000 00	0		
GORDON LEEDY DIRECTOR	000 00	0		
WILLIAM JEAN PAST PRESIDE	000 00	0		
NORTH STURTEVANT CO-PRESIDENT	000 00	0		
MICHAEL CIANCE SECRETARY	000 00	0		
ADAM WAGNER DIRECTOR	000 00	0		
VIC RENO DIRECTOR	000 00	0		
KAREN MCGINLEY DIRECTOR	000 00	0		
ERIN REARDON DIRECTOR	000 00	0		

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
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		No
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)		No
35a	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)?		No
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		No
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		No
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?	37b	No
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?	38a	No
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), 501(c)(4), and 501(c)(29) 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	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed NH		
42a	The organization's books are in care of ROBIN LEBLANC Telephone no (603) 452-7526 Located at 56 MIDDLE STREET 2ND FLOOR 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)? If "Yes," enter the name of the foreign country	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
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	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 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		2015-05-12			
	Signature of officer	Date			
Paid Preparer Use Only	NORTH STURTEVANT PRESIDENT				
	Type or print name and title				
	Print/Type preparer's name STEVEN DROUIN	Preparer's signature	Date 2015-06-09	Check ☐ if self-employed	PTIN P00672443
	Firm's name ☐ DROUIN ASSOCIATES LLC			Firm's EIN ☐ 20-3237047	
Firm's address ☐ 500 N COMMERCIAL ST STE 302A MANCHESTER, NH 031011151			Phone no (603) 225-9400		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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.)	
28 PLAN NH CONDUCTED TWO COMMUNITY DESIGN CHARRETTES IN 2014 GREENFIELD IN SEPTEMBER, AND CHICHESTER IN OCTOBER MORE THAN 20 DIFFERENT MEMBERS AND OTHERS VOLUNTEERED THEIR TIME FOR THESE WITH AN AVERAGE OF 20 HOURS PER CHARRETTE, THIS IS A TOTAL OF 400 HOURS, VALUED AT AN AVERAGE OF 100 PER HOUR, OR 40,000 IN VALUE ADD ANOTHER 6000 FOR THOSE WHO CONTRIBUTED TO TWO CHARRETTES ON TOP OF THIS, EACH TEAM'S LEADER SPENT AN ADDITIONAL 40 HOURS (AVERAGE) TO WRITE AND PRODUCE THE FINAL REPORT - AN ADDITIONAL 16,000 OF VALUE THAT'S A TOTAL VALUE OF 62,000 (MINIMUM) THAT PLAN NH VOLUNTEERS CONTRIBUTED, THROUGH THIS PROGRAM, TO OUR STATE IN JUST THESE TWO PROGRAMS TO DATE, WE HAVE BEEN IN MORE THAN 20% OF THE COMMUNITIES IN NEW HAMPSHIRE (AND COINCIDENTALLY, TOUCHING THE LIVES OF OVER 20% OF OUR CITIZENS), HELPING THEIR CITIZENS TO IDENTIFY THE VISION THEY HAVE FOR THEIR TOWN CENTER OR OTHER SIGNIFICANT NEIGHBORHOOD, AND DEVELOPING RECOMMENDATIONS AS TO HOW THEY CAN ACHIEVE THAT VISION (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	543
29 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 NH CHARITABLE FOUNDATION THE SCHOLARSHIP PROGRAM DISTRIBUTES FUNDS TO STUDENTS FROM NEW HAMPSHIRE WHO ARE STUDYING ARCHITECTURE, ENGINEERING, LANDSCAPE ARCHITECTURE AND/OR OTHER FIELDS RELATED TO OUR MISSION IN ACCREDITED SCHOOLS ACROSS THE COUNTRY (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	3,368
30 ONE WAY THAT PLAN NH RAISES AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF THE COMMUNITY IS BY RECOGNIZING OUTSTANDING EXAMPLES OF PROJECTS RIGHT HERE IN THE GRANITE STATE THAT HAVE HAD OR CAN HAVE A POSITIVE IMPACT IN PARTNERSHIP WITH THE NH HOUSING FINANCE AUTHORITY (NH HOUSING), PLAN NH IS STARTING TO DEVELOP A DATABASE OF EXAMPLES THAT SHOW WHAT DENSITY DOES AND COULD LOOK LIKE RIGHT HERE IN THE GRANITE STATE THIS WILL BE USEFUL FOR PLANNERS, DEVELOPERS, AND MUNICIPALITIES AS THEY PLAN FOR THE NEW FUTURE WE ARE LIVING INTO PLAN NH, IN PARTNERSHIP WITH UNH COOPERATIVE EXTENSION AND THE CITY OF FRANKLIN WERE ONE OF FOUR GROUPS SELECTED FROM A FIELD OF 48 IN 26 STATES TO RECEIVE AN AWARD FROM DEPARTMENT OF AGRICULTURE'S ENDOWMENT FOR THE ARTS, THROUGH CITIZENS' INSTITUTE FOR RURAL DESIGN, TO DEVELOP A PROGRAM THAT WOULD BEGIN TO EXPLORE WHAT NH COMMUNITIES NEED TO CONSIDER TO SUPPORT THOSE WHO WISH TO STAY AS THEY AGE AT THE SAME TIME, WHAT MIGHT THEY CONSIDER TO STIMULATE ECONOMIC GROWTH? THE EVENT WOULD BE HELD IN APRIL, 2015 A STEERING COMMITTEE WAS FORMED (WHICH INCLUDED FRANKLIN CITY MANAGER, CITY PLANNER, AND OTHERS REPRESENTING VARIOUS FACETS OF LIFE IN FRANKLIN) AND MET MONTHLY JULY THROUGH DECEMBER THE AWARD WOULD FUND PROFESSIONALS WORKING IN THE FIELDS OF AGING IN COMMUNITY AND ECONOMIC DEVELOPMENT TO SHARE LEARNINGS WITH FRANKLIN CITIZENS AND LEADERS AS WELL AS COOPERATIVE EXTENSION STAFF AND PLAN NH CHARRETTE MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	10,401
PLAN NH MAINTAINS WEBSITES THAT PROMOTE AND INTRODUCE PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT NETWORKING IS A STRONG REASON PEOPLE JOIN PLAN NH AND ATTEND EVENTS IN FEBRUARY WE PARTNERED WITH AIA NH TO SHOW A FILM ABOUT SAMUEL MOCKBEE'S RURAL DESIGN STUDIO IN MAY, TF MORAN IN BEDFORD HOSTED AN AFTER HOURS, WHICH INCLUDED A PROGRAM ABOUT SHORELAND BUFFERS IN SEPTEMBER, DESTEFANO ARCHITECTS IN PORTSMOUTH HOSTED AN AFTER HOURS WHICH INCLUDED A SHORT PROGRAM ABOUT THE 603 INITIATIVE, A GROUP OF YOUNG PROFESSIONALS WHO BELIEVE DEEPLY IN CIVIC ENGAGEMENT THE ANNUAL GOLF EVENT WAS HELD AT THE PEASE GOLF COURSE IN PORTSMOUTH 96 PLAYERS REGISTERED IN SUPPORT OF PLAN NH AND OUR SCHOLARSHIP PROGRAM PLAN NH HOSTED A UNIVERSAL DESIGN 101 WORKSHOP IN NOVEMBER LED BY ARCHITECTS TODD HANSEN AND JIM WARNER OF JSA ARCHITECTS, ATTENDEES LEARNED THAT ADA CODES ARE ONLY THE BEGINNING, THAT DESIGN IS IMPERATIVE FOR SUPPORTING AGING AND ITS CHALLENGES AS WELL AS OTHERS WHO FACE PHYSICAL, SENSORY AND/OR COGNITIVE CHALLENGES (Grants \$) If this amount includes foreign grants, check here . . . ☐			6,186

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PLAN NH - THE FOUNDATION FOR SHAPING THE BUILT ENVIRONMENT	Employer identification number 22-3019910
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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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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						▶
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,075	20,364	25,875	19,140	32,840	114,294
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,365	32,300	53,461	20,075	46,096	175,297
3Gross receipts from activities that are not an unrelated trade or business under section 513	52,699	60,256	13,400	13,443	16,646	156,444
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	92,139	112,920	92,736	52,658	95,582	446,035
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public support (Subtract line 7c from line 6.)						446,035

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9Amounts from line 6	92,139	112,920	92,736	52,658	95,582	446,035
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		8	1	1	7	17
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b		8	1	1	7	17
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)	92,139	112,928	92,737	52,659	95,589	446,052
14First 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 ▶						

Section C. Computation of Public Support Percentage		
15Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16Public support percentage from 2013 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage		
17Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 %
19a33 1/3% support tests—2014. 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 ▶		
b33 1/3% support tests—2013. 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 ▶		
20Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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

Employer identification number

22-3019910

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations

b ☐ Internet and email 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

NH

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	22,773		22,773
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	22,773		22,773
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	8,907		8,907
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					13,866

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter 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

\$ and the \$

c

If "Yes," enter name and address of the third party

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

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 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization PLAN NH - THE FOUNDATION FOR SHAPING THE BUILT ENVIRONMENT	Employer identification number 22-3019910
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Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	MERIT AWARDS COST OF GOODS SOLD 3,215 WEB COMMUNICATIONS COST OF GOODS SOLD 10,401 COMMUNITY CHARETTES COST OF GOODS SOLD 543 MEETINGS & EVENTS COST OF GOODS SOLD 1,571 FORUMS & WORKSHOPS COST OF GOODS SOLD 1,400 SCHOLARSHIPS COST OF GOODS SOLD 3,368 EXPENSES SUPPLIES & MISCELLANEOUS 2,578 BANK CHARGES 1,485 TELECOMMUNICATIONS 1,241 OTHER TAXES 75 TRAVEL & MILEAGE 3,227 DEVELOPMENT EXPENSES 1,925 INSURANCE 1,884 TOTAL 32,913

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	FUNDS HELD FOR SCHOLARSHIP 387

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	BENEFICIAL INTEREST IN FUNDS HELD 31,895 32,282 ADVANCE 0 500 TOTAL 31,895 32,782

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	SECURITY DEPOSIT HELD 0 500

Return Reference	Explanation
FORM 990- EZ, PART III	PLAN NH, FOUNDED IN 1989, RAISES AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF OUR COMMUNITIES. OUR MEMBERSHIP IS COMPRISED OF ARCHITECTS, ENGINEERS, LANDSCAPE ARCHITECTS, PLANNERS, BUILDERS AND REAL ESTATE PROFESSIONALS, FINANCIAL AND INSURANCE FIRMS AND OTHERS WITH AN INTEREST IN HOW WE BUILD, WHAT WE BUILD AND WHERE AND ITS IMPACT ON OUR DAILY LIVES. PLAN NH HAS A VISION OF AN ECONOMICALLY, SOCIALLY, AND VIBRANT NEW HAMPSHIRE IN WHICH OUR CHANGING CONTEXT (WEATHER AND CLIMATE CHANGES, SHIFTING DEMOGRAPHICS, NEW WAYS OF THINKING ABOUT FOOD AND ENERGY SOURCES, MORE) IS TAKEN INTO CONSIDERATION DURING PLANNING AND RELATED DECISIONS. TOWNS AND NEIGHBORHOODS BALANCE NECESSARY GROWTH WITH PRESERVING THEIR UNIQUE SENSES OF PLACE. COMPACT, MIXED-USE AREAS ARE ENCOURAGED. THERE ARE REASONABLE, AFFORDABLE CHOICES FOR WHERE TO LIVE AND HOW TO GET ABOUT. WE ARE STEWARDS OF OUR NATURAL RESOURCES AND HISTORIC ASSETS. THERE ARE EDUCATIONAL AND CULTURAL OPPORTUNITIES OF ALL KINDS. ALL CITIZENS ARE ENCOURAGED TO BE CIVICALLY ENGAGED TO ACHIEVE THIS VISION. PLAN NH'S MISSION IS TO FOSTER AND ENCOURAGE SUSTAINABLE PLANNING, DESIGN AND DEVELOPMENT OF THE BUILT ENVIRONMENT. WE DO SO BY CHAMPIONING SMART GROWTH AND LIVABILITY PRINCIPLES, SOCIAL RESPONSIBILITY, AND COLLABORATION AND COOPERATION THROUGH PROGRAMS AND PROJECTS THAT INFORM AND INSPIRE OUR PROFESSIONALS AND CITIZENS OF THE GRANITE STATE. THE OVERALL PURPOSE IS TO RAISE AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF OUR COMMUNITIES.

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	PLAN NH CONDUCTED TWO COMMUNITY DESIGN CHARRETTES IN 2014 GREENFIELD IN SEPTEMBER, AND CHICHESTER IN OCTOBER MORE THAN 20 DIFFERENT MEMBERS AND OTHERS VOLUNTEERED THEIR TIME FOR THESE WITH AN AVERAGE OF 20 HOURS PER CHARRETTE, THIS IS A TOTAL OF 400 HOURS, VALUED AT AN AVERAGE OF 100 PER HOUR, OR 40,000 IN VALUE ADD ANOTHER 6000 FOR THOSE WHO CONTRIBUTED TO TWO CHARRETTES ON TOP OF THIS, EACH TEAM'S LEADER SPENT AN ADDITIONAL 40 HOURS (AVERAGE) TO WRITE AND PRODUCE THE FINAL REPORT - AN ADDITIONAL 16,000 OF VALUE THAT'S A TOTAL VALUE OF 62,000 (MINIMUM) THAT PLAN NH VOLUNTEERS CONTRIBUTED, THROUGH THIS PROGRAM, TO OUR STATE IN JUST THESE TWO PROGRAMS TO DATE, WE HAVE BEEN IN MORE THAN 20% OF THE COMMUNITIES IN NEW HAMPSHIRE (AND COINCIDENTALLY, TOUCHING THE LIVES OF OVER 20% OF OUR CITIZENS), HELPING THEIR CITIZENS TO IDENTIFY THE VISION THEY HAVE FOR THEIR TOWN CENTER OR OTHER SIGNIFICANT NEIGHBORHOOD, AND DEVELOPING RECOMMENDATIONS AS TO HOW THEY CAN ACHIEVE THAT VISION

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	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 NH CHARITABLE FOUNDATION THE SCHOLARSHIP PROGRAM DISTRIBUTES FUNDS TO STUDENTS FROM NEW HAMPSHIRE WHO ARE STUDYING ARCHITECTURE, ENGINEERING, LANDSCAPE ARCHITECTURE AND/OR OTHER FIELDS RELATED TO OUR MISSION IN ACCREDITED SCHOOLS ACROSS THE COUNTRY

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 30	ONE WAY THAT PLAN NH RAISES AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF THE COMMUNITY IS BY RECOGNIZING OUTSTANDING EXAMPLES OF PROJECTS RIGHT HERE IN THE GRANITE STATE THAT HAVE HAD OR CAN HAVE A POSITIVE IMPACT. IN PARTNERSHIP WITH THE NH HOUSING FINANCE AUTHORITY (NH HOUSING), PLAN NH IS STARTING TO DEVELOP A DATABASE OF EXAMPLES THAT SHOW WHAT DENSITY DOES AND COULD LOOK LIKE RIGHT HERE IN THE GRANITE STATE. THIS WILL BE USEFUL FOR PLANNERS, DEVELOPERS, AND MUNICIPALITIES AS THEY PLAN FOR THE NEW FUTURE WE ARE LIVING INTO. PLAN NH, IN PARTNERSHIP WITH UNH COOPERATIVE EXTENSION AND THE CITY OF FRANKLIN WERE ONE OF FOUR GROUPS SELECTED FROM A FIELD OF 48 IN 26 STATES TO RECEIVE AN AWARD FROM DEPARTMENT OF AGRICULTURE'S ENDOWMENT FOR THE ARTS, THROUGH CITIZENS' INSTITUTE FOR RURAL DESIGN, TO DEVELOP A PROGRAM THAT WOULD BEGIN TO EXPLORE WHAT NH COMMUNITIES NEED TO CONSIDER TO SUPPORT THOSE WHO WISH TO STAY AS THEY AGE. AT THE SAME TIME, WHAT MIGHT THEY CONSIDER TO STIMULATE ECONOMIC GROWTH? THE EVENT WOULD BE HELD IN APRIL, 2015. A STEERING COMMITTEE WAS FORMED (WHICH INCLUDED FRANKLIN CITY MANAGER, CITY PLANNER, AND OTHERS REPRESENTING VARIOUS FACETS OF LIFE IN FRANKLIN) AND MET MONTHLY JULY THROUGH DECEMBER. THE AWARD WOULD FUND PROFESSIONALS WORKING IN THE FIELDS OF AGING IN COMMUNITY AND ECONOMIC DEVELOPMENT TO SHARE LEARNINGS WITH FRANKLIN CITIZENS AND LEADERS AS WELL AS COOPERATIVE EXTENSION STAFF AND PLAN NH CHARRETTE MEMBERS.

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	PLAN NH MAINTAINS WEBSITES THAT PROMOTE AND INTRODUCE PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT. NETWORKING IS A STRONG REASON PEOPLE JOIN PLAN NH AND ATTEND EVENTS. IN FEBRUARY WE PARTNERED WITH AIA NH TO SHOW A FILM ABOUT SAMUEL MOCKBEE'S RURAL DESIGN STUDIO. IN MAY, TF MORAN IN BEDFORD HOSTED AN AFTER HOURS, WHICH INCLUDED A PROGRAM ABOUT SHORELAND BUFFERS. IN SEPTEMBER, DESTEFANO ARCHITECTS IN PORTSMOUTH HOSTED AN AFTER HOURS WHICH INCLUDED A SHORT PROGRAM ABOUT THE 603 INITIATIVE, A GROUP OF YOUNG PROFESSIONALS WHO BELIEVE DEEPLY IN CIVIC ENGAGEMENT. THE ANNUAL GOLF EVENT WAS HELD AT THE PEASE GOLF COURSE IN PORTSMOUTH. 96 PLAYERS REGISTERED IN SUPPORT OF PLAN NH AND OUR SCHOLARSHIP PROGRAM. PLAN NH HOSTED A UNIVERSAL DESIGN 101 WORKSHOP IN NOVEMBER. LED BY ARCHITECTS TODD HANSEN AND JIM WARNER OF JSA ARCHITECTS, ATTENDEES LEARNED THAT ADA CODES ARE ONLY THE BEGINNING, THAT DESIGN IS IMPERATIVE FOR SUPPORTING AGING AND ITS CHALLENGES AS WELL AS OTHERS WHO FACE PHYSICAL, SENSORY AND/OR COGNITIVE CHALLENGES.