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

ANNUAL REPORT CERTIFICATE

	145-10-10-10-10-10-10-10-10-10-10-10-10-10-	
DON'T FORGET TO ATTACH:		
■ NH APPENDIX (conflicts of interest) ■ FILING	G FEE (\$75) 🔳 DIRECTOR LIST	(name, street address, telephone)
One of the following: NHCT-2A IRS I probate account (for	Form 990 990-EZ or 990 testamentary trusts))-PF.
Are your revenues over \$500,000? If yes, incluAre your revenues over \$1,000,000? If yes, inc	de GAAP financial statement pl lude audited financial statement	us 990 (not for 990-PFs) plus 990 (not for 990-PFs)
ANNUAL FILING FEE: \$75.00 Make check pay	vable to: State of New Hampshire	,
Dayna Brunelli Memorial Scholarship	December 201	8
	Fiscal Year End	
Organization Name Michael Brunelli	30405	
In Care of	NH Registration	n #
	NH	03032
60 Morgen Drive Auburn Address City	State	Zip
including all attachments, and to the best of my k Signature of PRESIDENT, TREASURER OR TRUSTEE Mic hae Franch (Print or Type) Name of Officer/Trustee	3/23/19 Date Trustee Title	
THE SIGNATURE OF THE EXECUTIVE D does not have the office of "President" or "Treas	DIRECTOR IS NOT ACCEPTA surer", attach an explanation of the	ABLE. (If the organization ne signer's authority)
STATE OF New Herrshire COUNTY OF (Allsborough		
Signed and sworn to (or affirmed) before	e me on the 33 day of Mevc	λ , 20 19 by the above-
named officer or trustee.		
The state of the s	61.0	
My Commission Expires:	Notary Public	ush
[Seal]	Notary Public	
ABBY T. DAWSON, Notary My Commission Expires July ABBY T. DAWSON	y Public 7 19, 202?	

My Commission Expires July ...

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 2018 or fiscal year beginning Registration number 30405	
and Chang	
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) Tay exempt under section 501 (c) (3): check here it application for exemption is	pending ()
G) Group return filed for affiliates? Yes No_X	
G) Group return filed for affiliates? Yes No_X	
PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CH. FUND BALANCES: Support and Revenue	
1) Contributions gifts grants	
2) Dycarom sorvice revenue (see part V)	
2) Mambayship dues and assessments	
4) Interest on servings and each investments	
5) Dividends and interest from securities	
9) Special fundraising events and activities	
(Attach schodule see instructions #6)	
a) Gross revenue	
b) Minus: direct expenses	13,284
c) Net income (line 9a minus line 9b)	
11) Other revenue (see part V).	17,312
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11	
Expenses (coa Port III)	5,250
13) Program services (program service charities only) (see Part III)	
14) Management and general (see line 44)	6,175
17) Total expenses (add lines 13 and 14)	
Fund Balances Lines 18 Through 21 Must Be Completed	11,137
18) Excess (deficit) for the year (line 12 minus line 17)	
19) Fund balances or net worth at the <u>beginning</u> of the year(see line 75)	
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)	49,083
71) Fund halances or net worth at the Ot year (and thies to and 1) (see this)	

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Organization Name: Dayna Brunelli Memorial Scholarship

PART II STATEMENT OF FUNCTIONAL EXPENSES

22) Grants and allocations (AT	TACH SCHEDULE)	
2) Specific aggistance to individ	duals	
A) Donafita paid to or for mem	hers	
of Commention of officers d	lirectors etc	
Other salawing and wages		
D. D. siam mlan contributions		
an Oil lorge handite		
20) Daywell toyes		
20) D. C. raismal fundraising fee	AC	
ad t food		
24) T 1 f		
22) Cline		
2 () (T) 1 1		
are real distributions		
200		
and I t wantal and mail	intenance	
20) Dutating and publications		
- 0) 77		
10) C. f. war and conventions	meetings	
14\ T / /		
42) Depreciation (attach sched	dule)	
(1 : 1)		
d)		
44) T-4-1 functional avnances	(enter on line 14)	930
44) Total functional expenses	CHIVE OF THE PROPERTY AND	

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PART III STATEMENT OF PROGRAM SERVICES RENDEREL DESCRIPTION	(program service charities only		
a) Contribution to "Auburn Dollars for Scholars" scholarship	\$1,500		
b) Contribution to "Palace Theatre" summer camp	\$3,750		
c)	\$		
TOTAL - MUST EQUAL LINE 13	\$5,250		

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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
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
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

Position Held

Attach sheet if additional space is required.

Home Address____

Daytime Phone_____

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Organization Name: Dayna Brunelli Memorial Scholarship PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE (State nature) (Program service charities only) Other **Program Service** c) PART VI BALANCE SHEETS End of Year Beginning of Year Assets 18.954 2,820 45) Cash - non interest bearing 30,129 35,126 46) Savings and cash investments 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 49.083 37,946 59) Total assets (add lines 45 through 58) Liabilities 60) Accounts payable

61) Grants payable

65) Other liabilities

63) Loans from officers, directors, etc.

66) Total liabilities (add lines 60 through 65)

75) Net worth (assets, line 59, minus liabilities, line 66)

64) Mortgages/notes payable

Fund Balances or Net Worth

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

37,946

49.083

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))

Line 75 Must Be Completed

Dayna Brunelli Memorial Scholarship Attachment to Form NHCT-2A Line 9: Special Fundraising Events and Activities 12/31/18

	Golf Tournament	
Gross receipts	\$	26,852
Less: Contributions		-
Gross income	\$	26,852
Cash prizes	\$	-
Noncash prizes		-
Rent/facility costs		8,933
Food and beverages		3,087
Entertainment		-
Other direct expenses		1,548
Direct expense summary	\$	13,568
Net income summary	\$	13,284

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OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL CHARITABLE TRUSTS UNIT

33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

APPENDIX TO ANNUAL REPORT			
Name of Organization: Dayna Brunelli Memorial Scholarship			
 Is there currently a conflict of interest policy in effect? A Conflict of Interest Policy is required by law. (see RSA 7: 	Yes_X	No	
If No, please provide explanation for not adopting a Confl 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? If Yes, attach copy of Meeting Minutes.	Yes	No	
 D. Was a pecuniary benefit paid in excess of \$5,000? 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 	Yes	No	
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. Amended 3/15/2013			