

Confirmation

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Organization Details

Contact Information

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** WHEELER MEMORIAL CHAPEL TR
- **EIN:** 597230898
- **Tax Year:** 2020
- **Tax Year Start Date:** 01-01-2020
- **Tax Year End Date:** 12-31-2020
- **Submission ID:** 10065520210674394303
- **Filing Status Date:** 03-08-2021
- **Filing Status:** Accepted

[← MANAGE FORM 990-N SUBMISSIONS](#)

Submission Confirmation

Form NHCT12, Annual Report

05/11/2021 Alternate Identifier Wheeler Memorial Chapel Trust
Submission HP8-MSHS-8JBA5 Revision 1 Form Version 1.21

Payment Complete

Submission Fees

Filing Fee	\$75.00
Amount Paid Online	-\$75.00

Total Due \$0.00

The maximum fee was assessed.

The State of New Hampshire

List of Real Estate on which Exemption is Claimed

Pursuant to RSA 72:23-c

This form must be completed and filed annually on or before April 15. The **ORIGINAL** list must be filed with the selectmen (assessors) of the municipality in which such real estate property is taxable. A **DUPLICATE** copy should be retained by the applicant. Failure to file this list may result in denial of the exemption.

This is to certify that the information contained in the following responses is true and correct to the best of my knowledge and belief and that I am duly authorized to sign on behalf of the applicant organization.

Date: 3/8/21

Signed by: Sharp, David B
NAME & TITLE

Digitally signed by Sharp, David B
Date: 2021.03.08 08:30:00 -05'00'

1. Name of applicant organization: Wheeler Chapel Memorial Trust
(OWNER OF PROPERTY OR PRINCIPAL OCCUPANT – CIRCLE ONE OR BOTH)

2. Mailing address and telephone number: 590 Daniel Webster Highway, PO Box 194, Merrimack, NH 03054
603 562 5315

3. In what municipality is this exemption claimed? Merrimack, NH

4. Under which section is applicant requesting exemption: (An organization may not claim multiple exemptions under separate provisions of RSA 72:23)

RSA 72:23, III (religious) RSA 72:23, IV (educational) RSA 72:23, V (charitable)

(Form A-12 must also be filed, if applicant is requesting exemption as a charitable organization.)

5. Is the applicant organization organized or incorporated in New Hampshire (Yes No)

Does it have a principal place of business in this state (Yes No). If yes, where:

590 Daniel Webster Highway, PO Box 194, Merrimack, NH 03054
ADDRESS TELEPHONE NUMBER

6. State general purpose for which applicant is organized or incorporated: Christian worship pursuant to the faith and cannons
of the Episcopal Church, including providing outreach to the community, Quidesh Family Church and Alcoholics Anonymous support groups

7. If applicant is requesting exemption as a charitable organization under RSA 72:23, V:

(a) What service of public good or welfare is provided? Religious worship and outreach, AAA Meetings, Musical Recitals

(b) Who are the beneficiaries of this service? Residents of Merrimack and surrounding individuals in the community

(c) Is there a charge for this service? No If yes, explain _____

(d) For what purpose is any income used? Received funds are used to pay for utilities, maintenance and general upkeep to the building.

8. If the applicant is a religious organization, is it a regularly recognized and constituted denomination, creed or sect? _____
If so, give its generally recognized name _____

9. State whether the applicant has been granted exemption from taxation by special act of the legislature since May 7, 1913. No

If so, give date. _____

10. Did the municipality where the applicant claims exemption vote prior to April 1, 1958 to grant exemption on property not specifically exempted by Chapter 72 RSA as amended by Chapter 202 of the Laws of 1957? No

If so, what is the total amount of the exemption voted? _____

11. List real estate and personal property on which exemption is claimed for this municipality and the purpose of which each item is used. Itemize each building or tract of land separately indicating the approximate area or percentage used for exempt purposes. (See example)

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
60-1-25	Wheeler Memorial Chapel	Episcopal worship and outreach, religious reflections and counselling	Year round and is open daily
60-1-25	Wheeler Memorial Chapel	Quodesh Family Church bible study and choir practice	Year round and is open daily
60-1-25	Wheeler Memorial Chapel	AA Support Groups - 3 times a week	
60-1-25	Wheeler Memorial Chapel	bible study, senior citizen support group	Merrimack Community Chorus / Band Rehearsals

EXAMPLE:

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
25/6	5 acres of land	Continual support of Smith & Jones bldgs.	
25/6	Smith house	25% science teacher's apt 75% dormitory (18 students)	4-H for 6 wks.
25/6	Jones Bldg.	40% apt. rent to public 50% student assemble room 10% school nurse's office	Rented to town 4-5 times/yr.
35/2	Brown lot-28 acres	Camping and hiking by scouts; 150/yr. for 2 wk. period	Logging

The State of New Hampshire

CHARITABLE ORGANIZATION FINANCIAL STATEMENT

Pursuant to RSA 72:23, VI, every charitable organization or society must file a statement of its financial condition with the municipality in which the property is located. This statement is due annually, before June 1. In compliance with this statute, please complete and return this form with attachments, if necessary, to the municipality.

For Fiscal Year _____ to _____

- 1. In what municipality is this exemption claimed? _____
- 2. Name of Organization or Society _____
- 3. Name(s) and Address(es) of the Principal Officers:

- 4. Internal Revenue Service Identification Number: _____
- 5. Date of Registration or Incorporation with the N.H. Secretary of State:

- 6. Attach financial statement or best evidence available of the organization's source of income and expenditures in the preceding fiscal year.
- 7. If the organization or society files INTERNAL REVENUE SERVICE FORM 990, or other similar non-profit informational return, please enclose a copy.

(Treasurer, _____ Signature: _____ or Principal Officer)

Send Original form and accompanying information to local assessing officials.
A duplicate copy should be retained by Property Owner.