See a Social Security Number? Say Something!
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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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
21 DANIEL ST 2ND FLOOR C/O GPI

City or town, state or province, country, and ZIP or foreign postal code
PORTSMOUTH, NH 03801

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 . . . . . ▶ $ 110,979

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	5,005
	2	Program service revenue including government fees and contracts		2	58,523
	3	Membership dues and assessments		3	25,750
	4	Investment income		4	16
	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	21,685	
	c	Less direct expenses from gaming and fundraising events	6c	9,675	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	12,010
	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	101,304
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	53,088
	13	Professional fees and other payments to independent contractors		13	2,617
	14	Occupancy, rent, utilities, and maintenance		14	7,091
	15	Printing, publications, postage, and shipping		15	213
	16	Other expenses (describe in Schedule O)		16	42,789
	17	**Total expenses.** Add lines 10 through 16 ▶		17	105,798
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,494
	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	47,400
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	709
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	43,615

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	17,706	22	48,781
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	30,194	24	30,903
25 **Total assets**	47,900	25	79,684
26 **Total liabilities** (describe in Schedule O)	500	26	36,069
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	47,400	27	43,615

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 . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
PLAN NH, FOUNDED IN 1989, HAS A MISSION TO FOSTER EXCELLENCE IN THE PLANNING, DESIGN AND DEVELOPMENT OF NEW HAMPSHIRE'S BUILT ENVIRONMENT WE RAISE AWARENESS OF THE LINK BETWEEN THE BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF OUR COMMUNITIES OUR MEMBERSHIP IS COMPRISES 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

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** 32,758

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	40 00	44,308		
ROB DAPICE PRESIDENT	000 00	0		
CHRISTOPHER KENNEDY DIRECTOR	000 00	0		
GORDON LEEDY DIRECTOR	000 00	0		
WILLIAM JEAN DIRECTOR	000 00	0		
NORTH STURTEVANT TREASURER	000 00	0		
MICHAEL CIANCE SECRETARY	000 00	0		
VIC RENO DIRECTOR	000 00	0		
JOHN ARNOLD DIRECTOR	000 00	0		

Part V **Other 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	33		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)	34		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)?	35a		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	35b		
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	35c		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	36		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 sections4912, 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 ▶ PLAN NH PO BOX 1105 PORTSMOUTH, NH ZIP + 4 ▶ 03802			

			Yes	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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	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 ?	42c		No
	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	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	46		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	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

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

****** Signature of officer	2017-05-10 Date
NORTH STURTEVANT TREASURER Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name STEVEN DROUIN	Preparer's signature	Date 2017-05-10	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 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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 PLAN NH CONDUCTED THREE COMMUNITY DESIGN CHARRETTES IN 2016 KINGSTON AND NASHUA EACH IN JUNE, AND ALLENSTOWN SEPT 30 - OCTOBER 1 VOLUNTEERS FOR EACH TOTALED 29 (SOME IN MORE THAN ONE) FIGURE 10 VOLUNTEERS AT 100/HOUR, 20 HOURS PER CHARRETTE, THAT'S A MINIMUM OF 20,000 PER CHARRETTE IN VOLUNTEER TIME FOR THREE CHARRETTES, THAT'S A MINIMUM OF 60,000 IN VALUE FOR WHAT THE THREE COMMUNITIES RECEIVED AS OF THE END OF 2016, WE HAVE CONDUCTED 63 CHARRETTES IN 59 COMMUNITIES (22% OF THE STATE), HELPING THEIR CITIZENS TO IDENTIFY THE VISION THEY HAVE FOR THEIR TOWN CENTER OR OTHER SIGNIFICANT NEIGHBORHOOD, AND DEVELOPING RECOMMENDATIONS AS TO HOW THAT VISION MIGHT BE ACHIEVED OVER TIME (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	1,153

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

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
29 NETWORKING FOR OUR MEMBERS AND RELATED PROFESSIONALS AND PROVIDING OPPORTUNITIES TO INFORM AND INSPIRE ARE HIGH ON OUR LIST OF PRIORITIES WE HELD OUR ANNUAL MEETING IN JANUARY AND TWO AFTER HOURS WERE ALSO HELD IN 2016 THE FIRST WAS IN FEBRUARY, AT THE OFFICES/SHOWROOM OF LONGTIME MEMBER NANCY CARLISLE INTERIOR PLANTINGS (CONCORD), AND WAS CO-HOSTED BY REVISION ENERGY, WHO GAVE A PRESENTATION ABOUT THE GROWTH OF SOLAR ENERGY IN THE STATE IN DECEMBER, GPI (PORTSMOUTH) HELD AN OPEN HOUSE TO SHOWCASE THEIR NEW OFFICE SPACE, AND THE EVENT DOUBLED AS AN AFTER HOURS THERE WAS A PRESENTATION NORTH BANK BRIDGE AND PARK REDEVELOPING THE CHARLES RIVER WATERFRONT IN BOSTON, GIVEN BY A GPI ENGINEER WHO PLAYED A KEY ROLE IN THE PROJECT PLAN NH INTRODUCED A NEW QUARTERLY SERIES OF WORKSHOPS CALLED HOME, SWEET HOME THE INTENT WAS TO FOCUS ON DIFFERENT ASPECTS OF HOMES (CHOICES, ZONING, MORE) THE FIRST LOOKED AT ACCESSORY DWELLING UNITS, AND DREW ALMOST 90 ATTENDEES IN JUNE, WE HAD DIFFERENT PRESENTERS TALK ABOUT DIFFERENT TYPES OF LIVING SPACES (TINY HOMES, CO-HOUSING, MANUFACTURED HOMES) AND THEIR BENEFITS TO COMMUNITY IN SEPTEMBER JIM WARNER, AN ARCHITECT IN PORTSMOUTH NH AND SANDRA HODGE, AN INTERIOR DESIGNER FROM THE SAME FIRM, TALKED ABOUT CONSIDERATIONS FOR OLDER ADULTS, INCLUDING UNIVERSAL DESIGN FINALLY, IN DECEMBER, WE STEPPED OUT OF THE BOX AND HAD A WORKSHOP ABOUT COMMUNITY OUTREACH AND ENGAGEMENT (HOSTED BY UNH COOPERATIVE EXTENSION) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	6,028

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

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
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 THE ANNUAL MERIT AWARDS RECOGNIZED OUTSTANDING EXAMPLES OF SUSTAINABLE PLANNING, DESIGN, AND/OR DEVELOPMENT THAT INCLUDED SOCIAL RESPONSIBILITY AND COLLABORATION THE 2016 HONOREES INCLUDED O 3S ARTSPACE IN PORTSMOUTH O UNIVERSITY EDGE IN DURHAM O THE FAMILY PLACE RESOURCE CENTER AND SHELTER, MANCHESTER (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	3,636

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
PLAN NH MAINTAINS WEBSITES THAT PROMOTE AND INTRODUCE PROGRAMS AND ACTIVITIES ACROSS THE STATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT IN PARTNERSHIP WITH THE NH HOUSING FINANCE AUTHORITY (NH HOUSING), PLAN NH IS DEVELOPING 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 NEW HAMPSHIRE HOUSING APPROACHED PLAN NH WITH A PROPOSAL TO FUND A MUNICIPAL TECHNICAL ASSISTANCE GRANT PROGRAM, WHICH WE WOULD ADMINISTER THE PURPOSE OF THE PROGRAM IS TO PROVIDE FUNDING TO MUNICIPALITIES WHO WISH TO CREATE OR REVISE THEIR ZONING ORDINANCES TO MAKE THEM MORE "HOUSING FRIENDLY " THE BOARD AGREED AND AN ADVISORY BOARD, MADE UP OF REPRESENTATIVES FROM KEY RELATED ORGANIZATIONS AROUND THE STATE, MET FOR THE FIRST TIME IN NOVEMBER THE PROGRAM LAUNCHED JANUARY 1, 2016 AND FOUR GRANTS WERE AWARDED BOSCAWEN, FRANCONIA, HINSDALE AND PETERBOROUGH CONTRACTS WERE AWARDED IN JUNE, AND THEIR WORK BEGAN ALMOST IMMEDIATELY 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 THE ANNUAL GOLF EVENT WAS HELD AT THE PEASE GOLF COURSE IN PORTSMOUTH APPROXIMATELY 100 PLAYERS REGISTERED IN SUPPORT OF PLAN NH AND OUR SCHOLARSHIP PROGRAM OVER 100 INDIVIDUALS AND/OR COMPANIES DONATED TIME, TALENT, AND/OR TREASURE TO PLAN NH COMMITTEES, PROGRAMS, EVENTS AND MORE EXECUTIVE DIRECTOR ROBIN LEBLANC CONTINUED HER PARTICIPATION IN THE COALITION FOR HEALTHY AGING, WHICH BECAME THE NH ALLIANCE FOR HEALTHY AGING SHE CONTINUED HER PARTICIPATION IN THE ZONING AND HOUSING WORKGROUP, AND BECAME A MEMBER OF THE NEWLY-FORMED STEERING COMMITTEE	21,941
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	

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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

2016

Open to Public Inspection

Name 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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☑ 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	25,875	19,140	32,840	36,805	30,755	145,415
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	53,461	20,075	51,836	49,000	39,794	214,166
3 Gross receipts from activities that are not an unrelated trade or business under section 513	13,400	13,443	16,646	16,638	40,414	100,541
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	92,736	52,658	101,322	102,443	110,963	460,122
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)						460,122

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	92,736	52,658	101,322	102,443	110,963	460,122
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	1	7	8	16	33
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1	1	7	8	16	33
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	92,737	52,659	101,329	102,451	110,979	460,155

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99 990 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99 990 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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*	1		
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*	2		

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)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

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)

			Yes	No
2	Activities Test **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	Parent of Supported Organizations **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)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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" on 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

2016

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" on 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? **Yes**	**No**	**(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
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" on 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.

Revenue		(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))
	1 Gross receipts	21,685			21,685
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	21,685			21,685
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,675			9,675
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,675
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				12,010

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ 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 activity 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 ▶ $ _____

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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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

2016

Open to Public Inspection

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

Employer identification number
22-3019910

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	MERIT AWARDS COST OF GOODS SOLD 3,636 WEB COMMUNICATIONS COST OF GOODS SOLD 6,299 COMMUNIT Y CHARETTES COST OF GOODS SOLD 1,153 MEETINGS & EVENTS COST OF GOODS SOLD 2,121 FORUMS & W ORKSHOPS COST OF GOODS SOLD 3,907 SCHOLARSHIPS COST OF GOODS SOLD 2,400 MTAG PROGRAM COST OF GOODS SOLD 13,242 EXPENSES SUPPLIES & MISCELLANEOUS 1,306 BANK CHARGES 1,246 TELECOMMUN ICATIONS 954 OTHER TAXES 75 TRAVEL & MILEAGE 2,449 DEVELOPMENT EXPENSES 2,060 INSURANCE 1, 941 TOTAL 42,789

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	INCREASE IN FUNDS HELD FOR SCHOLARSHIP 709 DECREASE IN FUNDS HELD FOR SCHOLARSHIP 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	BENEFICIAL INTEREST IN FUNDS HELD 30,194 30,903 TOTAL 30,194 30,903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 0 36,069 SECURITY DEPOSIT HELD 500 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PLAN NH, FOUNDED IN 1989, HAS A MISSION TO FOSTER EXCELLENCE IN THE PLANNING, DESIGN AND D EVELOPMENT OF NEW HAMPSHIRE'S BUILT ENVIRONMENT WE RAISE AWARENESS OF THE LINK BETWEEN TH E BUILT ENVIRONMENT AND THE HEALTH AND VITALITY OF OUR COMMUNITIES OUR MEMBERSHIP IS COMP RISES ARCHITECTS, ENGINEERS, LANDSCAPE ARCHITECTS, PLANNERS, BUILDERS AND REAL ESTATE PROF ESSIONALS, 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 ECONOMIC ALLY, SOCIALLY, AND VIBRANT NEW HAMPSHIRE IN WHICH OUR CHANGING CONTEXT (WEATHER AND CLIM ATE CHANGES, SHIFTING DEMOGRAPHICS, NEW WAYS OF THINKING ABOUT FOOD AND ENERGY SOURCES, MO RE) IS TAKEN INTO CONSIDERATION DURING PLANNING AND RELATED DECISIONS TOWNS AND NEIGHBORH OODS 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 CIV ICALLY ENGAGED TO ACHIEVE THIS VISION, PLAN NH'S MISSION IS TO FOSTER AND ENCOURAGE SUSTA INABLE PLANNING, DESIGN AND DEVELOPMENT OF THE BUILT ENVIRONMENT WE DO SO BY CHAMPIONING SMART GROWTH AND LIVABILITY PRINCIPLES, SOCIAL RESPONSIBILITY, AND COLLABORATION AND COOPE RATION THROUGH PROGRAMS AND PROJECTS THAT INFORM AND INSPIRE OUR PROFESSIONALS AND CITIZEN S 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	PLAN NH CONDUCTED THREE COMMUNITY DESIGN CHARRETTES IN 2016 KINGSTON AND NASHUA EACH IN J UNE, AND ALLENSTOWN SEPT 30 - OCTOBER 1 VOLUNTEERS FOR EACH TOTALED 29 (SOME IN MORE THAN ONE) FIGURE 10 VOLUNTEERS AT 100/HOUR, 20 HOURS PER CHARRETTE, THAT'S A MINIMUM OF 20,00 0 PER CHARRETTE IN VOLUNTEER TIME FOR THREE CHARRETTES, THAT'S A MINIMUM OF 60,000 IN VAL UE FOR WHAT THE THREE COMMUNITIES RECEIVED AS OF THE END OF 2016, WE HAVE CONDUCTED 63 CH ARRETTES IN 59 COMMUNITIES (22% OF THE STATE), HELPING THEIR CITIZENS TO IDENTIFY THE VISI ON THEY HAVE FOR THEIR TOWN CENTER OR OTHER SIGNIFICANT NEIGHBORHOOD, AND DEVELOPING RECOM MENDATIONS AS TO HOW THAT VISION MIGHT BE ACHIEVED OVER TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	NETWORKING FOR OUR MEMBERS AND RELATED PROFESSIONALS AND PROVIDING OPPORTUNITIES TO INFORM AND INSPIRE ARE HIGH ON OUR LIST OF PRIORITIES WE HELD OUR ANNUAL MEETING IN JANUARY AND TWO AFTER HOURS WERE ALSO HELD IN 2016 THE FIRST WAS IN FEBRUARY, AT THE OFFICES/SHOWROO M OF LONGTIME MEMBER NANCY CARLISLE INTERIOR PLANTINGS (CONCORD), AND WAS CO-HOSTED BY REV ISION ENERGY, WHO GAVE A PRESENTATION ABOUT THE GROWTH OF SOLAR ENERGY IN THE STATE IN DE CEMBER, GPI (PORTSMOUTH) HELD AN OPEN HOUSE TO SHOWCASE THEIR NEW OFFICE SPACE, AND THE EV ENT DOUBLED AS AN AFTER HOURS THERE WAS A PRESENTATION NORTH BANK BRIDGE AND PARK REDEV ELOPING THE CHARLES RIVER WATERFRONT IN BOSTON, GIVEN BY A GPI ENGINEER WHO PLAYED A KEY R OLE IN THE PROJECT PLAN NH INTRODUCED A NEW QUARTERLY SERIES OF WORKSHOPS CALLED HOME, SW EET HOME THE INTENT WAS TO FOCUS ON DIFFERENT ASPECTS OF HOMES (CHOICES, ZONING, MORE) T HE FIRST LOOKED AT ACCESSORY DWELLING UNITS, AND DREW ALMOST 90 ATTENDEES IN JUNE, WE HAD DIFFERENT PRESENTERS TALK ABOUT DIFFERENT TYPES OF LIVING SPACES (TINY HOMES, CO-HOUSING, MANUFACTURED HOMES) AND THEIR BENEFITS TO COMMUNITY IN SEPTEMBER JIM WARNER, AN ARCHITEC T IN PORTSMOUTH NH AND SANDRA HODGE, AN INTERIOR DESIGNER FROM THE SAME FIRM, TALKED ABOUT CONSIDERATIONS FOR OLDER ADULTS, INCLUDING UNIVERSAL DESIGN FINALLY, IN DECEMBER, WE STE PPED OUT OF THE BOX AND HAD A WORKSHOP ABOUT COMMUNITY OUTREACH AND ENGAGEMENT (HOSTED BY UNH COOPERATIVE EXTENSION)

990 Schedule O, Supplemental Information

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 HE ALTH AND VITALITY OF THE COMMUNITY IS BY RECOGNIZING OUTSTANDING EXAMPLES OF PROJECTS RIGH T HERE IN THE GRANITE STATE THAT HAVE HAD OR CAN HAVE A POSITIVE IMPACT THE ANNUAL MERIT AWARDS RECOGNIZED OUTSTANDING EXAMPLES OF SUSTAINABLE PLANNING, DESIGN, AND/OR DEVELOPMENT THAT INCLUDED SOCIAL RESPONSIBILITY AND COLLABORATION THE 2016 HONOREES INCLUDED O 3S A RTSPACE IN PORTSMOUTH O UNIVERSITY EDGE IN DURHAM O THE FAMILY PLACE RESOURCE CENTER AND S HELTER, MANCHESTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	PLAN NH MAINTAINS WEBSITES THAT PROMOTE AND INTRODUCE PROGRAMS AND ACTIVITIES ACROSS THE S TATE THAT RELATE TO NEW HAMPSHIRE'S BUILT ENVIRONMENT IN PARTNERSHIP WITH THE NH HOUSING FINANCE AUTHORITY (NH HOUSING), PLAN NH IS DEVELOPING A DATABASE OF EXAMPLES THAT SHOW WHA T DENSITY DOES AND COULD LOOK LIKE RIGHT HERE IN THE GRANITE STATE THIS WILL BE USEFUL FO R PLANNERS, DEVELOPERS, AND MUNICIPALITIES AS THEY PLAN FOR THE NEW FUTURE WE ARE LIVING I NTO NEW HAMPSHIRE HOUSING APPROACHED PLAN NH WITH A PROPOSAL TO FUND A MUNICIPAL TECHNICA L ASSISTANCE GRANT PROGRAM, WHICH WE WOULD ADMINISTER THE PURPOSE OF THE PROGRAM IS TO PR OVIDE FUNDING TO MUNICIPALITIES WHO WISH TO CREATE OR REVISE THEIR ZONING ORDINANCES TO MA KE THEM MORE "HOUSING FRIENDLY " THE BOARD AGREED AND AN ADVISORY BOARD, MADE UP OF REPRES ENTATIVES FROM KEY RELATED ORGANIZATIONS AROUND THE STATE, MET FOR THE FIRST TIME IN NOVEM BER THE PROGRAM LAUNCHED JANUARY 1, 2016 AND FOUR GRANTS WERE AWARDED BOSCAWEN, FRANCONI A, HINSDALE AND PETERBOROUGH CONTRACTS WERE AWARDED IN JUNE, AND THEIR WORK BEGAN ALMOST IMMEDIATELY A CRITICAL PART OF FULFILLING OUR MISSION IS TO RECOGNIZE STUDENTS FROM NH WH O 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, ENGINEERIN G, LANDSCAPE ARCHITECTURE AND/OR OTHER FIELDS RELATED TO OUR MISSION IN ACCREDITED SCHOOLS ACROSS THE COUNTRY THE ANNUAL GOLF EVENT WAS HELD AT THE PEASE GOLF COURSE IN PORTSMOUTH APPROXIMATELY 100 PLAYERS REGISTERED IN SUPPORT OF PLAN NH AND OUR SCHOLARSHIP PROGRAM OVER 100 INDIVIDUALS AND/OR COMPANIES DONATED TIME, TALENT, AND/OR TREASURE TO PLAN NH COM MITTEES, PROGRAMS, EVENTS AND MORE EXECUTIVE DIRECTOR ROBIN LEBLANC CONTINUED HER PARTICI PATION IN THE COALITION FOR HEALTHY AGING, WHICH BECAME THE NH ALLIANCE FOR HEALTHY AGING SHE CONTINUED HER PARTICIPATION IN THE ZONING AND HOUSING WORKGROUP, AND BECAME A MEMBER OF THE NEWLY-FORMED STEERING COMMITTEE