DLN: 93493319085259 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable EAST HARLEM MULTI SERVICE CENTER ☐ Address change 13-3263548 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 413 EAST 120TH STREET ☐ Application pending (212) 410-7707 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY $\,$ 10035 G Gross receipts \$ 781,120 Name and address of principal officer H(a) Is this a group return for RAUL RUSSI □Yes ☑No subordinates? 300 EAST 175TH STREET H(b) Are all subordinates BRONX, NY 10457 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ACACIANETWORK ORG L Year of formation 1983 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities EAST HARLEM MULTI-SERVICE CENTER PROVIDES ADMINISTRATIVE AND FACILITY MANAGEMENT SUPPORT TO ALLOW FOR THE INTERGRATION AND PROVISION OF MULTIPLE SERVICES UNDER ONE ROOF Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 739,937 713,184 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 911 8,471 67,262 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 749,319 781.120 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 417,255 308,752 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 313,909 377,503 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 731,164 686,255 19 Revenue less expenses Subtract line 18 from line 12 . 18,155 94,865 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,462,300 1,218,908 669,149 21 Total liabilities (Part X, line 26) . 1,017,421 549,759 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here MILTON DERIENZO EXECUTIVE VP/CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-14 P00223556 Paid self-employed Firm's EIN ▶ 11-3066459 Preparer Use Only Firm's address ► 3340 VETERANS MEMORIAL HWY Phone no (631) 582-1600 BOHEMIA, NY 11716 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y