

THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY  
ATTORNEY GENERAL

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 4/1/2021 to 3/31/2022

AG Account #: 016465 Federal ID #: 04-2794047

Electronic Payment Confirmation #: 350032  
*Attach printout of electronic payment confirmation.*

Electronic Payment Date: 12/16/2022

When did the organization first engage in charitable work in Massachusetts? 4/2/1982

Has the organization applied for or been granted IRS tax exempt status?  Yes  No

If yes, date of application OR date of determination letter: 4/2/1982

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?  Yes  No

Check all items attached (if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

## Organization Data

Name: MY BROTHER'S TABLE, INC.

Mailing Address: 98 WILLOW STREET

City: LYNN State: MA Zip: 01901-1109

Phone Number: (781) 595-3224 Fax Number: (781) 595-3224

Email: info@mybrotherstable.org Website: www.mybrotherstable.org

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>5</u>	Organization Purpose Code 1	<u>21</u>
Type of Organization (Table 2)	<u>11</u>	Organization Purpose Code 2	<u>47</u>

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

1. On what date was the organization created? 4/2/1982

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>
Inter Vivos Trust	<input type="checkbox"/>

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes  No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	2,308,125
B.	Gross support and revenue	2,433,111
C.	Program services and similar amounts paid out	1,983,912
D.	Fundraising expenses	80,386
E.	Management and general expenses	158,339
F.	Payments to affiliates	0
G.	Total expenses	2,222,637
H.	Net assets or fund balances at the end of the year	2,610,923

6. List the total compensation you provided to your five highest paid employees:

Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1. DIANNE KUZIA HILLS EXEC DIR	40	102,601	28,876	
2. MEREDITH L. NASH OPS MGR	40	71,537	11,197	
3. JOANNE M. CHAMPA COMM ASST	28	29,443	0	0
4. DAENOR C. LINTON DOORPERSON	32	28,785	9,051	0
5. JASON E. BARKER DOORPERSON	28	24,347	74	0

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes  No

10. What is the organization's accounting method?  Cash  Accrual  Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address: \_\_\_\_\_

12. Contact Person Name: DIANNE KUZIA HILLS  
 Street Address: 98 WILLOW STREET  
 City: LYNN State: MA Zip Code: 01901  
 Phone Number: (781) 595-3224

Bank	Address	Phone Number
EASTERN BANK	270 UNION STREET LYNN, MA 01901	781-599-2100
SALEM 5 BANK	35 BOSTON STREET LYNN, MA 01901	(800) 850-5000

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Name/Title	Amount of Compensation	Type(s) of Service
1. BJHC PC CPAs	11,666	AUDIT, TAX, CONSULTING
2. NORTH SHORE BOOKKEEPERS	8,650	PAYROLL AND BOOKKEEPING
3. MARYANNE PULASKI	19,193	DEVELOPMENT
4. KJP PARTNERS, LLP	8,389	REAL ESTATE LAW
5. GEO ENGINEERS, USA	6,333	ENVIRO CONSULTING

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  
 Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  
**If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.**  
 Yes  No

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

<input type="checkbox"/>	a religious organization
<input type="checkbox"/>	an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.  
 NONE

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.  
 SEE ATTACHED FORM 990

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for custody of funds; fundraising; and custody of financial records.  
 SEE ATTACHED SCHEDULE

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  
 If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.  
 Yes  No

20. Has this organization or any of its officers, directors, or employees: MY BROTHER'S TABLE, INC.  
04-2794047  
If yes, please attach an explanation.
- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes  No
21. Have any restrictions been removed during the year from donor-restricted funds? If yes, please attach an explanation.  
Yes  No
22. Have donor-restricted funds been loaned to unrestricted funds? If yes, please attach an explanation.  
Yes  No
23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.
- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes  No
- If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B.	Has your organization leased assets to or leased assets from a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C.	Has your organization been indebted to a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D.	Has your organization allowed a related party to be indebted to it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E.	Has your organization made or held an investment in a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I.	Has your organization transferred income or assets to or for use by a related party?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: MariSSa Walsh Date: 2/2/23

Printed Name: MARISSA WALSH

Title: PRESIDENT

Name of Preparer: BJHC, PC

Address: 15 MAIN STREET

City: TOPSFIELD State: MA Zip Code: 01983-1842

Phone Number: (978) 887-2220

**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

04-2794047

MY BROTHER'S TABLE, INC.

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

THE TABLE

Types of solicitation activities in which you expect to engage (check all that apply):

<input checked="" type="checkbox"/>	Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet
<input type="checkbox"/>	Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event
<input checked="" type="checkbox"/>	Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
<input type="checkbox"/>	Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings
<input checked="" type="checkbox"/>	Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations
<input checked="" type="checkbox"/>	Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

<input checked="" type="checkbox"/>	Professional solicitor*	<input type="checkbox"/>	Own employees
<input checked="" type="checkbox"/>	Professional fundraising counsel*	<input type="checkbox"/>	Volunteers
<input type="checkbox"/>	Commercial co-venturer*	<input type="checkbox"/>	

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



### Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: JASON SIDMAN  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Name and Title: JASON LEVINE  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Name and Title: DIANNE KUZIA HILLS  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: JASON SIDMAN  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Name and Title: TRESURER  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Name and Title: DIANNE KUZIA HILLS  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

Name and Title: EXEC DIR  
 Address 98 WILLOW STREET  
 City LYNN State MA Zip Code 01901

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

Identify the method or methods you expect to use for the fundraising (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Types of solicitation activities in which you expect to engage (check all that apply):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE TABLE

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

**Schedule A-2**

MY BROTHERS TABLE, INC.

04-2794047

Schedule A-2 ctd.  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: MARISSA WALSH  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
PRESIDENT

Name and Title: JEFF BEZANSON  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
TREASURER

Name and Title: DIANNE KUZIA HILLS  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
EXEC DIR

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: MARISSA WALSH  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
PRESIDENT

Name and Title: JEFF BEZANSON  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
TREASURER

Name and Title: DIANNE KUZIA HILLS  
Address: 98 WILLOW STREET  
City: LYNN State: MA Zip Code: 01901  
EXEC DIR

Title: TREASURER

Printed Name: JEFF BEZANSON

Signature:

Date:

2/5/23

Title: PRESIDENT

Printed Name: MARISSA WALSH

Signature:

Marissa Walsh

Date:

2/2/23

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Certification by Organization

**MY BROTHER'S TABLE, INC.**

**FORM PC ATTACHMENT**

**FOR THE YEAR ENDED MARCH 31, 2022**

**FEIN 04-2794047 ATTORNEY GENERAL # 016465**

**17. See attached Board of Directors listing**

**18. Individuals responsible for custody of funds:**

MA 01901-1109	Lynn	98 Willow Street	Dianne Kuzia Hills	Executive Director
MA 01901-1109	Lynn	98 Willow Street	Jeff Bezanon	Treasurer
MA 01901-1109	Lynn	98 Willow Street	Marissa Walsh	President

**Individuals responsible for distribution of funds:**

MA 01901-1109	Lynn	98 Willow Street	Dianne Kuzia Hills	Executive Director
MA 01901-1109	Lynn	98 Willow Street	Jeff Bezanon	Treasurer
MA 01901-1109	Lynn	98 Willow Street	Marissa Walsh	President

**Individual responsible for fundraising:**

MA 01901-1109	Lynn	98 Willow Street	Dianne Kuzia Hills	Executive Director
MA 01901-1109	Lynn	98 Willow Street	MaryAnne Pulaski	Fundraiser

**Individuals responsible for financial records:**

MA 01901-1109	Lynn	98 Willow Street	Dianne Kuzia Hills	Executive Director
MA 01901-1109	Lynn	98 Willow Street	Jeff Bezanon	Treasurer
MA 01901-1109	Lynn	98 Willow Street	Linda Cardile	North Shore Bookkeepers

**Individuals authorized to sign checks:**

MA 01901-1109	Lynn	98 Willow Street	Jeff Bezanon	Treasurer
MA 01901-1109	Lynn	98 Willow Street	Marissa Walsh	President
MA 01901-1109	Lynn	98 Willow Street	Dianne Kuzia Hills	Executive Director

-----Original Message-----

From: BillMatrixNext.Support@Fiserv.com

[mailto:BillMatrixNext.Support@Fiserv.com]

Sent: Friday, December 16, 2022 4:27 PM

To: dianne@mybrotherstable.org

Subject: Office of the Attorney General Authorized Payment Confirmation

This is an electronically generated acknowledgement of your payment to Office of the Attorney General 5. \$1,000,001 to \$10 million. Please print this message or save it on your computer for future reference.

Here is your payment information:

AG Number: 016465

Tax Year: 2021

Payment Date/Time: 12/16/2022 4:25:24 PM (ET)

Payment Amount: \$500.00

Method of Payment: Checking

Bank Account Number: \*\*\*\*6731

Bank Routing Number: 211370558

Name On Account: My Brother's Table Inc

Payment Reference Number: 350032

Note: In most cases, your bank account will be debited in one to two business days.

Return of Organization Exempt From Income Tax

Under section 501(c)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection 2021

Department of the Treasury Internal Revenue Service

Part I Summary: Form of organization: Corporation, Website: www.mybrotherstable.org, Tax-exempt status: 501(c)(3), Name and address of principal officer: JASON LEVINE, 98 WILLOW STREET, LYNN, MA 01901

Part II Signature Block: Table with columns for Net Assets or Fund Balances, Expenses, Revenue, and Activities & Governance. Includes rows for Total assets, Total liabilities, Total revenue, and various expense categories.

Sign Here: Signature of officer JASON LEVINE, TREASURER, dated 11/09/2022. Preparer: Timothy F. Hagan, CPA, dated 12/19/2022.

Use Only: Firm's name: BERNARD, JOHNSON & COMPANY, P.C., Firm's address: 15 MAIN STREET, TOPSFIELD, MA 01983, Phone no. (978) 887-2220

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO NOURISH OUR COMMUNITY EVERY DAY THROUGH HOSPITALITY, FREE MEALS AND UNCONDITIONAL LOVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,842,270. Including grants of \$ 0.) (Revenue \$ 2,352,043.) HUNGER RESOURCES PROGRAM - PROVIDES DAILY MEALS TO HUNGRY, WIC EDUCATION AND INFANT FORMULA, NUTRITION EDUCATION, FOOD STAMP ASSISTANCE, MEALS TO THOSE CONFINED TO HOMES AND THOSE INCARCERATED, FREE MEDICAL CLINIC, AND ART THERAPY. SERVED 918,381 MEALS IN 2021.

4b (Code: ) (Expenses \$ 72,572. Including grants of \$ 0.) (Revenue \$ 0.) VOLUNTEER PROGRAM - PLANS AND COORDINATES APPROXIMATELY 25 INDIVIDUALS/DAY FOR PREPARING, CATERING OR CLEAN-UP IN CONJUNCTION WITH THE HUNGER RESOURCES PROGRAM. PROVIDES SUPERVISED PLACEMENTS FOR INDIVIDUALS IN COURT-ORDERED OR SCHOOL COMMUNITY SERVICE. PROVIDES JOB TRAINING EXPERIENCE. SPONSORS SERVESAFE CERTIFICATION FOR COMMUNITY SERVICE PARTICIPANTS.

4c (Code: ) (Expenses \$ 69,070. Including grants of \$ 0.) (Revenue \$ 0.) ADVOCACY PROGRAM - WORKS WITH AREA SOCIAL SERVICE AGENCIES AND COMMUNITY DEVELOPMENT ON STRATEGIES FOR HEALTH CARE, HOUSING AND EMPLOYMENT, AND LEGAL SERVICES FOR AREA NEEDY AND HOMELESS. PARTICIPATES IN THE LYNN COC, LYNN NONPROFIT BUSINESS ASSOCIATION, NEW LYNN COALITION, LYNN HEALTH TASK FORCE AND LYNN HUNGER NETWORK.

4d Other program services (Describe on Schedule O.) (Expenses \$ ) (Revenue \$ )

4e Total program service expenses 1,983,912