

Office Use Only: Fiscal Year

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: 4/1/2020 to 3/31/2021

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

Electronic Payment Confirmation #: 334041  
*Attach printout of electronic payment confirmation.*

Electronic Payment Date: 11/30/2021

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)	<input type="text" value="5"/>	Organization Purpose Code 1	<input type="text" value="21"/>
Type of Organization (Table 2)	<input type="text" value="11"/>	Organization Purpose Code 2	<input type="text" value="47"/>

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

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

Other (please describe): \_\_\_\_\_

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	2,710,124
B.	Gross support and revenue	2,838,678
C.	Program services and similar amounts paid out	1,855,239
D.	Fundraising expenses	80,086
E.	Management and general expenses	121,115
F.	Payments to affiliates	0
G.	Total expenses	2,056,440
H.	Net assets or fund balances at the end of the year	2,467,687

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	114,645	26,823	0
2.	MEREDITH NASH OPS MGR	40	74,020	10,331	0
3.	JOANNE M. CHAMPA COMM ASST	28	31,424	0	0
4.	DAENOR C. LINTON DOORPERSON	35	30,655	3,813	0
5.	MELVIN LARK DOORPERSON	27	21,538	0	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

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).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BJHC PC CPAs	10,200	AUDIT, TAX, CONSULTING
2.	NORTH SHORE BOOKKEEPERS	8,750	PAYROLL AND BOOKKEEPING
3.	MARYANNE PULASKI	19,182	DEVELOPMENT
4.			
5.			

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

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
CENTURY BANK	2 STATE STREET LYNN, MA 01901	(781) 586-8700

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:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

12. Contact Person Name: DIANNE KUZIA HILLS

Street Address: 98 WILLOW STREET

City: LYNN State: MA Zip Code: 01901

Phone Number: (781) 595-3224

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?  Yes  No

***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.***

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.

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. <i>[The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]</i>	<input type="checkbox"/>

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; distribution of funds; fundraising; and custody of financial records.

SEE ATTACHED STATEMENT

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

***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.***

20. Has this organization or any of its officers, directors, or employees:

*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?  Yes  No

*If yes, please attach an explanation.*

22. Have donor-restricted funds been loaned to unrestricted funds?  Yes  No

*If yes, please attach an explanation.*

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.*

<b>During the year:</b>			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

### 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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JASON SIDMAN

Title: PRESIDENT

Name of Preparer: BERNARD, JOHNSON, HAGAN, COUTO & CO., P.C.

Address 15 MAIN STREET

City TOPSFIELD State MA Zip Code 01983

Phone Number 978-887-2220

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

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.

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Types of solicitation activities in which you expect to engage (*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 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*): \_\_\_\_\_

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

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"/>		

\* 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 PRESIDENT  
Address 98 WILLOW STREET  
City LYNN State MA Zip Code 01901

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

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

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

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

## Schedule A-2

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

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.

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Types of solicitation activities in which you expect to engage *(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 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)*: \_\_\_\_\_

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

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"/>		

\* 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-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: JASON SIDMAN PRESIDENT  
Address 98 WILLOW STREET  
City LYNN State MA Zip Code 01901

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

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

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

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

### Certification by Organization

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

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JASON SIDMAN

Title: PRESIDENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JASON LEVINE

Title: TREASURER