EXTENDED TO NOVEMBER 15, 2024

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑΙ	For the	2023 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization CONGREGATIONS LINKED IN URBAN STRATEGY	D Employer identific	cation number
_	Addres			
H	chang Name	•	13-28340	16
	chang Initial	~		
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	return/ termin	28 WELLS AVENUE, 4TH FLOOR	914-963-	
_	ated □Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,402,332.
F	return Applic	YONKERS, NY 10/01	H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: FREDA FIACON	for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
				list. See instructions
	Websit		H(c) Group exemptio	
<u>K</u>	Form of		/ear of formation: 1975 N	M State of legal domicile: N Y
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: CLUSTER		
anc anc		ASSISTS RESIDENTS IN WESTCHESTER AND ROCKLAND		
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
Š	3		3	8
ر ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		8
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		87
ΞĒ	6	Total number of volunteers (estimate if necessary)		75
Λcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	6,702,964.	4,684,992.
nue	9	Program service revenue (Part VIII, line 2g)	2,914,988.	2,716,386.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10.	63.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-567.	891.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,617,395.	7,402,332.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,731,478.	2,380,209.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,702,660.	3,937,006.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ç	b	Total fundraising expenses (Part IX, column (D), line 25)160,471.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,050,519.	1,233,608.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,484,657.	7,550,823.
		Revenue less expenses. Subtract line 18 from line 12	132,738.	-148,491.
5	g		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,729,792.	5,500,426.
ASS	21	Total liabilities (Part X, line 26)	2,079,016.	2,998,141.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2,650,776.	2,502,285.
P	art II	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Hei	re	FREDA MACON, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	MELISSA MODELSON MELISSA MODELSON	11/14/24 self-employ	
Pre	parer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC		7-3231666
Use	Only	Firm's address 500 MAMARONECK AVENUE, SUITE 301		_
		HARRISON, NY 10528-1633	Phone no. 91	4-381-8900
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

TO EFFECT RENEWAL INC. 13-2834016 <u> Page</u> **2** Form 990 (2023) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CLUSTER COMMUNITY SERVICES ASSISTS RESIDENTS IN WESTCHESTER AND ROCKLAND COUNTIES TO BUILD A BETTER FUTURE FOR THEMSELVES AND THEIR COMMUNITIES THROUGH SERVICES SUCH AS: MENTAL HEALTH HOUSING, EVICTION AND HOMELESSNESS PREVENTION, MEDIATION, LEMON LAW ARBITRATION, Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 5,016,689. including grants of \$ 2,716,386. 1,661,580.) (Revenue \$) (Expenses \$ 4a CLUSTER'S MENTAL HEALTH RESIDENTIAL SERVICES PROGRAM IS LICENSED THROUGH NYS OFFICE OF MENTAL HEALTH. THE PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES FOR INDIVIDUALS WITH CHRONIC MENTAL ILLNESS. MANY OF THE INDIVIDUALS WE SERVE HAVE BEEN HOMELESS, INCARCERATED OR HAVE EXPERIENCED LONG TERM HOSPITALIZATION. USING A PERSON-CENTERED TRAUMA TRAUMA INFORMED APPROACH; WE PROVIDE OPPORTUNITIES TO INDIVIDUALS TO ACHIEVE THEIR LIFE GOALS. OUR CLIENTS BENEFIT FROM THIS WITH STABLE HOUSING, DECREASED HOSPITALIZATIONS AND REDUCED RECIDIVISM. 91% OF OUR SUPPORTED HOUSING PROGRAM RESIDENTS HAVE MAINTAINED INDEPENDENT HOUSING IN THE COMMUNITY FOR OVER 2 YEARS. WE PARTNER WITH THE COMMUNITY TO PROVIDE THERAPEUTIC WORKSHOPS WITH LOCAL ARTISTS, A GARDENING PROGRAM AND EXERCISE SESSIONS. TO PROMOTE WELLNESS AND RECOVERY, 705,958 including grants of \$ $427,\underline{645}$) (Revenue \$ 0. 4h) (Expenses \$ CLUSTER'S HOMELESSNESS PREVENTION SERVICES ASSIST INDIVIDUALS AND FAMILIES WHO FACE LOSING THEIR HOUSING DUE TO ILLEGAL EVICTIONS, CODE ENFORCEMENT ISSUES AND EMERGENCY DISPLACEMENTS CAUSED BY NATURAL DISASTERS. CLUSTER ALSO PROVIDES CLIENTS WITH BENEFITS ADVOCACY, COUNSELING, RENTAL ASSISTANCE AND TENANT RIGHTS EDUCATION. CLUSTER ALSO PROVIDES RE-HOUSING SERVICES FOR SINGLE INDIVIDUALS AND FAMILIES CURRENTLY LIVING IN SHELTERS. CLUSTER HAS ALSO PROVIDED FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS FOR HOUSEHOLDS IMPACTED BY THE COVID-19 PANDEMIC ENDING IN 2023/2024. CLUSTER ASSISTED MORE THAN 600 FAMILIES/INDIVIDUALS WITH DIRECT SERVICES SUCH AS BUDGETING AND COUNSELING. 538,876. including grants of \$ 278,164.) (Revenue \$ 0. 4c CLUSTER'S EVICTION PREVENTION SERVICES PROVIDE ASSISTANCE TO SINGLE INDIVIDUALS AND FAMILIES FACING EVICTION DUE TO NON-PAYMENT OF RENT AS WELL AS INTRA AND INTER-PERSONAL DISPUTES. POTENTIAL EVICTIONS HAVE BEEN EXACERBATED BY THE COVID-19 PANDEMIC, WHICH HAS BEEN THE FOCAL POINT OF OUR DIRECT SERVICE SINCE 2020. CLUSTER CASE MANAGERS PROVIDE ON-SITE ASSISTANCE TO CLIENTS IN DEPARTMENT OF SOCIAL SERVICES (DSS) DISTRICT OFFICES IN YONKERS AND MT. VERNON, AND IN OUR MAIN OFFICE LOCATED IN YONKERS, NY. AS PART OF OUR OVERALL ASSESSMENT, CASE MANAGERS PROVIDE DETAILED BUDGET REVIEWS, FINANCIAL COUNSELING AND NEGOTIATE AGREEMENTS BETWEEN LANDLORDS AND TENANTS TO PREVENT CLIENTS FROM BECOMING HOMELESS. IN 2023, CLUSTER PROVIDED FUNDS TO HALT EVICTIONS FOR MORE THAN 150 SINGLE INDIVIDUALS AND FAMILIES. Other program services (Describe on Schedule O.) 348,916. including grants of \$ 0.) 12,820.) (Revenue \$ 6,610,439. Form 990 (2023)

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2023)

TO EFFECT RENEWAL, INC.

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a		X
14a		144		21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2023) TO EFFECT RENEWAL,

Part IV | Checklist of Required Schedules (continued) TO EFFECT RENEWAL, INC.

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	Continued)		T.,	T
00	Did the annual of the second o		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	Λ	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\wedge}{\vdash}$
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,7
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	4 12-21-23	Form	330	(2023)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. Form **990** (2023)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	3					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1					
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5					
а	The governing body?	8a	х				
h	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00					
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-					
	(This Section B requests information about policies not required by the internal nevertibe Gode.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	BARBARA BRILL - 914-963-6440						
	28 WELLS AVENUE, 4TH FLOOR, YONKERS, NY 10701						

TO EFFECT RENEWAL, INC. 13-2834016 <u> Page</u> **7** Form 990 (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do		Pos		than o	nne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 5		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) FREDA MACON	35.00									
EXECUTIVE DIRECTOR				Х				133,227.	0.	31,838.
(2) KRISTINA YAMIN	35.00									
FORMER EXECUTIVE DIRECTOR							Х	134,940.	0.	20,477.
(3) TAJAE GAYNOR	35.00									
DEPUTY EXECUTIVE DIRECTOR						X		107,000.	0.	2,069.
(4) VICTORIA HUDGINS, DIRECTOR	35.00									
OF FISCAL SERVICES THRU NOV 2023				Х				72,013.	0.	17,628.
(5) BARBARA BRILL	35.00									
DIRECTOR OF FISCAL SERVICES				Х				12,375.	0.	24.
(6) ADAM C. WEISS	2.00									
PRESIDENT/DIRECTOR THRU SEPT 2023		Х		Х				0.	0.	0.
(7) ELI GLANZ	2.00									
PRESIDENT THRU SEPT 2023		Х		Х				0.	0.	0.
(8) JONATHAN K. POLLACK	2.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) RINKU BHATTACHARYA	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(10) YVETTE LOPEZ	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(11) KAREN BELTRAN	2.00									
DIRECTOR THRU MAR 2023		Х						0.	0.	0.
(12) HEATHER BRAVE	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) DORIS CORREA CAPELLO	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) JOHN DIETZ	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(15) MICHELLE HOLMES	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(16) MIGDALIA RAMOS	2.00	<u></u>								_
DIRECTOR THRU MAY 2023	0.00	Х						0.	0.	0.
(17) JOHN SCHOPFER	2.00									_
DIRECTOR		X		<u> </u>			<u> </u>	0.	0.	990 (2022)

Form 990 (2023) 332007 12-21-23

Form 990 (2023) TO EFFECT RENEWAL, INC. 13-2834016 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(40		Posi		ı than c	ne	Reportable	Reportable		Estimat	ed
	hours per	box	unles	s per	son i	s both	an	compensation	compensation		amount	of
	week		cer an	d a di	recto	r/trust	ee)	from	from related		other	
	(list any	rector						the	organizations		compens	
	hours for related	or dir	96			ated		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	trust		e e	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	lual tr	tional		ploye	st con yee	_	1099-1420)			organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	
		_	_	Ū	Ť		_			\top		
										\top		
										\top		
										T		
					L							
										\top		
					L							
										\perp		
1b Subtotal								459,555.	0		72,0	
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								459,555.	0	<u>. </u>	72,0	36.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization											1	3
											Yes	No
3 Did the organization list any former officer,			ey e	mpl	oye	e, or	high	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s										Н	3 X	
4 For any individual listed on line 1a, is the su	•		-					•	-		77	
and related organizations greater than \$150										Н	4 X	
5 Did any person listed on line 1a receive or a					•			•			_	77
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ch r	oers	on .					5	X
Section B. Independent Contractors									100.000 (
1 Complete this table for your five highest co										atio	n from	
the organization. Report compensation for	tne calendar ye	ear e	nain	g wi	ith c	or wit	nin T		ear.		(0)	
(A) Name and business	address	NC	NE	•				(B) Description of s	ervices	Cor	(C) mpensatio	on
		11/	<u>/14 T</u>	_			-					
							\dashv					
							\top					
							\dashv					
						_				_		
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of componentian from the organic	•				(•				

Form 990 (2023) TO EFFECT RENEWAL, INC. 13-2834016 Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 4,466,766. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 218,226. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 4,684,992. h Total. Add lines 1a-1f **Business Code** 078,803.2,078,803. 623990 2 a MEDICAID FEES Program Service Revenue b SSI RESIDENT FEES 623990 413,232. 413,232. 224,351. c TUITION/TRAINING FEES 623990 224,351. f All other program service revenue 2,716,386. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 63. 63. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 891. 891 d All other revenue 891. e Total. Add lines 11a-11d 7,402,332.2,716,386. 954 Total revenue. See instructions 12

TO EFFECT RENEWAL, INC. 13-2834016 Page **10** Form 990 (2023)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	2 200 200	2 200 200		
	individuals. See Part IV, line 22	2,380,209.	2,380,209.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	267,105.		267,105.	
6	trustees, and key employees	207,103.		207,103.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	155 /18	155,418.		
7	· · · · · · · · · · · · · · · · · · ·	155,418. 2,917,282.	2,595,080.	202,262.	119,940
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,21,202.	2,333,000	202,202•	±±2,2±0
0	section 401(k) and 403(b) employer contributions)	31,861.	30,915.		916
9		177,729.	145,555.	16,335.	946 15,839
9	Other employee benefits	387,611.	325,782.	47,648.	14,181
	Payroll taxes	307,011.	323,702.	47,040.	14,101
1	Fees for services (nonemployees):				
a	Management				
b	Legal	35,500.		35,500.	
	Accounting	33,300.		33,300.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	109,038.	88,238.	20,183.	617
^	column (A), amount, list line 11g expenses on Sch 0.)	35,941.	25,689.	10,195.	617 57
2	Advertising and promotion	293,343.	230,251.	59,824.	3,268
3	Office expenses	1,875.	230,231.	37,024.	1,875
4	Information technology	1,075.			1,075
5	Royalties	256,703.	205,811.	50,892.	
6	Occupancy	37,238.	37,172.	66.	
7	Travel Payments of travel or entertainment expenses	37,230.	31,112.	00.	
8					
^	for any federal, state, or local public officials	26,342.	21,858.	4,484.	
9	Conferences, conventions, and meetings	1,730.	21,030.	1,730.	
0	Interest	1,750•		1,750•	
1	Payments to affiliates	171,226.	166,632.	2,094.	2,500
2		113,814.	88,408.	24,158.	1,248
3	Other expenses. Itemize expenses not covered	113,014.	00,400.	44,130.	1,240
4	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MOVING AND STORAGE	63,386.	62,986.	400.	
a b	REPAIRS & MAINTENANCE	44,433.	38,087.	6,346.	
C	BAD DEBT EXPENSE	30,442.	23,007.	30,442.	
d	CLIENT RECREATION	11,981.	11,981.	JU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	All other expenses	616.	367.	249.	
	Total functional expenses. Add lines 1 through 24e	7,550,823.	6,610,439.	779,913.	160,471
<u>5</u> 6	Joint costs. Complete this line only if the organization	,,550,025•	0,010,10,	,,,,,,,,	-00, - 11
J	reported in column (B) joint costs from a combined				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	educational campaign and fundraising solicitation.				

Form 990 (2023)
Part X | Balance Sheet TO EFFECT RENEWAL, INC.

13-2834016 Page **11**

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,126,932.	1	526,946.
	2	Savings and temporary cash investments			42,131.	2	42,195.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		853,665.	4	1,429,417.	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			35,036.	9	51,155.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 1	l0a	3,792,511.			
	b	Less: accumulated depreciation1	l0b	1,295,658.	10c	1,250,191.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	1 206 200	14	0 000 500		
	15	Other assets. See Part IV, line 11			1,376,370.	15	2,200,522.
	16	Total assets. Add lines 1 through 15 (must equal li			4,729,792.	16	5,500,426.
	17	Accounts payable and accrued expenses	438,231.	17	439,699.		
	18	Grants payable	190,067.	18	141,246.		
	19	Deferred revenue			130,007.	19	141,240.
	20	Tax-exempt bond liabilities			63,255.	20	145,600.
	21	Escrow or custodial account liability. Complete Par			03,233.	21	143,000.
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant				22	
Lia	23	controlled entity or family member of any of these p			138,476.	23	102,182.
	24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated th			130,470.	24	102,102
	25	Other liabilities (including federal income tax, payab				27	
	23	parties, and other liabilities not included on lines 17					
		of Schedule D			1,248,987.	25	2,169,414.
	26	Total liabilities. Add lines 17 through 25			2,079,016.	26	2,998,141.
		Organizations that follow FASB ASC 958, check	here	X	, ,		, ,
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			2,521,968.	27	2,371,904.
Bal	28	Net assets with donor restrictions	128,808.	28	2,371,904. 130,381.		
pu		Organizations that do not follow FASB ASC 958,					
Ē		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	32				2,650,776.	32	2,502,285.
_	33				4,729,792.	33	5,500,426.
						Form 990 (2023	

TO EFFECT RENEWAL, INC. 13-2834016 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,402,332. Total revenue (must equal Part VIII, column (A), line 12) 7,550,823. Total expenses (must equal Part IX, column (A), line 25) 2 2 -148,491. Revenue less expenses. Subtract line 2 from line 1 3 2,650,776. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 2,502,285. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Nam	ne of t		CONGREGATIONS FO EFFECT RENE		BAN SI	TRATEC	₹Y		identification number 3 – 2834016
Pa	rt I		ublic Charity Status.		omolete th	nis nart) S	AA instructions		2 2001020
							ec manachoria	·-	
	organ	•	e foundation because it is: (•	•	1\/ A\/:\		
1	H	,	on of churches, or association			n 170(a)(1	I)(A)(I).		
2	\mathbb{H}		in section 170(b)(1)(A)(ii).						
3	\square	·	perative hospital service orga				•		
4			organization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization ope	erated for the benefit of a co	llege or university owned	or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A	(Complete Part II.)						
6		A federal, state, or lo	ocal government or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that	t normally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	oublic described in
		section 170(b)(1)(A))(vi). (Complete Part II.)						
8		A community trust of	described in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		•	arch organization described			ed in conju	ınction with a l	and-grant	college
		-	n-land-grant college of agric			-		-	-
		university:	3 3 3	,		, , ,	,	3	
10			t normally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membershi	o fees, and	d gross receipts from
		· ·	its exempt functions, subjec	• •					
			ed business taxable income	•	٠,,				· ·
			(2). (Complete Part III.)	(ICOS OCOLIOTI OTT LAX) ITO	iii basiiicc	oco doqui	rea by the orga	ii iizatioi i a	iter danc do, 1070.
11			anized and operated exclus	ively to test for public saf	aty Saa	section 50	10(2)(4)		
12	H	-	anized and operated exclus	•	•			ay out the	nurnosos of one or
12	ш	-	· ·	· · · ·	•			•	•
			orted organizations describe						Meck the box on
_		¬	2d that describes the type of					-	antin diaman
а			ing organization operated, s	•		•			
			anization(s) the power to re		majority o	of the direc	tors or trustee	s of the su	ipporting
		¬ -	must complete Part IV, Se						
b			ting organization supervised				-		-
		_	ement of the supporting org		ıme perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). Yo	ou must complete Part IV,	Sections A and C.					
С			ally integrated. A supportin				-	/ integrate	d with,
		its supported orga	anization(s) (see instructions	s). You must complete F	Part IV, Se	ctions A,	D, and E.		
d			tionally integrated. A supp	porting organization opera	ated in co	nnection v	vith its support	ed organiz	ation(s)
		that is not function	nally integrated. The organiz	zation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	reness
		requirement (see i	nstructions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if t	the organization received a	written determination from	n the IRS	that it is a	Type I, Type II	, Type III	
		functionally integra	ated, or Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supp	oorted organizations						
g			ormation about the supporte						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)

Schedule A (Form 990) 2023 TO EFFECT RENEWAL, INC.

13-28<u>34016 Page 2</u>

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		<u>-</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")	3618730.	3882523.	4766815.	6702964.	4684992.	23656024.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3618730.	3882523.	4766815.	6702964.	4684992.	23656024.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						23656024.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3618730.	3882523.	4766815.	6702964.	4684992.	23656024.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13.	350.	4.	10.	63.	440.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,405.	509.	35,026.	26.	891.	
	Total support. Add lines 7 through 10					1.0	23699321.
	Gross receipts from related activities,	•	,				,358,108.
13	First 5 years. If the Form 990 is for the	· ·	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
800	organization, check this box and stor						
	etion C. Computation of Publi			-1 (6)		44	99.82 %
	Public support percentage for 2023 (li					15	22 52
	Public support percentage from 2022 33 1/3% support test - 2023. If the co						
10a	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the c						
J	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-	•	viriow the organiz	
b	10% -facts-and-circumstances test	-	•	• • •	-		
_	more, and if the organization meets the	_					- 1
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
	<u> </u>		, :	. , ,			(Form 990) 2023

Schedule A (Form 990) 2023 TO EFFECT RENEWAL, INC

EFFECT RENEWAL, INC. 13-2834016 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023

TO EFFECT RENEWAL, INC.

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	50		
	4a		
L	4b		
	4c		
	40		
	5a		
	5b		
	5c		
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		n 990)	2023
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Schedule A (Form 990) 2023 TO EFFECT RENEWAL, INC. 13-2834016 Page 5

Par	t IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sec	tion B	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	superv tion C	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
-		r type it oupporting organizations		Yes	No
1	Word 1	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	suppo	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (see ins</i>	tu otion	۵۱	
2		ies Test. Answer lines 2a and 2b below.	struction	Yes	No
a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
-		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Parent	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in 1	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 TO EFFECT RENEWAL, INC. 13-2834016 Page 7

	t V Type III Non-Functionally Integrated 509		nizations (continu		3-2034010 Page
	on D - Distributions	(u)(e) eupperg e.ga	COITING	<u>Jeu)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details in a see a sey		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
•	(provide details in Part VI). See instructions.	no organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Elife o amount divided by line 3 amount	(i)	(ii)	' ''	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
e	From 2022				
	Total of lines 3a through 3e				
q	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			\neg	
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			\neg	
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
'					
8	and 4c. Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
a	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2019 AMOUNT: \$ 6,405. 2020 AMOUNT: \$ 509. 25,026. 2021 AMOUNT: \$ 2022 AMOUNT: 26. 2023 AMOUNT: \$ 891. INSURANCE PROCEEDS 2021 AMOUNT: \$ 10,000.

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. CONGREGATIONS LINKED IN URBAN STRATEGY

OMB No. 1545-0047

Inspection

TO EFFECT RENEWAL, INC.

Employer identification number 13-2834016

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	riting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	······	Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	3	3
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		- f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
			•
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

13-2834016 Page 2 TO EFFECT RENEWAL, INC. Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included X No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 1d Additions during the year 1e Distributions during the year Ending balance 1f X Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) (i) Unrelated organizations? (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other) 417,405. 718,729. **b** Buildings 51,841. 51,841. Leasehold improvements ,176,676. 789,224. d Equipment 845,265. 283,850. e Other 250,191 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

Schedule D (Form 990) 2023

Docusign Envelope ID: 23461BBD-9323-4BDC-A547-FFFD7799E277 CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC. 13-2834016 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value SECURITY DEPOSITS 61,068 OPERATING LEASE RIGHT-OF-USE ASSETS, 2,139,454 (2) (3) (4) (5) (6) (7) (8) (9) 2,200,522. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25,

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	10,679.
(3) OPERATING LEASE LIABILITIES	2,158,735.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	2,169,414.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC. 13-2834016 Page 4 Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,428,507. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 26,175. Donated services and use of facilities 2b 2c Recoveries of prior year grants Other (Describe in Part XIII.) 26,175. Add lines 2a through 2d 2e 7,402,332. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 7,402,332. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,576,998. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 26,175. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 26,175. Add lines 2a through 2d 2e 7,550,823. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART IV, LINE 2B: FUNDS ARE HELD BY CLUSTER ON BEHALF OF CLIENTS. SUCH FUNDS REPRESENT AMOUNTS RECEIVED BY CLIENTS AND OTHER CLIENTS' FUNDS DEPOSITED WITH CLUSTER FOR SAFEKEEPING. THESE FUNDS ARE DISBURSED BY CLUSTER AT THE REQUEST OF, OR ON BEHALF OF, CLIENTS FOR THEIR PERSONAL USE. PART X, LINE 2: CLUSTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT CLUSTER HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. CLUSTER IS NO LONGER

Schedule D (Form 990) 2023

SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS

Schedule D (Form 990) 2023 TO EFFECT RENEWAL, INC.	13-2834016	Page 5
Schedule D (Form 990) 2023 TO EFFECT RENEWAL, INC. Part XIII Supplemental Information (continued)		<u> </u>
PRIOR TO DECEMBER 31, 2020.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
CONGREGATIONS LINKED IN URBAN STRATEGY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TO EFFE	CT RENEWAL,	INC.					13-2834016			
Part I General Information on Grant	s and Assistance									
1 Does the organization maintain record	ds to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio				
criteria used to award the grants or a	ssistance?						X Yes No			
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any									
Part II Grants and Other Assistance recipient that received more that					anization answered "\	es" on Form 990, Part	IV, line 21, for any			
· · · · · · · · · · · · · · · · · · ·		· ·	'		(f) Method of		(1) 5			
Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c)(3	, ,	•	e line 1 table							

TO EFFECT RENEWAL, INC. Schedule I (Form 990) 2023

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OUSING ASSISTANCE	268	2,280,520.	0.		
OOD & BASIC NEEDS ASSISTANCE	291	99,689.	0.		
Part IV Supplemental Information. Provide the information rec	L uired in Part I lin	e 2· Part III. column	(b): and any other ac	l Iditional information	

OFFERED BY CLUSTER. THE HOUSING ASSISTANCE AND LIVING EXPENSES ARE PAID

PART I, LINE 2:

CLUSTER PROVIDES HOUSING ASSISTANCE AND LIVING EXPENSES TO CLIENTS WHO PARTICIPATE IN THEIR PROGRAMS. THIS INCLUDES EVICTION PREVENTION SERVICES, HOMELESSNESS PREVENTION SERVICES, AND HOUSING AND SUPPORT SERVICES FOR INDIVIDUALS WITH CHRONIC MENTAL ILLNESS. THESE SERVICES INCLUDE RENTAL ASSISTANCE, COUNSELING, FOOD, TENANT RIGHTS EDUCATION, MEDIATION, AND RECOVERY GROUPS. CLIENTS WILL COMPLETE AN APPLICATION THAT IS REVIEWED BY A CASE MANAGER TO DETERMINE ELIGIBILITY IN THE VARIOUS ASSISTANCE PROGRAMS

Schedule I (Form 990) 2023

13-2834016

Page 2

Schedule I (Form 990) TO EFFECT RENEWAL, INC. Part IV Supplemental Information	13-2834016 Page	2
Part IV Supplemental Information		_
DIRECTLY TO THE VENDOR/LANDLORD TO ENSURE THEY ARE USED FO	R THEIR INTENDED	_
PURPOSE.		
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Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

CONGREGATIONS LINKED IN URBAN STRATEGY

TO EFFECT RENEWAL, INC.

 $Employer\ identification\ number \\ 13-2834016$

Pa	art I Questions Regarding Compensation							
	•			Yes	No			
1a	Check the appropriate box(es) if the organization provided a	any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel	Housing allowance or residence for personal use						
	Travel for companions	Payments for business use of personal residence						
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees						
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization	tion follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described	d above? If "No," complete Part III to explain	. 1b					
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director	r, regarding the items checked on line 1a?	. 2					
3	Indicate which, if any, of the following the organization used	d to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check							
	establish compensation of the CEO/Executive Director, but	explain in Part III.						
	Compensation committee	Written employment contract						
	Independent compensation consultant	X Compensation survey or study						
	Form 990 of other organizations	X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII	I, Section A, line 1a, with respect to the filing						
	organization or a related organization:				₹.			
a	Receive a severance payment or change-of-control paymen				X			
b	Participate in or receive payment from a supplemental nonc							
С	Participate in or receive payment from an equity-based com		. 4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9						
5	For persons listed on Form 990, Part VII, Section A, line 1a,	-						
Ŭ	contingent on the revenues of:	, and the organization pay or accorde any compensation						
а			5a		х			
			5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a,	, did the organization pay or accrue any compensation						
	contingent on the net earnings of:							
а	The organization?		6a		X			
			6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a,	, did the organization provide any nonfixed payments						
		·	. 7	Х				
8	Were any amounts reported on Form 990, Part VII, paid or a	accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 5	53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х			
9	If "Yes" on line 8, did the organization also follow the rebutt	table presumption procedure described in						
	Regulations section 53.4958-6(c)?		9					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

TO EFFECT RENEWAL, INC.

13-2834016

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FREDA MACON	(i)	123,227.	10,000.	0.	2,515.	29,323.	165,065.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTINA YAMIN	(i)	107,552.	12,937.	14,451.	2,586.	17,891.	155,417.	0.
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

TO EFFECT RENEWAL, INC. 13-2834016 Schedule J (Form 990) 2023 Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7: CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II RECEIVED DISCRETIONARY BONUSES DURING CALENDAR YEAR 2023.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC.

Employer identification number 13-2834016

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BETTER FUTURE FOR THEMSELVES AND THEIR COMMUNITIES THROUGH SERVICES

SUCH AS: MENTAL HEALTH HOUSING, EVICTION AND HOMELESSNESS PREVENTION,

MEDIATION, LEMON LAW ARBITRATION, RESTORATIVE JUSTICE AND PROGRAMS FOR

CHILDREN AND TEENS THAT INCLUDE AFTER-SCHOOL, SUMMER CAMP AND

ADOLESCENT LIFE SKILLS DEVELOPMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESTORATIVE JUSTICE AND PROGRAMS FOR CHILDREN AND TEENS THAT INCLUDE

AFTER-SCHOOL, SUMMER CAMP AND ADOLESCENT LIFE SKILLS DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GROUPS IN DIABETES SELF-MANAGEMENT, WELLNESS SELF- MANAGEMENT, AND

MENTALLY ILL CHEMICAL ABUSE SUPPORT GROUPS (MICA).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WESTCHESTER AND ROCKLAND MEDIATION CENTER PROVIDES MEDIATION,

ARBITRATION AND TRAINING SERVICES TO THE LARGER WESTCHESTER AND

ROCKLAND COMMUNITIES. THROUGH A CONTRACT AWARDED TO THE CENTER FROM THE

NEW YORK STATE UNIFIED COURT, MEDIATION IS OFFERED AS AN OPTION TO

INDIVIDUALS AND FAMILIES FACING A CURRENT LEGAL DISPUTE IN PARTNERED

SMALL CLAIMS AND FAMILY COURTS. MEDIATION IS ALSO OFFERED TO

INDIVIDUALS, FAMILIES, BUSINESSES, AND SCHOOL DISTRICTS ON A SLIDING

SCALE BASIS WHEN DISPUTES ARE SELF-REFERRED. THE CENTER OFFERS

MEDIATION SERVICES FOR FAMILY, CIVIL, LANDLORD-TENANT, TRUST AND

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

COMMERCIAL AND MATRIMONIAL MATTERS.

Schedule O (Form 990) 2023

ESTATE

Schedule O (Form 990) 2023 Page 2

Name of the organization CONGREGATIONS LINKED IN URBAN STRATEGY
TO EFFECT RENEWAL, INC.

Employer identification number 13-2834016

THROUGH A CONTRACT WITH THE NEW YORK STATE DISPUTE RESOLUTION

ASSOCIATION (NYSDRA), THE WESTCHESTER ROCKLAND MEDIATION CENTER

PROVIDES LEMON LAW ARBITRATION SERVICES FOR CASES REFERRED IN

WESTCHESTER AND ROCKLAND COUNTY FROM THE ATTORNEY GENERAL'S OFFICE.

SPECIAL EDUCATION MEDIATION IS ALSO OFFERED AND PROVIDED THROUGH A

NYSDRA CONTRACT WITH THE NEW YORK STATE DEPARTMENT OF EDUCATION

(NYSED). IN 2023, THE MEDIATION CENTER PROVIDED OVER 450 MEDIATIONS IN

CIVIL, FAMILY, SUPREME, SURROGATES COURTS, AND SCHOOL-GENERATED CASES.

EXPENSES \$ 348,916. INCLUDING GRANTS OF \$ 12,820. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL INC. ("CLUSTER")

HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED

THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS

COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY

MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT

IS ELECTRONICALLY SENT TO THE AUDIT COMMITTEE OF THE BOARD FOR ANY

COMMENTS. ANY COMMENTS ARE THEN SUMMARIZED AND PROVIDED TO THE OUTSIDE

ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS

FINALIZED AND APPROVED FOR FILING. AFTER REVIEW AND APPROVAL BY THE AUDIT

COMMITTEE, THE FORM 990 IS SENT TO THE FULL BOARD FOR REVIEW AND A

RECOMMENDATION IS MADE BY THE AUDIT COMMITTEE FOR BOARD APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS APPLICABLE TO EXECUTIVE STAFF, OFFICERS, AND MEMBERS OF THE

BOARD, AND IS MONITORED BY THE CORPORATE COMPLIANCE OFFICER AND CORPORATE

COMPLIANCE COMMITTEE ON AN ANNUAL BASIS. THESE ARE REVIEWED BY THE

Schedule O (Form 990) 2023 Page 2

Name of the organization CONGREGATIONS LINKED IN URBAN STRATEGY
TO EFFECT RENEWAL, INC. Employer identification number 13-2834016

COMPLIANCE OFFICER AND THE CORPORATE COMPLIANCE COMMITTEE. IF, IN THE

JUDGMENT OF THE CORPORATE COMPLIANCE COMMITTEE, EXECUTIVE DIRECTOR OR THE

CORPORATE COMPLIANCE OFFICER A CONFLICT OF INTEREST IS FOUND TO EXIST, THE

APPROPRIATE ACTION WILL BE TAKEN TO REMEDIATE THE SITUATION AND ELIMINATE

ANY POTENTIAL IMPACT FROM THE CONFLICT OF INTEREST. THIS MAY INCLUDE THE

RECUSAL OF THE INDIVIDUAL WITH THE CONFLICT FROM VOTING ON THE MATTER.

ANY EMPLOYEE WHO BELIEVES HE OR SHE MAY HAVE EITHER A REAL OR POTENTIAL

CONFLICT OF INTEREST, OR ANY SUPERVISOR WHO BELIEVES THAT HE OR SHE KNOWS

OF AN EMPLOYEE WHO MAY HAVE A REAL OR POTENTIAL CONFLICT OF INTEREST,

SHOULD IMMEDIATELY NOTIFY THEIR SUPERVISOR AND/OR THE CORPORATE COMPLIANCE

OFFICER AND/OR THE EXECUTIVE DIRECTOR AS APPROPRIATE. IF, IN THE JUDGMENT

OF THE CORPORATE COMPLIANCE COMMITTEE, EXECUTIVE DIRECTOR OR THE CORPORATE

COMPLIANCE OFFICER, A CONFLICT OF INTEREST IS FOUND TO EXIST, THE

APPROPRIATE ACTION WILL BE TAKEN TO REMEDIATE THE SITUATION AND ELIMINATE

ANY POTENTIAL IMPACT FROM THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE EXECUTIVE DIRECTOR

AND THE FISCAL DIRECTOR BY REVIEWING APPROPRIATE AND ADEQUATE DATA, SUCH AS

INFORMATION INCLUDED IN REGIONAL NON-PROFIT SALARY SURVEYS, TO DETERMINE

THE REASONABLENESS OF COMPENSATION BEING CONSIDERED.

THE DECISION OF THE BOARD AND APPROVAL OF THE COMPENSATION FOR THE OFFICERS

IS ADEQUATELY DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE OF THE

BOARD AND THE MINUTES OF THE BOARD OF DIRECTORS. SALARIES WERE LAST

REVIEWED IN 2023.

Name of the organization CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC.	Employer identification number 13-2834016
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON NEW YORK STATE ATTORNEY GENERAL WEBSITE, GUIDEST	AR.ORG AND OTHER
SIMILAR TYPES OF WEBSITES, AS WELL AS THE ORGANIZATION'S W	EBSITE. IN
ADDITION, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLIC	Y, AND GOVERNING
DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM T	HE PRIOR
YEAR.	