

Office of the New Hampshire Attorney General - Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397

ANNUAL REPORT CERTIFICATE

**DON'T FORGET TO ATTACH:**

☒ NH APPENDIX (conflicts of interest) ☒ FILING FEE (\$75) ☒ DIRECTOR LIST (name, street address, telephone)

One of the following: ☒ NHCT-2A ☐ IRS Form 990 ☐ 990-EZ or ☐ 990-PF.  
☐ probate account (for testamentary trusts)

Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs)

Are your revenues over \$1,000,000? If yes, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

Dayna Brunelli Memorial Scholarship		December 2017	
Organization Name		Fiscal Year End	
Michael Brunelli		30405	
In Care of		NH Registration #	
60 Morgen Drive	Auburn	NH	03032
Address	City	State	Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Michael Brunelli TTEE  
Signature of  
PRESIDENT, TREASURER OR TRUSTEE

4/27/18  
Date

Michael Brunelli  
(Print or Type) Name of Officer/Trustee

Trustee  
Title

**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF NH  
COUNTY OF Hillsborough

Signed and sworn to (or affirmed) before me on the 27 day of April, 2018 by the above-named officer or trustee.

My Commission Expires:  
[Seal]

Abby T. Dawson  
Notary Public

**ABBY T. DAWSON, Notary Public**  
My Commission Expires July 19, 2020



OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
33 Capitol Street  
Concord, NH 03301-6397

*Register of Charitable Trusts*

*Form NHCT-2A*

**ANNUAL REPORT**

For the calendar year 2017  
and ending \_\_\_\_\_

or fiscal year beginning \_\_\_\_\_  
Registration number 30405

NAME OF ORGANIZATION: Dayna Brunelli Memorial Scholarship

ADDRESS: 60 Morgen Drive, Auburn, NH 03032

*Please make name/address corrections here:*

A) Employer or Federal ID Number: 81-3407677

D) Tax exempt under section 501 (c) (3): check here if application for exemption is pending ( )

G) Group return filed for affiliates? Yes \_\_\_\_\_ No X

Separate return filed by group affiliate? Yes \_\_\_\_\_ No X

**PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN  
FUND BALANCES:**

**Support and Revenue**

1) Contributions, gifts, grants ..... \$ 6,949  
2) Program service revenue (see part V). .....  
3) Membership dues and assessments. ....  
4) Interest on savings and cash investments. ....  
5) Dividends and interest from securities. ....  
9) Special fundraising events and activities  
(Attach schedule, see instructions #6)  
a) Gross revenue. .... \$ 28,746  
b) Minus: direct expenses. .... 15,290  
c) Net income (line 9a minus line 9b). .... 13,456  
11) Other revenue (see part V). .....  
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11. .... 20,405

**Expenses**

13) Program services (program service charities only) (see Part III). .... 3,775  
14) Management and general (see line 44). .... 25  
17) Total expenses (add lines 13 and 14). .... 3,800

**Fund Balances     Lines 18 Through 21 Must Be Completed**

18) Excess (deficit) for the year (line 12 minus line 17). .... 16,605  
19) Fund balances or net worth at the beginning of the year..(see line 75). .... 21,341  
20) Other changes in net assets or fund balance. ....  
(ATTACH EXPLANATION)  
21) Fund balances or net worth at end of year (add lines 18 and 19)(see also line 75) 37,946

Organization Name: Dayna Brunelli Memorial Scholarship

**PART II STATEMENT OF FUNCTIONAL EXPENSES**

- 22) Grants and allocations (ATTACH SCHEDULE).....  
23) Specific assistance to individuals.....  
24) Benefits paid to or for members.....  
25) Compensation of officers, directors, etc.....  
26) Other salaries and wages.....  
27) Pension plan contributions.....  
28) Other employee benefits.....  
29) Payroll taxes.....  
30) Professional fundraising fees.....  
31) Accounting fees.....  
32) Legal fees..... 25  
33) Supplies.....  
34) Telephone.....  
35) Postage and shipping.....  
36) Occupancy.....  
37) Equipment rental and maintenance.....  
38) Printing and publications.....  
39) Travel.....  
40) Conferences, conventions, meetings.....  
41) Interest.....  
42) Depreciation (attach schedule).....  
43) Other expenses (itemized):  
a).....  
b).....  
c).....  
d).....  
e).....  
44) Total functional expenses (enter on line 14)..... 25

**Organization Name:** Dayna Brunelli Memorial Scholarship

**PART III STATEMENT OF PROGRAM SERVICES RENDERED** (program service charities only)

DESCRIPTION	EXPENSES
a) <u>Contribution to "Auburn Dollars for Scholars" scholarship</u> _____ _____ _____	\$ <u>1,000</u>
b) <u>Contribution to "Palace Theatre" scholarship</u> _____ _____ _____	\$ <u>1,500</u>
c) <u>Contribution to "Palace Theatre" summer camp</u> _____ _____ _____	\$ <u>1,275</u>
 <b>TOTAL - MUST EQUAL LINE 13</b>	 \$ <u>3,775</u>



**Organization Name:** Dayna Brunelli Memorial Scholarship

***PART IV OFFICERS AND DIRECTORS***

**List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.**

**Name** Michael Brunelli  
**Home Address** 60 Morgen Drive, Auburn, NH 03032  
**Position Held** Trustee  
**Daytime Phone** 603-490-9552

**Name** Brenda Brunelli  
**Home Address** 60 Morgen Drive, Auburn, NH 03032  
**Position Held** Trustee  
**Daytime Phone** 603-370-0493

**Name** Christopher Brunelli  
**Home Address** 60 Morgen Drive, Auburn, NH 03032  
**Position Held** Trustee  
**Daytime Phone** 603-490-9863

**Name** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**Position Held** \_\_\_\_\_  
**Daytime Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**Position Held** \_\_\_\_\_  
**Daytime Phone** \_\_\_\_\_

**Attach sheet if additional space is required.**

Organization Name: Dayna Brunelli Memorial Scholarship

**PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE** (State nature)  
(Program service charities only)

	<u>Program Service</u>	<u>Other</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

**PART VI BALANCE SHEETS**

	<u>Beginning of Year</u>	<u>End of Year</u>
<b>Assets</b>		
45) Cash - non interest bearing	21,341	2,820
46) Savings and cash investments	_____	35,126
47) Accounts receivable	_____	_____
48) Pledges receivable	_____	_____
49) Grants receivable	_____	_____
50) Receivables due from Officers, Directors, etc.	_____	_____
51) Other notes and loans receivable	_____	_____
52) Inventories for sale or use	_____	_____
53) Prepaid	_____	_____
54) Investments - securities	_____	_____
55) Investments - real estate	_____	_____
56) Investments - other	_____	_____
58) Other assets	_____	_____
59) Total assets (add lines 45 through 58)	_____	37,946
<b>Liabilities</b>		
60) Accounts payable	_____	_____
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	_____	_____
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	21,341	37,946

**NOTE: PLEASE BE SURE TO SIGN THE ANNUAL REPORT CERTIFICATE BEFORE  
A NOTARY PUBLIC AND RETURN THE CERTIFICATE AND REPORT TO:**

Office of the Attorney General, Charitable Trusts Unit, 33 Capitol St., Concord, NH 03301-6397

**FAILURE TO FILE ANNUAL FINANCIAL REPORTS WITH THE DEPARTMENT OF JUSTICE IN A  
TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES  
OF UP TO \$10,000.00 FOR EACH VIOLATION (RSA 7:28-f II (d))**

Dayna Brunelli Memorial Scholarship  
Attachment to Form NHCT-2A  
Line 9: Special Fundraising Events and Activities  
12/31/17

NH #30405

	<u>Golf Tournament</u>
Gross receipts	\$ 28,746
Less: Contributions	-
Gross income	<u>\$ 28,746</u>
Cash prizes	\$ -
Noncash prizes	-
Rent/facility costs	10,292
Food and beverages	3,213
Entertainment	-
Other direct expenses	1,785
Direct expense summary	<u>\$ 15,290</u>
Net income summary	<u>\$ 13,456</u>

33 Capitol Street, Concord, NH 03301-6397

**MUST BE COMPLETED**

## APPENDIX TO ANNUAL REPORT

Name of Organization: Dayna Brunelli Memorial Scholarship

1. Is there currently a conflict of interest policy in effect? Yes X No         
**A Conflict of Interest Policy is required by law. (see RSA 7:19, II)**

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): \_\_\_\_\_

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a)
- Yes                      No ☒ X

If Yes, complete the following:

- A. Was any real estate transaction involved? Yes            No

- B. Was a loan made to any director, officer or trustee? Yes            No

- C. Was a pecuniary benefit paid in excess of \$500? Yes No

**If Yes, attach copy of Meeting Minutes.**

- D. Was a pecuniary benefit paid in excess of \$5,000? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, attach a copy of each of the following:**

- Public Notice made pursuant to RSA 7:19-a, II (d)
- Meeting Minutes
- Employment Contract

- E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

**NOTE:** The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.