Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Coptic Orthodox Charities Inc

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Covid Recovery

EIN*

55-0790330

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2001

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

C.O.C's mission is to serve minority groups who are economically and/or physically disadvantaged regardless of age, race, sex, and gender identification, country of origin, by promoting and fostering health, strengthening families through education, alleviating poverty. promoting healthy living and achieving self-sufficiency.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12 D77REU48S4G6

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$2,600,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$39,410.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Coptic Orthodox Charities (COC) is a 501(c)3 organization founded in 2001. It has been successfully operating for over 21 years. Our accumulative years of experience as a resettlement agency has provided the essentials to the distressed and under-served immunity. The agency's 8 full-time bilingual staff, 12 board of directors and 40 volunteers exemplify culture competence and capacity for those we serve. Healthcare, refugee resettlement, benefits applications, education, housing and employment are just a few of the services provided. Due to the numerous and severe struggles of these individuals, COC's staff is focused not only on providing programs but to create a 'safety network' that eliminates stress and promotes growth. Our forte is

to provide vital support to survivors of torture, asylums, refugees, abused spouses of US citizens, new immigrants and human trafficking victims who are in dire need of guidance, support and encouragement. Our unique, underlying understanding of various cultural nuances immediately establishes a deep connection that is built on self worth, self respect and self motivation. Since most of our staff have been new to the United States, they are hyper sensitive to the needs of the clients. At COC we guide and nurture client's own strengths until they have achieved self-sufficiency and can proudly share their own success stories.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

12.2% (DCF) of the population for whom poverty status is determined in Pinellas County, Fl. live below the poverty line (116K out of 950k people) Most of these clients have already been in dire need of assistance and have struggled financially due to unfortunate circumstances. Existing disadvantages of the English language, a cultural barrier and lack of working skills are only a few of the obstacles that they face. Fear and hopelessness adds to their handicap, understandably paralyzing their status, threatening evictions.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures

Printed On: 1 October 2022

- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

COC's experience in the past 2 years has been difficult to say the least. From the previous presidents decrease of immigrants and refugees to the impact of the pandemic and its aftermath, COC has seen both a decline in monetary funds as well as a decline of staff and volunteers. Using the pandemic as a landmark in history, it is

clear that before 2021 COC was assisting over 700 individuals a year, since then it has decreased by 200, however the grants awarded were at a minimum and the donations from the public sector diminished close to nothing. Seeing individuals in need and not being able to assist monetarily is one of the most difficult situations to experience. The COC staff did their very best in helping with their own personal funds and rerouting individuals to other organizations that still had some items left in the food banks. Everything halted, including the upgrades of essential office equipment, marketing strategies, volunteer hours, used furniture and clothing distribution. For 21 years COC has been a helping hand to everyone and to not be able to do so was devastating. The aftermath of the pandemic is still felt throughout the communities that we serve. The grants that have been awarded before the pandemic and during, no longer meet the requirements of the clients. The rent has doubled and the criteria of the programs don't fit the need of the individuals and eviction becomes inevitable. Obviously with an increase of gas prices, food, transportation, medication and all other essentials, an increase follows, except for the hourly pay rates. An increase of individuals that are in desperate circumstances as well as a tremendous lack of donations is a guaranteed disaster. At COC, the staff and board of directors are holding their breathes, as important as the equipment is, since nothing can be done without technology (in which COC is in dire need of), but there is an evident guilt that this grant, if awarded, will not be used to propel individuals to self sufficiency directly.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

With these funds COC will be able to purchase Desktop computers, laptops and printers for the staff since they are hybrid (working from home and office). The televisions, projectors, mics, speakers and screens will be required for presentations for special events, board meetings, staff training and client education. Cell phones are for the staff so they do not use their personal phones.

Tripods are for video and pictures to use for brochures, flyers and news letters.

Guiding Principles - Client Impact*

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The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

At COC there are no barriers that are implemented or categories that mandate an individual to be confined within its criteria. All persons from every walk of life, of every gender, of every age, with every type of disability, or religion are given assistance. All individuals are treated with equality, respect and dignity. No one is ever denied a helping hand. COC anticipates an increase of people that are at the ALICE line or under the poverty line. Without proper office equipment it will almost be impossible to help. We are currently working within the building of Career Source Pinellas, which is a great help due to the fact that they can assist with additional information. However, The computers in which we are using are becoming outdated and can not be revamped to the new editions of programs. We are struggling to keep these computers up and running and with the help of these funds, we can purchase new ones. Operational equipment will allow COC to continue servicing each and every individual in need with online assistance. On average we see close to 600 clients a year, each of them will gain much needed assistance from the office equipment directly and indirectly.

Number Served*

How many people will directly benefit from this capital purchase annually? 600

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services **Unduplicated:** A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

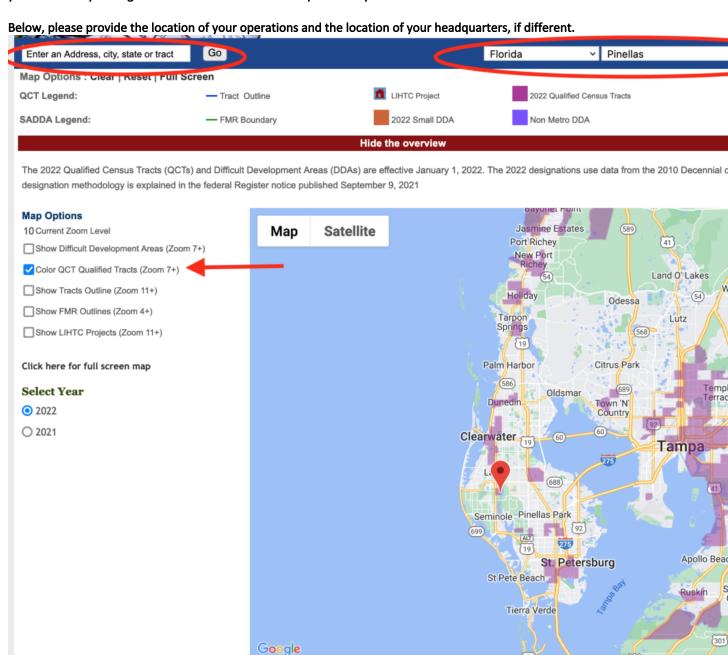
Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.



Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/ 2312 Gulf To Bay Blvd, Clearwater, Fl. 34695

Keyboard shortcuts Map data @2022 Google, INEGI Terms of Use

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

COC's activities are mostly In Pinellas County, Fl. We serve the entire county since 2001. We are located a few miles east of the QCT area with easy access to the buses. Right in front of our building (Career Source Pinellas) is a bus stop. This is a great advantage as the clients without a vehicle have easy access to our services.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

In the 21 years COC has worked closely with Lutheran Services and Gulf Coast Jewish Services. Our offices are located within the Pinellas Career Source building which is a great advantage to have an entire organization within arms reach. COC is delighted that it has partnered up with Ultimate Medical Academy as well as other education Institutions (Pinellas Tech, Pinellas Schools). COC has nurtured strong relationships with Project

Prosper, and SBA. COC collaborates with 23 other organizations. COC serves everyone as our mission statement indicates, there are no barriers to gender, ethnicity, age, or color. The Refugee Task Force, COC internal data base and the communities that have been served, trust COC staff fully and expect the stellar service given to them will be also offered to the referred individuals that are sent.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

None of the above

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

COC Combined Bids.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below

Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Copy of Budget-Template-Small-Capital-Purchases.xlsx

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

<u>Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.</u>

There are no other funding sources for this purchase.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase does not affect operating costs, please note so below.

This purchase does not effect operating costs.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

pdf Organization Budget 2022.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2022 Board of Directors with job affiliation as of 2-25-2022.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

990 Tax Return 12.31.21.pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

2019 Audit_Coptic Financial Statements .pdf

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Commercial General Liability 10-01-2021 - 2022.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation 17755 US Highway 19 N Suite 150 Clearwater, FL 33764 727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

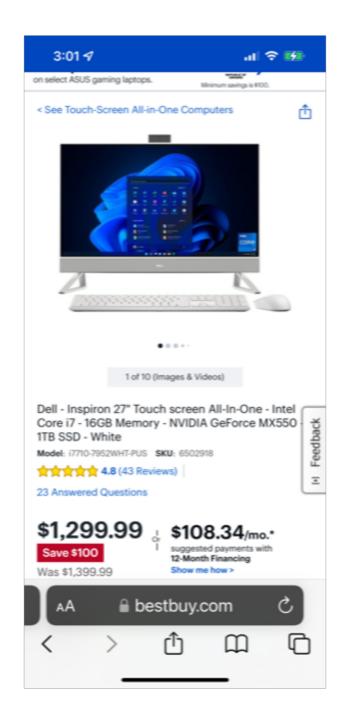
Brief Project Descriptor

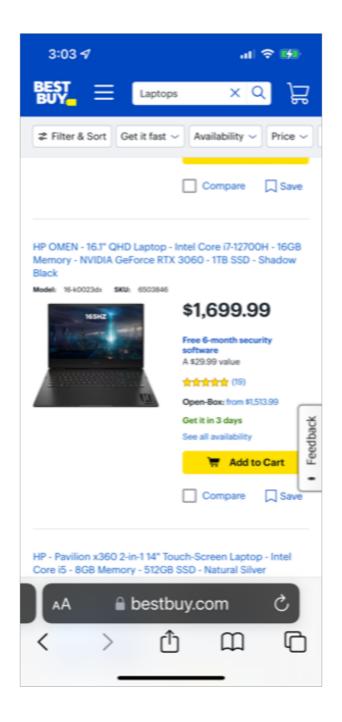
Please briefly describe this organization's request.

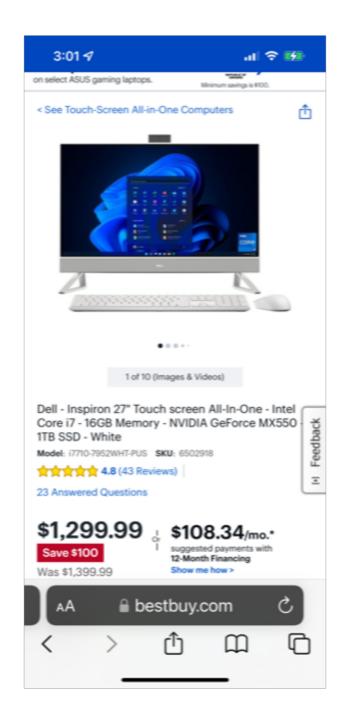
File Attachment Summary

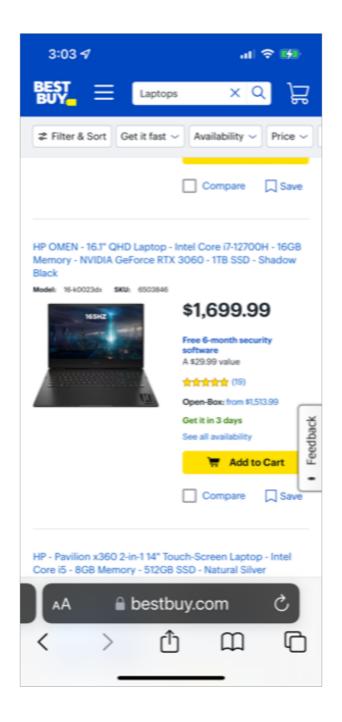
Applicant File Uploads

- COC Combined Bids.pdf
- Copy of Budget-Template-Small-Capital-Purchases.xlsx
- pdf Organization Budget 2022.pdf
- 2022 Board of Directors with job affiliation as of 2-25-2022.pdf
- 990 Tax Return 12.31.21.pdf
- 2019 Audit_Coptic Financial Statements .pdf
- Commercial General Liability 10-01-2021 2022.pdf









ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Coptic Orthodox Charities Inc

Proposal Name: Covid Recovery

Α	В	С	D	Ε	F	G	Н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds	Applicant	
Item	Item (Description)	Item	Item	Total	Requested	Match	Funding Total
1	Desktop Computers	\$ 1,300.00	8	\$ 10,400	\$ 10,400	\$ -	\$ 10,400
2	Printers	\$ 820.00	8	\$ 6,560	\$ 6,560	\$ -	\$ 6,560
3	laptops	\$ 1,700.00	4	\$ 6,800	\$ 6,800	\$ -	\$ 6,800
4	projectors and screens	\$ 2,000.00	2	\$ 4,000	\$ 4,000	\$ -	\$ 4,000
5	cell phones	\$ 800.00	5	\$ 4,000	\$ 4,000	\$ -	\$ 4,000
6	speaker, mics, mixers	\$ 1,500.00	2	\$ 3,000	\$ 3,000	\$ -	\$ 3,000
7	television	\$ 1,500.00	3	\$ 4,500	\$ 4,500	\$ -	\$ 4,500
8	tripod	\$ 50.00	3	\$ 150	\$ 150	\$ -	\$ 150
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	35	\$ 39,410	\$ 39,410	\$ -	\$ 39,410

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	Brief name/description of the purchase requested		
Price per item	ne individual price of one unit of the proposed purchase		
Quantity of Item	The number of units of the proposed purchase you are requested		
Purchase Total	al purchase cost of the proposed line item (quantity multipled by price)		
ARPA Grant Funds Requested	The amount of ARPA funding requested for this line item		
Applicant Match	The amount (if any) that you, the applicant, are contributing towards the purchase of the line item		of the line item
Funding Total	otal funding for proposed line item (ARPA grant request plus applicant match)		

		Charities, Inc.
Total Ag	gency Projecte	ed Budget for 2022
Revenue:		
Federal		1,500,000
State		
		100,000
County		150,000
Foundations (1.1)	• 1	300,000
Contributions / In-k	ina	500,000
Program Fees		50,000
TOTAL REVENUE		2,600,000
Expenditures:		
Salaries		625,482
Payroll Taxes		125,096
Contractual		50,000
Contribution / In-kir	nd	500,000
Operating Expense		1,299,422
TOTAL EXPENDITURES:		2,600,000
*SURPLUS (+) OR DEFICIT (-)		-



Coptic Orthodox Charities, Inc.

Board of Directors

Name	Affiliation
Karim Farid (Treasurer)	Pinellas County, Transportation Dept.
Magdy Anise, Jr. (Vice President)	Advisor Consultant at Franklin Templeton Investments
Wagdy Aziz, MD	Retired Physician
Amira Salama, President & CEO	Executive Director of Coptic Orthodox Charities
Margret Salaheldin (Secretary)	Business Owner of Prints 2 go, Printing Company
Momen Mikhail	Business Owner & Realtor, at Charles Rutenberg Realty, Inc.
Dina Ghobrial	Home Maker & Former Client and employee of Coptic Orthodox Charities
Isaac Morcos	Former Client of Coptic Orthodox Charities
Tawfik Soliman	Business Owner & Former Client of Coptic Orthodox Charities
Mina Dawood	Engineer & Former Client of Coptic Orthodox Charities

Joseph Hanna	Bank Officer
Juiliana Sharoubim	Printing and Advertising

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OIVIB	INO.	1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20 2021 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer Coptic Orthodox Charities, Inc 55-0790330 Name and title of officer or person subject to tax Amira F. Salama President Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 542,812 **▶** |X| 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b \blacktriangleright 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here \blacktriangleright b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here \blacktriangleright 8a Form 5227 check here 9a Form 5330 check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Steuer, CPA, P.A. to enter my PIN Michael E. I authorize _ as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 07/21/22 Date **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59095055955 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Michael E. Steuer, CPA ERO's signature

07/21/22

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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 2021

Department of the Treasury Internal Revenue Service

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

A	For the	e 2021 c	alendar year, or tax	year beginning		, and ending					•		
B	Check if a	applicable:	C Name of organization	C Name of organization D Employer identification number									
	Address c		Coptic Orthodox Charities, Inc										
二			Doing business as	-		•				55-0790330			
닏	Name cha	ange	Number and street (or F	P.O. box if mail is not delivered	d to street addre	ess)		Roo	m/suite	E Telephone number			
$\boldsymbol{-}$	Initial retur			to Bay Blvd						727-	<u>785-35</u>	<u>51</u>	
	Final retur terminated		City or town, state or pr	rovince, country, and ZIP or fo	reign postal cod	de							
一	Amended		Clearwater		FL 3376	5				G Gross rec	ceipts\$	542	<u>,812</u>
=			F Name and address of p	orincipal officer:					I(a) le this a aro	un roturn for c	cubordinatos?	Yes	X No
Ш	Application	n pending	Amira F.					'					\equiv
			C/O 4765	Stoneview				H	(b) Are all sub-	ordinates incl	luded?	Yes	No
			Oldsmar	_	FL	<u> 34677 </u>			If "No,"	attach a list.	See instructions	3	
1	Tax-exem	npt status:	X 501(c)(3)		insert no.)	4947(a)(1) or	527						
J	Website:	<u>h</u>	ttps://www	.copticchar	<u>ities.</u>	org		Н	I(c) Group exer	nption numbe	er		
ĸ	Form of o	organization:	X Corporation	Trust Association	Other			L Year o	f formation: 20	001	M State of leg	gal domicile	· FL
P	Part I	Su	ımmary										
	1 E	Briefly de	scribe the organizati	on's mission or most	significant a	ctivities:							
ø			Schedule 0										
auc													
ř													
Governance	2 (Check thi	is box if the or	ganization discontinue	d its operati	ons or disposed of	f more tha	ın 25% o	of its net ass	ets.			
დ ფ				the governing body (F							11		
	4 1	Number (of independent voting	members of the gove	rning body	(Part VI_line 1h)				4	10		
/itie				nployed in calendar ye							8		
Activities	1			stimate if necessary)							60		
⋖						 n 12							0
		7a Total unrelated business revenue from Part VIII, column (C), line 12b Net unrelated business taxable income from Form 990-T, Part I, line 11										 0	
_	 "	NEL UITTE	aled business laxable	e income nom i om 9	90-1, Fait i,	, IIIIC 11		<u> </u>	Prior Yea		Curre	ent Year	
_	8 (Contributi	ions and grants (Part	: VIII, line 1h)					572	2,040		401,	802
Jue		8 Contributions and grants (Part VIII, line 1h)9 Program service revenue (Part VIII, line 2g)				l l		3,121			136		
Revenue			ent income (Part VIII, column (A), lines 3, 4, and 7d)						32			74	
~				mn (A), lines 5, 6d, 8c,		nd 11a)						61,	800
	1			rough 11 (must equal					630	,193		542,	
				aid (Part IX, column (A								/	0
				rs (Part IX, column (A)	line 1)								0
	1			employee benefits (Pa					293	3,366		226,	012
ses				(Part IX, column (A), li						,,,,,,,		,	0
xpenses	1		-	art IX, column (D), line			0						
Ä	1			mn (A), lines 11a–11d					332	2,452		217,	349
	1		,	-17 (must equal Part I)						,818		<u>443,</u>	
	1			ract line 18 from line 1		A), IIIIC 23)				1,375			451
- N		Kevenue	less expenses. Subt	ract line to from line i	<u> </u>			Beg	ginning of Curi		End	of Year	101
Net Assets or	20 7	Total ass	ets (Part X. line 16)						204	1,120		273,	132
Ass	21 7	Total liab	ilities (Part X. line 26)				• •		693		169,	
ž,š	22 1			Subtract line 21 from li				• •		5,573		104,	
	art II		gnature Block					•••		, , , , ,			
				have examined this return	n including a	ccompanying schedu	iles and stat	tements :	and to the he	st of my kn	nowledge and	helief it	is
				preparer (other than offic	,	. , ,		,		,	iomioago ana	bollot, it	.0
Sig	nr	S	ignature of officer							Date			
He			Amira F.	Salama			Pres	side	nt.				
0	. •	T	ype or print name and title										
		+	preparer's name	T	Preparer's sign	nature			Date	Check	if PTIN		
Pai	d		l E. Steuer, CP.	<u>,</u>		E. Steuer, CPA			07/21/	.	Ш") 22021	6
	parer		M: -1		uer, C		•				59-3		
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_ ••	,	<u>_</u>			71-331						727-7	97_0	000
N/a-	u the ID	Firm's ad							Pi	hone no.			$\overline{}$
ıvıa	y une iR	so discus	s this return with the	preparer shown above	er see instr	uctions					X	Yes	No

	990 (2021) Coptic Orthodox Cha		55-0790330	Page 2
Pa	rt III Statement of Program Service			v
		esponse or note to any line	in this Part III	X
	Briefly describe the organization's mission:			
S	ee Schedule O			
2	Did the organization undertake any significant progra			□
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule (
3	Did the organization cease conducting, or make sign			□
	services?			Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp			
	expenses. Section 501(c)(3) and 501(c)(4) organizate		nount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each pro-	ogram service reported.		
	405	011		
4a	(Code:) (Expenses \$ 435,			
S	ee Schedule O			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
N	/A			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
N	/A			
4d	Other program services (Describe on Schedule O.)) (D	
		grants of \$) (Revenue \$)
4e	Total program service expenses	435,911		

	oneomot of required concludes			ı
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Λ
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l _		.,
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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	_		x
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	'		
	complete Schedule D, Part III	8		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			v
40	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,	10		22
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
_	complete Schedule D, Part VI	11a		х
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	446		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
13		15		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to 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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			٠,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the									
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l						
	employees? If "Yes," complete Schedule J	23		X						
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			v						
L	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b								
С	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									
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%									
	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 entity (including an employee thereof) or family member of any of these									
	persons? If "Yes," complete Schedule L, Part III	27		X						
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):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV									
	c 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		х						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х							
30										
	conservation contributions? If "Yes," complete Schedule M									
31										
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,			.,						
05-	or IV, and Part V, line 1	34		X						
35a	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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330								
50	related organization? 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									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х						
38										
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х							
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u>Ш</u>						
			Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0									
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and									
	reportable gaming (gambling) winnings to prize winners?	1c								

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	2a	8									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,											
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
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	, , , , , , , , , , , , , , , , , , , ,											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х						
h	organization solicit any contributions that were not tax deductible as charitable contributions?			6a								
b	gifts were not tax deductible?	15 01		6b								
7	Organizations that may receive deductible contributions under section 170(c).			OD								
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gr	onds										
u	and conjugat provided to the payor?			7a								
b	16 (V) = 2 still the approximation with the department of the scale of			7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?			7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file	e a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-										
	sponsoring organization have excess business holdings at any time during the year?			8								
9	Sponsoring organizations maintaining donor advised funds.											
a				9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:	40-										
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-								
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	IUD		-								
а		11a										
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources	Πα										
~	and the second s	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	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.											
b	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	13b										
С	Enter the amount of reserves on hand	13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.	ation	or									
	excess parachute payment(s) during the year?			15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X						
4 -	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in											
	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 (2021) Coptic Orthodox Charities, Inc 55-0790330 Page 6 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 11 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. 10 Enter the number of voting members included on line 1a, above, who are independent 1b 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **FL** 17

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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website |X| Another's website |X| Upon request | Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records 20

Amira F. Salama

Oldsmar

C/O 4765 Stoneview Cir

FL 34677

727-785-3551

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55-0790330

Page **7**

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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

See the instructions for the order in the Check this box if neither the org						tion o	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle	ess pe	ition more rson is directo	than or s both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Amira F. Salama	50.00					ed				
President	0.00			X				82,433	0	0
(2) Magdi Anise	0.00									
Director	0.00			X				0	0	0
(3) Wagdy Aziz	0.00									
Director	0.00			X				0	0	0
(4) Mina Dawood	0.00									
Director	0.00			X				0	0	0
(5) Karim Farid										
Treasurer	0.00			x				0	0	0
(6) Dina Ghobrial	0.00									
	0.00								_	_
Director	0.00			X				0	0	0
(7) Momen Mikhail	0.00									
Dinashan	0.00			,,					^	_
Director (8) Margret Salahelo	0.00	-		X		\vdash		0	0	0
(o) Margret Saranero	0.00									
Director	0.00			x				0	0	0
(9) Tawfik Soliman	0.00			^				0	<u> </u>	
(o) IGWIIN SOIIMGII	0.00									
Director	0.00			X				0	0	0
(10)										
(11)										

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than of s both or/trust Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
									00.433					
1b c d 2	c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 82,433													
3 4 5	 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 										3 4 5	Yes	X X	
	on B. Independent Contracto		oner	ntod	indo	nond	ont (cont	ractors that received more t	than \$100,000 of				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Capaborate independent contractors that received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization's tax year (B) Description of services										ear.		(C)		
	Name and business address								Descript	ion of services		Con	(C) npensatio	on
2	Total number of independent of								se listed above) who					
	received more than \$100,000								, -	0				

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) (A) Unrelated Revenue excluded from tax under Total revenue husiness revenue sections 512-514 Grants mounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c Gifts, ilar Ar d Related organizations 1d e Government grants (contributions) Contributions, and Other Sim 333,002 1e f All other contributions, gifts, grants, 68,800 and similar amounts not included above 1f g Noncash contributions included in 68,800 lines 1a-1f 401,802 h Total. Add lines 1a-1f... 36,752 36,752 Program Service VDS Program Income PC Program Income 21,500 21,500 20,884 20,884 Immigration Program Fees **f** All other program service revenue 79,136 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 74 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 61,800 61,800 PPP Loan Forgiveness d All other revenue 61,800 e Total. Add lines 11a-11d ... 542,812 58,252 0 82,758 12 Total revenue. See instructions .

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 82,433 82,433 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 119,692 119,692 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,450 2,450 21,437 21,437 Payroll taxes 10 Fees for services (nonemployees): Management 7,450 7,450 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,541 1,541 551 551 Advertising and promotion 12 3,199 3,199 13 Office expenses Information technology 14 15 Royalties 73,079 73,079 Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates Depreciation, depletion, and amortization 22 3,528 Insurance 3,528 24 Other expenses. Itemize 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.) 77,759 77,759 Program Expense - IDA Program Exp - Ethnic Prog 20,029 20,029 19,916 19,916 Technology Grant Exp 2,825 2,825 Program Exp - Senior Svcs e All other expenses $7,\overline{472}$ 7,472 0 443,361 435,911 7,450 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 204,120 208,678 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 64,454 7 Inventories for sale or use 8 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 204,120 273,132 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 7,888 Accounts payable and accrued expenses 17 6,424 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties _____ 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 221,805 <u>162,625</u> of Schedule D 229,693 169,049 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund -25,573 104,083 31 Retained earnings, endowment, accumulated income, or other funds 31 -25,573 104,083 Total net assets or fund balances 32 204,120 273,132 Total liabilities and net assets/fund balances 33

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				`	_
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				812
2	Total expenses (must equal Part IX, column (A), line 25)	2				361
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>451</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-2	25,5	<u> 573</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		3	30,2	205
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		10	4,(083
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, 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					
	Single Audit Act and OMB Circular A-133?		L	3a		
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			3b		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 2021

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Employer identification number Coptic Orthodox Charities, Inc 55-0790330 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

1	Ш	A church, co	nvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(1)(A)(i).	
2	Ш	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	n 990).)			
3	Ш	A hospital or	a cooperative hospital servi	ice organization described in se	ection 17	0(b)(1)(A)	(iii).	
4		A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	nospital's name,
		city, and stat	e:					
5	Ш	_		of a college or university owned	or operat	ted by a g	governmental unit described in	
			(b)(1)(A)(iv). (Complete Part					
6			-	governmental unit described in s				
7	X	•	•	substantial part of its support from	om a gov	ernmenta	unit or from the general public	
			section 170(b)(1)(A)(vi). (C	• •				
8	Н	-		170(b)(1)(A)(vi). (Complete Par				
9	Ш			scribed in section 170(b)(1)(A)(ge
			or a non-land-grant college	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or	
10	П	university:	on that normally receives (1) more than 33 1/3% of its supp	nort from		and momborabin food and are	
10	Ш		,	npt functions, subject to certain	•			155
				nd unrelated business taxable in	•	. ,		
		acquired by t	he organization after June 3	30, 1975. See section 509(a)(2)	. (Comple	ete Part II	l.)	
11	Ш	An organizati	on organized and operated	exclusively to test for public saf	ety. See	section 5	09(a)(4).	
12				exclusively for the benefit of, to	•		, , , , , , , , , , , , , , , , , , , ,	
				tions described in section 509(a				. Check
			-	scribes the type of supporting o	•		•	
	а			erated, supervised, or controlled	•			ng
			• , ,	ver to regularly appoint or elect	, ,	or the di	rectors or trustees of the	
	b	_ ``	• •	complete Part IV, Sections A a spervised or controlled in connection		ita aunna	arted erganization(a) by baying	
	D			rting organization vested in the				
				Part IV, Sections A and C.	ourne per	oono mat	control of manage the support	Cu
	С			supporting organization operated	d in conne	ection with	n, and functionally integrated w	rith,
				structions). You must complete				,
	d	Type III	non-functionally integrated	d. A supporting organization ope	erated in	connectio	n with its supported organization	on(s)
			•	e organization generally must s	-		•	ess
			,	must complete Part IV, Section				
	е		J	eived a written determination front on-functionally integrated suppor			s a Type I, Type II, Type III	
	f		mber of supported organizat	• • • • • • • • • • • • • • • • • • • •	itilig olga	i iizalioi i.		
	g g			he supported organization(s).				
		ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
,		ganization	(11) 2.11	(described on lines 1–10	, ,	our governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
						1		
(C)								
(D)								
(E)								
Tota		muork Doducati-	n Act Notice can the Instruct	tions for Form 990 or 990-EZ.			1	
LOLI	-ape	IWOIK KEUUCTIO	n Act Notice, see the instruc	uona lui fuilli 330 Uf 330-EZ.			•	Julieuule A (FOIIII 990) 2021

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	, ,		· · ·	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,035,376	969,322	549,410	572,040	401,802	3,527,950
2	Tax revenues levied for the organization'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						
5	Total. Add lines 1 through 3 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)	1,035,376	969,322	549,410	572,040	401,802	3,527,950
6	Public support. Subtract line 5 from line 4						3,527,950
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,035,376	969,322	549,410	572,040	401,802	3,527,950
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					74	74
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.)	10,680	18,291	17,530	58,121	82,684	187,306
11	Total support. Add lines 7 through 10						3,715,330
12	Gross receipts from related activities, etc.						106
13	First 5 years. If the Form 990 is for the or	-					. —
0	organization, check this box and stop her	e					
Sec	tion C. Computation of Public St						
14	Public support percentage for 2021 (line 6			n (f))			94.96%
15	Public support percentage from 2020 Scho						96.98%
16a	33 1/3% support test—2021. If the organ				33 1/3% or more, o	check this	▶ ▽
	box and stop here . The organization qual						<u> </u>
b	33 1/3% support test—2020. If the organ						
470	this box and stop here . The organization						
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	ts the facts-and-circ	cumstances test, c ces test. The orga	heck this box and nization qualifies a	stop here. Explains a publicly suppo	n in orted	▶ [
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the	20. If the organization meets the facts-and	on did not check a nd-circumstances t	box on line 13, 16, est, check this box	a, 16b, or 17a, and and stop here. E	d line Explain	
18	organization Private foundation. If the organization did instructions	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	ee	. —

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	tion A. Public Support	40.0				/	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	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 organization'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						
с 8	Add lines 7a and 7b						
<u></u>	line 6.)						
	tion B. Total Support ndar year (or fiscal year beginning in)	(-) 0047	//-> 0040	(-) 0040	(-1), 0000	T (-) 0004	46 T-4-1
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	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 or organization, check this box and stop her	_		-		:)(3)	▶ □
Sec	tion C. Computation of Public Si						
15	Public support percentage for 2021 (line 8	• •		nn (f))		15	%
16	Public support percentage from 2020 Sche						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2021 (I	ine 10c, column (f), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2020 S		II line 47			40	%
19a	33 1/3% support tests—2021. If the orga	nization did not ch					
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization	qualifies as a publi	cly supported orga	anization	▶ ∟
b	33 1/3% support tests—2020. If the orga						. —
20	line 18 is not more than 33 1/3%, check the Private foundation . If the organization did	•	ŭ	•	,	· ·	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
 - 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		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0.0		
	9c		
	10a		
	10h		
Sche	dule A	(Form 9	990) 2021

Schedu	le A (Form 990) 2021 Coptic Orthodox Charities, Inc 55-079033	0		Page 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 25% controlled on the of a person described on line 11a or 11b above? If "Vee" to line 11a, 11b, 25 11c.	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 in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	- Jha ashka a Garage		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations			l
	on on the supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization'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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check 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. Complete line 3 below.	<i></i> ,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions) [No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the 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 Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Fun		ions	230 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			See
instructions. All other Type III non-functionally integrated supporting organizations mu			
Section 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		
Section 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		
e 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		
Section 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-functionally integrated		supporting organization	
(see instructions).	٠.	5 5	

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	of supported		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets	orted organizations		
<u>.</u>	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VN		
6	Other distributions (describe in Part VI). See instructions.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
	From 2017			
	From 2018			
d	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Forn	n 990) 2021		Copti	c Ortho	dox	Chariti	ies,	Inc	55-	0790330	Page 8
Part VI	Supplement III, line 12;	Part IV, S	rmation. Section A,	Provide the lines 1, 2,	explar 3b, 3c,	nations requ 4b, 4c, 5a,	iired by 6, 9a,	Part II, lir 9b, 9c, 11	a, 11b, and	II, line 17a or d 11c; Part IV, ection E, lines	Section
	3a, and 3b	; Part V, I	line 1; Par		n B, line	e 1e; Part V	, Section	on D, lines	5, 6, and	8; and Part V,	
Part II	[, Line	10 -	Other	Income	Deta	ail					
Program	n Fees					\$	104	, 622			
•											

DAA Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Coptic Orthodox Charities, Inc 55-0790330 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(other)

depreciation

Schedule D (Form 990) 2021

1a Land ______ **b** Buildings c Leasehold improvements **d** Equipment

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Schedule D (F	orm 990) 2021 Coptic	Orthodox	Charit	<u>ies, I</u>	inc	55-07	90330		Page 3
Part VII	Investments - Other								
	Complete if the organiz		"Yes" on Fo	orm 990, F	Part IV, line	11b. See	Form 990, Pa	art X, line 12.	
	(a) Description of security of			(b) Boo	k value		(c) Method of		
	(including name of sec						Cost or end-of-year	r market value	
(1) Financial	derivatives								
	ld equity interests								
(3) Other									
(A)									
(B)			· · · · · · · · · · · · · · · · · · ·						
(C)			· · · · · · · · · · · · · · · · · · ·						
(r)			· · · · · · · · · · ·						
(<u>F</u>)									
('.)			· · · · · · · · · · · · · · · · · · ·						
(H)			·····						
	າ (b) must equal Form 990, Pa	rt X col (B) line 12							
Part VIII	Investments - Progra		·/ ····· I						
1 41 4 1111	Complete if the organiz		"Yes" on Fo	orm 990. F	Part IV. line	11c. See	Form 990. Pa	art X. line 13.	
	(a) Description of inves		100 0	(b) Boo			(c) Method of		
							Cost or end-of-year	market value	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Column	n (b) must equal Form 990, Pa	t X, col. (B) line 13.	.)						
Part IX	Other Assets.						_		
	Complete if the organiz			orm 990, F	Part IV, line	11d. See	Form 990, Pa		
		(a) De	escription					(b) Book value	e
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
	n (b) must equal Form 990, Pa	rt Y col (R) line 15	1						
Part X	Other Liabilities.	т X, сог. (<i>b)</i> ппе то.	·/ · · · · · · · · · · · · · · · · · ·						
. 4.1071	Complete if the organiz	ation answered	"Yes" on Fo	orm 990. F	Part IV. line	e 11e or 11	f. See Form	990. Part X.	
	line 25.	anon anonoroa		J 000, 1	are re, mic	7 1 10 01 11	000 1 01111	000, 1 0.1171,	
1.	(a) Description of I	iability						(b) Book value	e
	income taxes								
(2) SBA I								161	,054
	ll Taxes Payable								,571
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	n (b) must equal Form 990, Pa	rt X, col. (B) line 25.)	<u></u>				162	, 625
2 Liability for	uncertain tax positions. In Part	VIII provide the to	vt of the feetne	oto to the or	ragnization's f	inancial etator	monte that ronor	to 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

Sche	dule D (Form 990) 2021 Coptic Orthodox Charities,	Inc	55-0790330	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		-	
	Complete if the organization answered "Yes" on Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	542,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	E42 012
3	Subtract line 2e from line 1	 I I	3	542,812
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
_	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	40	
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		4c 5	542,812
	rt XII Reconciliation of Expenses per Audited Financial St			342,612
Га	Complete if the organization answered "Yes" on Form 9			
1	Total expenses and losses per audited financial statements			443,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			445,501
		2a		
a	Donated services and use of facilities	2b		
b	Prior year adjustments	20		
C C	Other (Openities in Part VIII.)	2c		
d	Other (Describe in Part XIII.)	2d	20	
e	Add lines 2a through 2d		2e	443,361
3	Subtract line 2e from line 1		3	443,301
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.0		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
1-	Others (December to Dest VIII.)			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	442 261
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	443,361
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information.)	5	443,361
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2l	b; Part V, line 4; Part X, line	443,361
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information.	Part IV, lines 1b and 2l	b; Part V, line 4; Part X, line	443,361
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2l	b; Part V, line 4; Part X, line	443,361
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2l	b; Part V, line 4; Part X, line	443,361
Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2l provide any additional ir	p; Part V, line 4; Part X, line aformation.	
Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2l provide any additional ir	p; Part V, line 4; Part X, line aformation.	
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Schedule D (Fo	orm 990) 2021	Coptic	Orthodox	Charities,	Inc	55-0790330	Page 5
Part XIII	Supplement	tal Informa	tion (continued)	Charities,			
			,				
•							
• • • • • • • • • • • • • • • • • • • •							
•							

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0074

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Coptic Orthodox Charities. Inc

55-0790330

Employer identification number

Pa	rt I Types of Property	- 0110 010	OX CHAITCIES		33 0730330		
	iypee e epe.ty	(2)	(b)	(c)	(d)		
		(a) Check if	Number of contributions or	Noncash contribution	Method of determining		
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amounts		
1	Art Marks of art	···		Form 990, Fait VIII, line 1g			
	Art Uistoriaal trassuras						
2	Art — Historical treasures						
	Art — Fractional interests						
4 5	Books and publications Clothing and household						
5	•						
c	goods Cars and other vehicles						
6							
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded Securities — Closely held stock						
10 11	Securities — Closely field stock Securities — Partnership, LLC,						
• • •							
12	or trust interests						
13	Qualified conservation						
13	contribution — Historic						
14	structures Qualified conservation						
17	contribution — Other						
15	Real estate — Residential						
16	Real estate — Commercial						
17	Real estate — Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()	Х	1	68,800			
26	Other ()			,			
27	Other ()						
28	Other (
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for			
	which the organization completed Fo	orm 8283,	Part V, Donee Acknowle	dgement	29		
					_	Yes	No
30a	During the year, did the organization	receive b	y contribution any proper	ty reported in Part I, lines	1 through		
	28, that it must hold for at least three						
	to be used for exempt purposes for	the entire	holding period?			0a	X
b	If "Yes," describe the arrangement in	n Part II.					
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard						
	contributions?					31	X
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell n			
						2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an ar	mount in co	olumn (c) for a type of pr	operty for which column (a) is checked,		
	describe in Part II.						

Schedule M (For	m 990) 2021	Copti	c Orthodox	Charities,	Inc	55-0790330	Page 2
Part II	Supplem	ental Inf	formation. Provide	the information i	required I	by Part I, lines 30b, 32b, and 33, and whethe	r
	the organ	ization is	reporting in Part I	column (b) the	number (of contributions, the number of items received	d
	or a com	hination c	of both. Also comp	lete this part for a	any additi	ional information	ω,
	OI a COIII	Diriation C	i botti. Also comp	iete tilis part lor a	arry addit	ional imormation.	
•							
			• • • • • • • • • • • • • • • • • • • •				

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Co to www.c.gov/rormood for the latest information

Employer identification number

Coptic Orthodox Charities, Inc

Form 990 - Organization's Mission

55-0790330

To assist, refugees, aslyees, abused spouses, immigrants & their families, and victims of human trafficking to achieve self sufficiency through a wide variety of programs such as Refugee Reception and Placement, immigration services, Social Services, education, employment, essential translation & interpretation services, transportation, and referrals to affordable legal services.

Form 990, Part III, Line 4a - First Accomplishment Refugee Reception and Placement Services: - Provides newly arriving refugees with furnished housing, orientation services, food, clothing, social services, and assistance finding employment. The agency's important work ensures clients' progress towards self-sufficiency. Services includes Case file preparation and maintenance, pre-arrival services that include apartment set-up, purchase of furniture, food, household essentials, preparation for appropriate hot meals, airport reception, transportation to their new home, housing orientation/personal safety, and clothing as appropriate. Other key services include conducting intake and orientation interviews, developing and implementing a resettlement plan and employment plan during the first 30 days, and monitoring that plan; providing comprehensive orientation within 90 days of arrival; Obtaining social security card, bus passes, enrolling refugee children in schools and English language classes for the adults; orientating to the local health care system; orientation to the bus system, and compliance with local motor safety laws (seatbelt, child seats, and number of

Schedule O (Form 990) 2021 Page 2

Name of the organization

Coptic Orthodox Charities, Inc

55-0790330

occupants per vehicle). Additionally, provides employment orientation and job placement, including discussion of the importance of self sufficiency in American society, importance to be on time for job interviews and accepting any job offer to ensure self-sufficiency. Immigration Services: - provides survivors of torture, refugees, Asylees, immigrants and victims of human trafficking with affordable Immigration services including consultation, assessment, and immigration case management. The services also include assistance completing the necessary documentation including application for political asylum, adjustment of status, spouse abuse applications, visa extensions, removal of conditions, naturalization, work authorization, travel documents, affidavit of support, change of status, family reunification, replacement of immigration documents, visa pertaining to human trafficking victims, and religious visa application. The Board of Immigration Appeals (BIA) recognizes the agency for their knowledge and service to the immigrant community and as having qualified and experienced BIA accredited staff. Additionally, the program provides referrals to affordable and appropriate legal representation related to various discrimination, family law, and criminal related issues. Assistance is also provided through referrals to the refugees, Asylees, immigrants and victims of human trafficking who face legal and cultural barriers to navigate the complex law enforcement and legal systems to ensure clients are connected with appropriate human

Schedule O (Form 990) 2021

Name of the organization

Page 2

Employer identification number

lame of the organization	Employer identification number
Coptic Orthodox Charities, Inc	55-0790330
service needs.	
Education, Social and Employment Services: - provides	
one-on-one, family and small group orientation and	
referral services to low-income immigrants, survivors of	
torture and human trafficking victims to promote long te	rm
economic self-sufficiency and effective resettlement. Th	e
program goals are:	
*To restore the social and economic independence of	
clients by meeting their basic needs, facilitating	
communication between them and community service	
providers, and fostering their understanding and	
assimilation into U.S. society.	
*To restore clients attachments to, and promote	
participation in, community, social, cultural, and	
economic systems.	
*To foster conditions that supports the clients'	
integration into their communities taking into account t	he
impact of age, gender, family status, and past experience	e.
The program strives to assist clients to achieve effecti	ve
resettlement and economic self-sufficiency as quickly as	······
possible. Direct services include case management,	
integration assistance, culture inclusion, social	
Services, employment services, and referrals to affordab	le Legal Services.
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990
Each Board member receives a copy of the 990 prior to it	s submission. Once
they have had the opportunity of reviewing the tax filin	g, they are

Schedule O (Form 990) 2021		Page 2
Name of the organization	Employer identification numbe	r
Coptic Orthodox Charities, Inc	55-0790330	
required to notify the President of the Board	and the Executive Directo	r of
any changes that are required.		
Form 000 Part VI line 12s - Enforcement of C	enflicts Policy	
Form 990, Part VI, Line 12c - Enforcement of C		
Each year, Board Members reaffirm this policy	and disclose any conflict	s of
interest. If a conflict of interest were to a	rise, the Board member wo	ould
be asked to explain their position, and the Bo	ard would discuss the	
impairment.		
Form 990, Part VI, Line 15a - Compensation Pro-	cess for Top Official	
Salaries of CEO and directors are reviewed per	iodically by the Board of	
Directors. A comparision is made to similar p	ositions to determine	
appropriate compensation.		
dpp10p11a0c compc.noac1cm.		
Form 990, Part VI, Line 19 - Governing Documen	ts Disclosure Explanation	1
Copies of the organization's 990 tax return are	e available upon request,	and
on-line using guidestar.		
Form 990, Part XI, Line 9 - Other Changes in N	et Assets Explanation	
	¢ 30.20	 .E
ERTC for prior years	\$ 30,20	
	Page 3 of 3	

COPTICORTHO Coptic Orthodox Charities, Inc 55-0790330 Federal Statements 7/21/2022 9:35 AM 55-0790330 FYE: 12/31/2021 Cash - EOY Amount Description 208,678 Cash in Bank \$ 208,678 Total Accounts payable - BOY Description Amount Credit Cards Payable \$ 7,888 7,888 Total Accounts payable - EOY Description Amount \$ 6,424 Credit Cards Payable \$ 6,424 Total

Audited Financial Statements

December 31, 2019

Contents

Independent Auditors' Report				
Financial Statements				
Statement of Financial Position	5			
Statement of Activities and Changes in Net Assets	6			
Statement of Functional Expenses	7			
Statement of Cash Flows	8			
Notes to Financial Statements	Q			



Independent Auditors' Report

To the Board of Directors Coptic Orthodox Charities, Inc.

We have audited the accompanying financial statements of Coptic Orthodox Charities, Inc. (the Organization), which comprise the statements of financial position as of December 31, 2019 and the statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion



In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2019, and the changes in its net assets, cash flows and its functional expenses for the year then ended in conformity with accounting principles generally accepted in the United States of America.

St. Petersburg, Florida

August 25, 2020

Statement of Financial Position December 31, 2019

December 31,	2019
<u>ASSETS</u>	
Current assets:	
Cash	\$ 1,063
Employee advances	699
Accounts receivable	9,517
Total current assets	11,279
Total Assets	\$ 11,279
LIABILITIES AND NET ASSETS	
Current liabilities:	
Cash overdraft	\$ 21,685
Payroll liabilities	3,196
Accounts Payable	4,752
Total current liabilities	29,633
Net assets, without donor restrictions	(18,354)

Statement of Activities and Changes in Net Assets Year ended December 31, 2019

	Without	
Year ended December 31,	Donor Restrictions	2019
Support and revenue:		
Grants	\$ 434,424	\$ 434,424
Donations	6,985	6,985
In-kind materials	69,022	69,022
In-kind facilities	4,800	4,800
Total support	515,231	515,231
Program income	11,930	11,930
Total revenue	11,930	11,930
Total support and revenue	527,161	527,161
Expenses:		
Program services	423,921	423,921
Supporting Services:		
Management and general	132,565	132,565
Fundraising	925	925
Total expenses	557,411	557,411
Change in net assets	(30,250)	(30,250)
Net assets, beginning of year	5,353	5,353
Net assets, end of year	\$ (24,897)	\$ (24,897)

Statement of Functional Expenses Year ended December 31, 2019

		Supportin	g Services	
	Program Services	Management & General	Fundraising	2019
Salaries and benefits	\$217,892	\$97,271	\$ 925	\$ 316,088
Client assistance:				
Cash and direct support	19,244	_	_	19,244
Food	1,727	_	_	1,727
Rent	41,261	_	_	41,261
Utilities	4,916	9,013	_	13,929
Other program expenses	14,785	_	_	14,785
Grant expense	19,564	_	_	19,564
Professional services	19,705	10,020	_	29,725
In-kind materials	69,022	_	_	69,022
In-kind rent	4,800	_	_	4,800
Insurance	_	6,856	_	6,856
Supplies and other	_	2,115	_	2,115
Utilities	_	6,179	_	6,179
Travel and employee mileage	11,005	1,111		12,116
Total expenses	\$423,921	\$132,565	\$ 925	\$557,411

Statement of Cash Flows Year ended December 31, 2019

Year ended December 31,	2019
Cash flows from operating activities:	
Change in net assets	\$(30,250)
Adjustments to reconcile change in net assets	
to net cash provided by operating activities:	
Change in operating assets and liabilities:	
Accounts receivable	12,360
Cash overdraft	21,685
Payroll liabilities	(7,028)
Accounts payable	(1,895)
Net cash provided by operating activities	(5,128)
Change in cash	(5,128)
Cash and cash equivalents, beginning of year	6,191
Cash and cash equivalents, end of year	\$ 1,063

Notes to financial statements

December 31, 2019

1. Organization and Description of Business

Coptic Orthodox Charities, Inc. (the Organization) is a community-based organization that has been in existence since 2001. Coptic Orthodox Charities, Inc.'s mission is to serve minority groups who are economically or physically disadvantaged by promoting and fostering health, strengthening families through education, alleviating poverty and promoting self-sufficiency.

2. Significant Accounting Policies

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

The Organization's financial statements are presented in accordance with the guidance issued by FASB as codified in ASC Topic 958-210. The financial statements of the Organization have been prepared on the accrual basis. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. In the accompanying financial statements, net assets that have similar characteristics have been combined into similar categories as follows:

<u>Net Assets Without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board may designate, from net assets without donor restrictions, net assets for reserves and board-designated endowments.

<u>Net Assets With Donor Restrictions</u> – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Expenses are summarized on a functional basis. Salaries and related payroll expenses are allocated based on estimated proportions of time spent for each function. All other expenses are allocated based on management's estimate of the benefit derived by each activity.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. The Organization places its cash with high-quality financial institutions. The Organization does not believe it is exposed to any significant credit risk on cash.

Notes to financial statements

December 31, 2019

Contributions, Grants and Grants Receivable

Contributions and grants are recorded as increases in net assets without donor restrictions or as net assets with donor restrictions, depending on the existence and nature of donor restrictions. All contributions and grants are considered to be available for unrestricted use in the appropriate time period, unless specifically restricted by the donor.

Amounts restricted for future periods or restricted for specific purposes are reported as temporarily restricted or permanently restricted support. When a donor-stipulated time restriction ends or a purpose restriction is accomplished, the restricted net assets are reclassified to unrestricted net assets and reported as satisfactions of program restrictions and net assets released. If a restriction is fulfilled in the same time period in which the contribution or grant is received, it is reported as unrestricted support. The Organization had no restricted net assets as of December 31, 2019.

Property and Equipment

Property and equipment are recorded at the cost purchased or fair value at date of gift, if contributed, and are depreciated using the straight-line method over the estimated useful lives of the assets, which is 10 years.

Contributed Services and materials

The Organization records various types of in-kind contributions. Contributed services, including the use of facilities, are recognized at fair market value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals processing those skills, and would typically need to be purchased if not provided by donation. Contributions of materials are recognized at fair market value when received. Contributed materials represent primarily donations to the Organization which are then provided to participants at the discretion of the Organization. The amounts reflected in the accompanying financial statements as in-kind contributions are offset by like amounts included in expenses. In accordance with accounting rules, donations directly to participants from outside the Organization are not reflected in the accompanying financial statements,

Unpaid volunteers have made significant contributions of their time to develop and maintain the Organization's programs. No amounts have been reported in the financial statements for voluntary donation of services because no objective basis is available to measure the value of such donations.

Functional Allocation of Expenses

The costs of providing the various programs have been summarized on a functional basis in the statement of functional expenses. Salaries and other expenses that are associated with a specific program are charged directly to that program. Salaries and other expenses that benefit more than one program are allocated to the various programs based on the relative benefit provided.

Notes to financial statements

December 31, 2019

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Tax Status

The Organization qualifies as a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code (IRC). The Organization periodically assesses whether it has incurred income tax expense or related interest or penalties in accordance with accounting for uncertain tax positions. No such amounts were recognized for the years ending December 31, 2019, respectively. Should the Organization's tax returns be challenged in the future, the Organization's 2016 – 2019 tax years are open for examination by the IRS.

Fair Value Measurements

The framework for measuring the fair value of assets and liabilities provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- <u>Level 1</u> Quoted market prices in active markets for identical assets or liabilities.
- Level 2 Observable market based inputs or unobservable inputs corroborated by market data
- <u>Level 3</u> Unobservable inputs not corroborated by market data.

Fair value estimates discussed herein are based upon certain market assumptions and pertinent information available to management. The respective carrying value of certain on-balance-sheet financial instruments approximated their fair values due to the short-term nature of these instruments. These financial instruments include cash and equivalents, credit card payables, and payroll tax liabilities.

Notes to financial statements

December 31, 2019

3. Property and equipment

Property and equipment consist or the following at December 31:

	Useful life	
December 31,	(in years)	2019
Office furniture and equipment	10	\$ 8,383
Vehicles	10	13,273
		21,656
Less accumulated depreciation		(21,656)
		\$ -

Depreciation expense for the year ended December 31, 2019 was \$0.

4. Liquidity

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

December 31,	2019
Cash and cash equivalents	\$ 1,063
Accounts receivable	9,517
	\$10,580

5. Donated use of facilities

The Organization receives free use of facilities at a local nonprofit organization's office. The original lease between the two organizations has expired but has continued as a month-to-month arrangement. The Organization receives free use of office space, as well as internet service, telephone, office supplies, photocopier use and computer support. The Organization has valued the receipt of the donated space and services at \$4,800. In exchange for the facilities provided, the Organization assists its clients in finding job placements using to the nonprofit's job listing and also provides interpreter services to the nonprofit in lieu of rent.

6. Subsequent Events

Subsequent events have been evaluated through August 25, 2020, which is the date the financial statements were available to be issued.

12-0366-00 USI INSURANCE SERVICES LLC 360 COLUMBIA DR STE 105 WEST PALM BEACH FL 33409-1976



LIFE · HOME · CAR · BUSINESS

PO Box 30660 • Lansing, MI 48909-8160 517.323.1200

Auto-Owners Insurance Company

You can view your policy or change your paperless options at any time online at www.auto-owners.com.

COPTIC ORTHODOX CHARITIES INC 4765 STONEVIEW CIR OLDSMAR FL 34677-4856

Your agency's phone number is 800-866-8840.

RE: Policy 052312-72674730-21

08-17-2021

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a full complement of policies, each of which has its own eligibility requirements, coverages and rates. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company and program may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need. The Auto-Owners Insurance Group is comprised of six property and casualty companies and a life insurance company.

NOTICE OF PRIVACY PRACTICES

What We Do To Protect Your Privacy

At Auto-Owners Insurance Group*, we value your business and we want to retain your trust. In the course of providing products and services, we may obtain nonpublic personal information about you. We assure you that such information is used only for the purpose of providing our products and services to you.

Protecting Confidentiality

Our agents and Company associates may have access to nonpublic personal information only for the purpose of providing our products or services to you. We maintain physical, electronic and procedural safeguards against unauthorized use of your nonpublic personal information.

Information We Obtain

To assist in underwriting and servicing your policy, we may obtain nonpublic personal information about you. For example, we routinely obtain information through applications, forms related to our products or services, from visiting www.auto-owners.com, and your transactions with us. We may obtain such information from our affiliates, independent insurance agents, governmental agencies, third parties, or consumer reporting agencies.

The type of information that we collect depends on the product or service requested, but may include your name, address, contact information, social security number, credit history, claims history, information to properly investigate and resolve any claims, or billing information. We may obtain your medical history with your permission. The nature and extent of the information we obtain varies based on the nature of the products and services you receive.

The Internet and Your Information

If you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement at www.auto-owners.com/privacy.

Generally, Auto-Owners may use cookies, analytics, and other technologies to help us provide users with better service and a more customized web experience. Our business partners may use tracking services, analytics, and other technologies to monitor visits to www.auto-owners.com. The website may use web beacons in addition to cookies. You may choose to not accept cookies by changing the settings in your web browser.

Information obtained on our websites may include IP address, browser and platform types, domain names, access times, referral data, and your activity while using our site; who should use our web site; the security of information over the Internet; and links and co-branded sites.

Limited Disclosure

Auto-Owners Insurance Group companies do not disclose any nonpublic personal information about their customers or former customers except as permitted by law. We do not sell your personal information to anyone. We do not offer an opportunity for you to prevent or "opt out of" information sharing since we only share personal information with others as allowed by law.

When sharing information with third parties to help us conduct our business, we require them to protect your personal information. We do not permit them to use or share your personal information for any purpose other than the work they are doing on our behalf or as required by law.

59325 (12-19) Page 1 of 2

The types of information disclosed may include personal information we collect as necessary to service your policy or account, investigate and pay claims, comply with state and federal regulatory requests or demands, and process other transactions that you request. Third parties that receive disclosures may include your independent agent, regulators, reinsurance companies, fraud prevention agencies, or insurance adjusters.

How Long We Retain Your Information

We generally retain your information as long as reasonably necessary to provide you services or to comply with applicable law and in accordance with our document retention policy. We may retain copies of information about you and any transactions or services you have used for a period of time that is consistent with applicable law, applicable statute of limitations or as we believe is reasonably necessary to comply with applicable law, regulation, legal process or governmental request, to detect or prevent fraud, to collect fees owed, to resolve disputes, to address problems with our services, to assist with investigations, to enforce other applicable agreements or policies or to take any other actions consistent with applicable law.

In some circumstances we may anonymize your personal information (so that it can no longer be associated with you) for research or statistical purposes, in which case we may use this information indefinitely without further notice to you. This allows the specific information collected (name, email, address, phone number, etc.) to become anonymous, but allows Auto-Owners to keep the transaction or engagement data.

Changes to the Privacy Policy

We will provide a notice of our privacy policy as required by law. This policy may change from time to time, but you can always review our current policy by visiting our website at www.auto-owners.com/privacy or by contacting us.

Contact Us

Auto-Owners Insurance Company Phone: 844-359-4595 (toll free) Email: privacyrequest@aoins.com

*Auto-Owners Insurance Group includes, Auto-Owners Insurance Company, Auto-Owners Life Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company.

59325 (12-19) Page 2 of 2

59243 (6-00)

Florida POLICYHOLDER INFORMATION AND ASSISTANCE

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Lakeland Regional Office for information and assistance by calling 863-687-4505.

Auto-Owners Insurance Company Owners Insurance Company Southern-Owners Insurance Company

59243 (6-00) Page 1 of 1

Tailored Protection Insurance Policy

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company, this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.

Secretary

William & Woodbury

President

55000 (7-12)





INSURANCE COMPANY 6101 ANACAPRI BLVD., LANSING, MI 48917-3999 TAILORED PROTECTION POLICY DECLARATIONS

AGENCY USI INSURANCE SERVICES LLC

12-0366-00 MKT TERR 114

800-866-8840

Renewal Effective

Issued

10-01-2021

08-17-2021

POLICY NUMBER

052312-72674730-21

Company Use

72-23-FL-0510

Company Bill Policy Term

12:01 a.m. to 12:01 a.m.

10-01-2021

10-01-2022

ADDRESS 4765 STONEVIEW CIR

OLDSMAR FL 34677-4856

INSURED COPTIC ORTHODOX CHARITIES INC

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Office

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):

PREMIUM \$523.00

COMMERCIAL GENERAL LIABILITY COVERAGE

\$523.00

PAID IN FULL DISCOUNT

TOTAL

\$53.00

TOTAL POLICY PREMIUM IF PAID IN FULL

\$470.00

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable): 55000 (07-12)

A 05% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb() Comm Auto(X) WC() Life() Personal() Farm().

Countersigned By: USI INSURANCE SERVICES LLC

Auto-Owners Ins. Co. Issued 08-17-2021

AGENCY USI INSURANCE SERVICES LLC

12-0366-00 MKT TERR 114

INSURED COPTIC ORTHODOX CHARITIES INC

Company **POLICY NUMBER 052312-72674730-21**Bill 72-23-FL-0510

Term 10-01-2021 to 10-01-2022

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate	\$2,000,000
(Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You	\$300,000 Any One Premises
(Fire, Lightning, Explosion, Smoke or Water Damage)	
Medical Payments	\$10,000 Any One Person
Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59351	(01-15)	IL0017	(11-85)	55146	(06-04)	CG0220	(03-12)	IL0021	(07-02)
CG2106	(05-14)	55091	(05-17)	CG2244	(04-13)	CG2157	(04-13)	CG2138	(11-85)
59325	(12-19)	CG0001	(04-13)	55513	(05-17)	55719	(05-17)	55029	(05-17)
CG2196	(03-05)	CG2132	(05-09)	CG2147	(12-07)	55885	(05-17)		

Auto-Owners Ins. Co. Issued 08-17-2021

AGENCY USI INSURANCE SERVICES LLC

12-0366-00 MKT TERR 114

INSURED COPTIC ORTHODOX CHARITIES INC

Company Bill POLICY NUMBER 052312-72674730-21 72-23-FL-0510

Term 10-01-2021 to 10-01-2022

LOCATION 0001 - BUILDING 0001

Location: 2312 Gulf To Bay Blvd, Clearwater, FL 33765-4103

Territory: 004 County: Pinellas

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.5% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Included	Included
Counseling Office	48600	Prem/Op Prod/Comp Op		Each 1000 261.871 27.080	\$262.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

TERRORISM - CERTIFIED ACTS SEE FORM: 59351

EXCLUDED

LOCATION 0001 \$289.00

LOCATION 0003 - BUILDING 0001

Location: 4440 Grand Blvd, New Port Richey, FL 34652-5402

Territory: 006 County: Pasco

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Counseling Office	48600		Area	Each 1000	
		Prem/Op	1,000	207.067	\$207.00
		Prod/Comp Op	1,000	27.080	\$27.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0003 SUMMARY		
TERRORISM - CERTIFIED ACTS	SEE FORM: 59351	EXCLUDED
	LOCATION 0003	\$234.00

COMMERCIAL GENERAL LIABILITY CG 22 44 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – SERVICES FURNISHED BY HEALTH CARE PROVIDERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Operations:	
COUNSELING OFFICE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability and Paragraph 2. Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

With respect to any operation shown in the Schedule, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of:

- **1.** The rendering of or failure to render:
 - **a.** Medical, surgical, dental, X-ray or nursing service, treatment, advice or instruction, or the related furnishing of food or beverages;
 - **b.** Any health or therapeutic service, treatment, advice or instruction; or

- **c.** Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement or personal grooming;
- **2.** The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances; or
- **3.** The handling or treatment of dead bodies, including autopsies, organ donation or other procedures.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved that which is described in Paragraph 1., 2. or 3.

55029 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION I - COVERAGES is amended.

- COVERAGE A BODILY INJURY AND PROP-ERTY DAMAGE LIABILITY, 2. Exclusions is amended. The following exclusion is added. This insurance does not apply to: Any claim, "suit", action or proceeding against any insured arising out of the discharge, dispersal, release, escape or inhalation of any asbestos-related particles, dust, irritants, contaminants, "pollutants", toxic elements or materials.
- COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions is amended. The following exclusion is added. This insurance does not apply to: Any claim, "suit", action or proceeding against any insured arising out of the discharge, dispersal,

- release, escape or inhalation of any asbestosrelated particles, dust, irritants, contaminants, "pollutants", toxic elements or materials.
- COVERAGE C MEDICAL PAYMENTS, 2.
 Exclusions is amended. The following exclusion is added.

We will not pay expenses for "bodily injury": For any claim, "suit", action or proceeding against any insured arising out of the discharge, dispersal, release, escape or inhalation of any asbestosrelated particles, dust, irritants, contaminants, "pollutants", toxic elements or materials.

All other policy terms and conditions apply.

55885 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed:

SECTION III – LIMITS OF INSURANCE is amended.

The following provision is added.

Beginning with the effective date of this policy, we will provide twice the General Aggregate Limit (other than Products-Completed Operations), shown in the Declarations.

If this policy is written for more than one 12 month period, the General Aggregate Limit for each 12

month period shall never exceed twice the General Aggregate Limit shown in the Declarations. The General Aggregate Limit applies separately to each 12 month period starting with the beginning of the policy period shown in the Declarations.

All other policy terms and conditions apply.

55885 (5-17)

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Page 1 of 1

55719 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES -SUPPLEMENTARY PAYMENTS - COVERAGES A AND B

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUPPLEMENTARY PAYMENTS - COVERAGES A AND B is amended. Paragraph **e.** is deleted and replaced by the following Paragraph.

e. All costs taxed against the insured in the "suit" we defend. However, such costs shall not include attorneys' fees or attorneys' expenses taxed against the insured unless the attorneys' fees or attorneys' expenses were taxed against the insured as a result of our rejection of an offer of judgment at or below the applicable limit of insurance while providing a defense for that insured.

All other policy terms and conditions apply.

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Page 1 of 1

55719 (5-17)

55091 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY PLUS COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- EXTENDED WATERCRAFT LIABILITY SECTION I - COVERAGES, COVERAGE A -BODILY INJURY AND PROPERTY DAMAGE LIA-BILITY, 2. Exclusions is amended. Exclusion g.(2) is deleted and is replaced by the following exclusion.
 - (2) A watercraft you do not own that is:
 - (a) Less than 50 feet long; and
 - **(b)** Not being used to carry persons or property for a charge;

2. HIRED AUTO AND NON-OWNED AUTO LIABILITY

Coverage for "bodily injury" and "property damage" liability provided under SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, is extended as follows under this item, but only if you do not have any other insurance available to you which affords the same or similar coverage.

Coverage

We will pay those sums the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the maintenance or use of an "auto":

- a. You do not own;
- **b.** Which is not registered in your name; or
- **c.** Which is not leased or rented to you for more than ninety consecutive days

and which is used in your business.

Exclusions

With respect to only **HIRED AUTO AND NON-OWNED AUTO LIABILITY**, the exclusions which apply to **SECTION I - COVERAGES**, **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, other than the Nuclear Energy Liability Exclusion Endorsement, do not apply. The following exclusions apply to this coverage.

This coverage does not apply to:

- a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.
- **b.** Any obligation of the insured under a workers compensation, disability benefits or unemployment compensation law or any similar law.
- c. (1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
 - (a) That are, or are contained in any property that is:
 - Being transported or towed by, handled or prepared for placement into or upon, or taken from the "auto";
 - 2) Otherwise in the course of transit by you or on your behalf; or
 - Being disposed of, stored, treated or processed into or upon the "auto";
 - (b) Before such "pollutants" or property containing "pollutants" are moved from the place they are accepted by you or anyone acting on your behalf for placement into or onto the "auto"; or
 - (c) After such "pollutants" or property containing "pollutants" are removed from the "auto" to where they are delivered, disposed of or abandoned by you or anyone acting on your behalf.

Paragraph **c.(1)(a)** does not apply to "pollutants" that are needed or result from the normal mechanical, electrical or hydraulic functioning of the "auto" or its parts, if the discharge, release, escape, seepage, migration or dispersal of such "pollutants" is directly from a part of the "auto" designed to hold, store, receive or dispose of such "pollutants" by the "auto" manufacturer.

Paragraphs **c.(1)(b)** and **c.(1)(c)** do not apply, if as a direct result of maintenance or use of the "auto", "pollutants" or property containing "pollutants" which are not in or upon the "auto", are upset, overturned or damaged at any premises not owned by or leased to you. The discharge, release, escape, seepage, migration or dispersal of the "pollutants" must be directly caused by such upset, overturn or damage.

- (2) Any loss, cost or expense arising out of any:
 - (a) Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
 - (b) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants".
- **d.** "Bodily injury" or "property damage" however caused, arising directly or indirectly, out of:
 - (1) War, including undeclared or civil war;
 - (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- e. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:
 - (1) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. However, if the insurance under this policy does not apply to the liability of the insured, it also does not apply to such liability assumed by the insured under an "insured contract".
 - **(2)** That the insured would have in the absence of the contract or agreement.
- **f.** "Property damage" to:
 - Property owned or being transported by, or rented or loaned to any insured; or
 - (2) Property in the care, custody or control of any insured other than "property damage" to

- a residence or a private garage by a private passenger "auto" covered by this coverage.
- g. (1) "Bodily injury" to:
 - (a) An "employee" of the insured arising out of and in the course of employment by the insured: or
 - **(b)** The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **g.(1)(a)**.
 - (2) This exclusion applies:
 - (a) Whether the insured may be liable as an employer or in any other capacity; and
 - **(b)** To any obligation to share damages with or repay someone else who must pay damages because of the injury.
 - (3) This exclusion does not apply to:
 - (a) Liability assumed by the insured under an "insured contract".
 - (b) "Bodily injury" to any "employee" of the insured arising out of and in the course of his or her domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

Who Is An Insured

With respect to only this coverage, **SECTION II - WHO IS AN INSURED** is deleted and replaced by the following provision.

SECTION II - WHO IS AN INSURED

- **a.** Each of the following is an insured with respect to this coverage.
 - **(1)** You.
 - (2) Your partners if you are designated in the Declarations as a partnership or a joint venture.
 - (3) Your members if you are designated in the Declarations as a limited liability company.
 - (4) Your "executive officers" if you are designated in the Declarations as an organization other than a partnership, joint venture or limited liability company.
 - (5) Any person using the "auto" and any person or organization legally responsible for the use of an "auto" not owned by such person or organization, provided the actual use is with your permission.
- **b.** None of the following is an insured:
 - (1) Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-"employee" of such person injured in the course of employment.
 - (2) Any person using the "auto" and any person other than you, legally responsible for its use with respect to an "auto" owned or registered in the name of:

- (a) Such person; or
- (b) Any partner or "executive officer" of yours or a member of his or her household; or
- (c) Any "employee" or agent of yours who is granted an operating allowance of any sort for the use of such "auto".
- (3) Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate.
- (4) The owner or lessee (of whom you are a sub-lessee) of a hired "auto" or the owner of an "auto" you do not own or which is not registered in your name which is used in your business or any agent or employee of any such owner or lessee.
- (5) Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

Additional Definitions

The following definition applies to only this coverage. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".

Limits of Insurance

With respect to only this coverage, **SECTION III - LIMITS OF INSURANCE** is deleted and replaced by the following provision.

SECTION III - LIMITS OF INSURANCE

- **a.** The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - (1) Insureds;
 - (2) Claims made or "suits" brought; or
 - **(3)** Persons or organizations making claims or bringing "suits".
- b. We will pay damages for "bodily injury" or "property damage" up to the limits of liability shown in the Declarations for this coverage. Such damages shall be paid as follows:
 - (1) When Hired Auto and Non-Owned Auto Each Occurrence Limit is shown in the Declarations, such limit is the total amount of coverage and the most we will pay for all damages because of or arising out of all "bodily injury" and "property damage" in any one "occurrence".
 - (2) When Bodily Injury Hired Auto and Non-Owned Auto Each Occurrence Limit and Property Damage Hired Auto and Non-Owned Auto Each Occurrence Limit are shown in the Declarations:

- (a) The limit shown for Bodily Injury Hired Auto and Non-Owned Auto Each Occurrence is the total amount of coverage and the most we will pay for all damages because of or arising out of all "bodily injury" in any one "occurrence".
- (b) The limit shown for Property Damage Hired Auto and Non-Owned Auto Each Occurrence is the total amount of coverage and the most we will pay for all damages because of or arising out of all "property damage" in any one "occurrence".

3. BROADENED SUPPLEMENTARY PAYMENTS SUPPLEMENTARY PAYMENTS - COVERAGES A AND B, Paragraph 1.d. is amended.

The amount we will pay for the actual loss of earnings is increased from \$250 per day to \$400 per day.

4. ADDITIONAL PRODUCTS-COMPLETED OPERA-TIONS AGGREGATE LIMIT

If the endorsement, EXCLUSION - PRODUCTS COMPLETED OPERATIONS HAZARD, CG 21 04, is not attached to this policy, then the following provision is added to **SECTION III - LIMITS OF INSURANCE**.

Commencing with the effective date of this policy, we will provide one additional Products-Completed Operations Aggregate Limit, for each annual period, equal to the amount of the Products-Completed Operations Aggregate Limit shown in the Declarations. The maximum Products-Completed Operations Aggregate Limit for any annual period will be no more than two times the original Products-Completed Operations Aggregate Limit.

5. PERSONAL INJURY EXTENSION

- a. If the endorsement EXCLUSION PERSONAL AND ADVERTISING INJURY, CG 21 38, is attached to this policy, then this provision, 5. PERSONAL INJURY EXTENSION, does not apply.
- b. If the endorsement EXCLUSION PERSONAL AND ADVERTISING INJURY, CG 21 38, is not attached to this policy, then under SECTION V -DEFINITIONS, 14. "Personal and advertising injury" is deleted and replaced by the following definition
 - **14.** "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
 - **a.** False arrest, detention or imprisonment;
 - **b.** Malicious prosecution;
 - **c.** The wrongful eviction from, wrongful entry into, or invasion of the right of private

occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

- d. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
- **e.** Oral or written publication, in any manner, of material that violates a person's right of privacy;
- **f.** The use of another's advertising idea in your "advertisement";
- g. Infringing upon another's copyright, trade dress or slogan in your "advertisement"; or
- h. Discrimination, humiliation, sexual harassment and any violation of civil rights caused by such discrimination, humiliation or sexual harassment.
- BROADENED KNOWLEDGE OF OCCURRENCE SECTION IV - COMMERCIAL GENERAL LIABIL-ITY CONDITIONS, 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit is amended. The following condition is added.

Paragraphs **a.** and **b.** of this condition will not serve to deny any claim for failure to provide us with notice as soon as practicable after an "occurrence" or an offense which may result in a claim:

- **a.** If the notice of a new claim is given to your "employee"; and
- **b.** That "employee" fails to provide us with notice as soon as practicable.

This exception shall not apply to you or to any officer, director, partner, risk manager or insurance manager of yours.

7. DAMAGE TO PREMISES RENTED TO YOU

- a. SECTION I COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended.
 - (1) The last paragraph is deleted and replaced by the following paragraph. Exclusions c. through n. do not apply to damage by fire, lightning, explosion, smoke or water damage to premises rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in 7. DAMAGE TO PREMISES RENTED TO YOU, b. Limits of Insurance.
 - (2) The following additional exclusions apply to "property damage" arising out of water damage to premises rented to you or

temporarily occupied by you with permission of the owner.

- (a) "Property damage" to:
 - The interior of the premises caused by or resulting from rain or snow, whether driven by wind or not; or
 - Heating, air conditioning, plumbing or fire protection systems, or other equipment or appliances.
- **(b)** "Property damage" caused by or resulting from any of the following:
 - Mechanical breakdown, including bursting or rupture caused by centrifugal force;
 - Cracking, settling, expansion or shrinking;
 - 3) Smoke or smog;
 - **4)** Birds, insects, rodents or other animals;
 - 5) Wear and tear:
 - 6) Corrosion, rust, decay, fungus, deterioration, hidden or latent defect or any quality in property that causes such property to destroy or damage itself; or
 - 7) Water that flows or leaks from any heating, air conditioning, plumbing or fire protection system caused by or resulting from freezing, unless:
 - You make a reasonable effort to maintain heat in the building or structure; or
 - b) You drain the equipment and shut off the water supply if the heat is not maintained.
- **(c)** "Property damage" caused directly or indirectly by any of the following:
 - 1) Water that backs up from a drain or sewer:
 - 2) Mud flow or mudslide;
 - Volcanic eruption, explosion or effusion;
 - Any earth movement, such as earthquake, landslide, mine subsidence, earth sinking, earth rising or earth shifting;
 - 5) Regardless of the cause, flood, surface water, waves, tides, tidal waves, storm surge, overflow of any body of water, or their spray, all whether wind driven or not; or
 - 6) Water under the ground surface pressing on, or seeping or flowing through:
 - a) Walls, foundations, floors or paved surfaces;

- **b)** Basements, whether paved or not: or
- **c)** Doors, windows or other openings.
- (d) "Property damage" for which the insured is obligated to pay as damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of this contract or agreement.

b. Limits of Insurance

With respect to this coverage only, under **SECTION III - LIMITS OF INSURANCE**, Paragraph **6.** is deleted and replaced by the following Paragraph.

- **6.** The most we will pay under Coverage **A** for damages because of "property damage" to premises rented to you or temporarily occupied by you with permission of the owner arising out of or caused by fire, lightning, explosion, smoke and water damage is the amount shown in the Declarations under Damage to Premises Rented to You.
- c. SECTION IV COMMERCIAL GENERAL LIA-BILITY CONDITIONS, 4. Other Insurance, Paragraph b. is amended. The word fire is amended to include fire, lightning, explosion, smoke or water damage.

8. BLANKET ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT

- a. (1) SECTION II WHO IS AN INSURED is amended to include as an additional insured any person or organization with whom you have agreed:
 - (a) In a written contract or agreement, executed prior to loss, to name as an additional insured; or
 - (b) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured.
 - **(2)** This provision applies only with respect to liability for:
 - (a) "Bodily injury";
 - (b) "Property damage"; or
 - **(c)** "Personal and advertising injury" caused in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.
- **b.** With respect to the insurance afforded to an additional insured, this insurance does not apply

to any "occurrence" which takes place after the equipment lease expires.

c. The following provision is added to SECTION III - LIMITS OF INSURANCE.

The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the lessor, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

9. BLANKET ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

- a. SECTION II WHO IS AN INSURED is amended to include as an additional insured any person or organization with whom you have agreed:
 - In a written contract or agreement, executed prior to loss, to name as an additional insured; or
 - (2) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured

but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you.

- **b.** This provision is subject to the following additional exclusions.
 - (1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
 - (2) Structural alterations, new constructions or demolition operations performed by or on behalf of the additional insured.
- c. The following provision is added to SECTION III LIMITS OF INSURANCE.

The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the manager or lessor of the premises, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

10. NEWLY FORMED OR ACQUIRED ORGANIZATIONS

SECTION II - WHO IS AN INSURED is amended. Paragraph **3.** is deleted and replaced by the following provision.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain

ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
- Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- **c.** Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

11. BLANKET WAIVER OF SUBROGATION SECTION IV - COMMERCIAL GENERAL LIABIL-ITY CONDITIONS is amended. The following provision is added to 8. Transfer Of Rights of Recovery Against Others To Us.

When you have agreed to waive your right of subrogation in a written contract, executed prior to loss, with any person or organization, we waive any right to recovery we may have against such person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard".

All other policy terms and conditions apply.

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COMMERCIAL GENERAL LIABILITY 55146 (6-04)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UPSET AND OVERSPRAY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed the coverage for "property damage" liability with respect to your operations is extended as follows:

1. COVERAGE

We will pay those sums which you become legally obligated to pay for "property damage" caused directly by immediate, abrupt and accidental:

- a. Upset, overturn or collision of your "mobile equipment" while transporting; or
- b. "Overspray" during your application or dispersal of

"pollutants" which are intended for and normally used in your operations. The operations must be in compliance with local, state, and federal ordinances and laws.

This is not an additional amount of insurance and does not increase the Limits of Insurance stated in the Declarations.

2. EXCLUSIONS

a. With regard only to the coverage provided by this endorsement, Exclusion f. of Section I - Coverage A - Bodily Injury And Property Damage Liability is deleted and replaced by the following:

f. Pollution

Any loss, cost or expense arising out of any:

- (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
- (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants".

However, this paragraph does not apply to liability for damages because of covered "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

b. The following exclusion is added to Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And **Property Damage Liability:**

This coverage does not apply to "overspray" resulting from aerial application or dispersal of "pollutants".

DEDUCTIBLE

Any deductible provision of the policy which is applicable to Property Damage Liability coverage applies to this coverage extension.

DEFINITIONS

The following definition applies in addition to those in the policy.

"Overspray" means spray, from a device specifically designed for spray application or dispersal, that goes beyond the entire area of intended application or dispersal.

All other policy terms and conditions apply.

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55146 (6-04) Page 2 of 2

55513 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYER'S LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. SECTION I COVERAGES, COVERAGE A -BODILY INJURY AND PROPERTY DAMAGE LIA-BILITY, 2. Exclusions is amended. Exclusion e. Employer's Liability is deleted and replaced by the following exclusion.
 - e. Employer's Liability

"Bodily injury" to:

- (1) An "employee" of any insured arising out of and in the course of employment by any insured; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph e.(1).

This exclusion applies:

- (1) Whether any insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by any insured under an "insured contract".

- **B. SECTION II WHO IS AN INSURED** is amended. Paragraph **1.** is deleted and replaced by the following paragraph for purposes of this endorsement only.
 - **1. a.** If you are designated in the Declarations as:
 - (1) An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - (2) A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
 - (3) A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business.

- (4) An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
- **(5)** A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- b. However, with respect to paragraphs 1.a.(1) through 1.a.(5), no person is an insured for "bodily injury" or "personal and advertising injury":
 - **(1)** To:
 - (a) You and your spouse if the Named Insured is an individual;
 - **(b)** Your members, your partners and their spouses if the Named Insured is a partnership or joint venture;
 - **(c)** Your members if the Named Insured is a Limited Liability Company;
 - (d) Your "executive officers" and directors if the Named Insured is other than a partnership, joint venture or limited liability company; or
 - **(e)** Your trustees if the Named Insured is a trust.
 - (2) To an "employee" of any insured while in the course of his or her employment or performing duties related to the conduct of any insured's business.
 - (3) To any insured's "volunteer workers" while performing duties related to the conduct of any insured's business;
 - (4) To the spouse, child, parent, brother or sister of any "employee" or "volunteer worker" as a consequence of Paragraphs 1.b.(2) or (3).
 - **(5)** For which there is any obligation to share damages with or repay someone

else who must pay damages because of the injury described in Paragraphs 1.b.(1), (2) and (3). **(6)** Arising out of his or her providing or failing to provide professional health care services.

All other policy terms and conditions apply.

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COMMERCIAL GENERAL LIABILITY CG 00 01 04 13

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance. The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured. Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERAGES COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY

- 1. Insuring Agreement
 - a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:
 - (1) The amount we will pay for damages is limited as described in Section III Limits Of Insurance; and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.
 - No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments Coverages A and B.
 - **b.** This insurance applies to "bodily injury" and "property damage" only if:
 - (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";

- (2) The "bodily injury" or "property damage" occurs during the policy period; and
- (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.
- c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.
- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:
 - (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
 - (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
 - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- **e.** Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

2. Exclusions

This insurance does not apply to:

a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

b. Contractual Liability

"Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

- (1) That the insured would have in the absence of the contract or agreement; or
- (2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an "insured contract", reasonable attorneys' fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of "bodily injury" or "property damage", provided:
 - (a) Liability to such party for, or for the cost of, that party's defense has also been assumed in the same "insured contract"; and
 - (b) Such attorneys' fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

c. Liquor Liability

"Bodily injury" or "property damage" for which any insured may be held liable by reason of:

- (1) Causing or contributing to the intoxication of any person;
- (2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- (3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in:

- (a) The supervision, hiring, employment, training or monitoring of others by that insured: or
- **(b)** Providing or failing to provide transportation with respect to any person that may be under the influence of alcohol;

if the "occurrence" which caused the "bodily injury" or "property damage", involved that which is described in Paragraph (1), (2) or (3) above. However, this exclusion applies only if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages. For the purposes of this exclusion, permitting a person to bring alcoholic beverages on your premises, for consumption on your premises, whether or not a fee is charged or a license is required for such activity, is not by itself considered the business of selling, serving or furnishing alcoholic beverages.

d. Workers' Compensation And Similar Laws Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

Employer's Liability "Bodily injury" to:

- (1) An "employee" of the insured arising out of and in the course of:
 - (a) Employment by the insured; or
 - **(b)** Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by the insured under an "insured contract".

f. Pollution

- (1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
 - (a) At or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured. However, this subparagraph does not apply to:
 - "Bodily injury" if sustained within a building and caused by smoke, fumes, vapor or soot produced by or originating from equipment that is used to heat, cool or dehumidify the building, or equipment that is used to heat water for personal use, by the building's occupants or their quests;
 - (ii) "Bodily injury" or "property damage" for which you may be held liable, if

you are a contractor and the owner or lessee of such premises, site or location has been added to your policy as an additional insured with respect to your ongoing operations performed for that additional insured at that premises, site or location and such premises, site or location is not and never was owned or occupied by, or rented or loaned to, any insured, other than that additional insured; or

- (iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire":
- (b) At or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste;
- (c) Which are or were at any time transported, handled, stored, treated, disposed of, or processed as waste by or for:
 - (i) Any insured; or
 - (ii) Any person or organization for whom you may be legally responsible: or
- (d) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the "pollutants" are brought on or to the premises, site or location in connection with such operations by such insured, contractor or subcontractor. However, this subparagraph does not apply to:
 - (i) "Bodily injury" or "property damage" arising out of the escape of fuels, lubricants or other operating fluids which are needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of "mobile equipment" or its parts, if such fuels, lubricants or other operating fluids escape from a vehicle part designed to hold, store or receive them. This exception does not apply if the "bodily injury" or "property damage" arises out of the intentional discharge, dispersal or release of the fuels, lubricants or other operating fluids, or if such fuels, lubricants or other operating fluids are brought on or to the

- premises, site or location with the intent that they be discharged, dispersed or released as part of the operations being performed by such insured, contractor or subcontractor;
- (ii) "Bodily injury" or "property damage" sustained within a building and caused by the release of gases, fumes or vapors from materials brought into that building in connection with operations being performed by you or on your behalf by a contractor or subcontractor; or
- (iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire".
- (e) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants".
- (2) Any loss, cost or expense arising out of any:
 - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
 - (b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

g. Aircraft, Auto Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other

wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

- (1) A watercraft while ashore on premises you own or rent:
- (2) A watercraft you do not own that is:
 - (a) Less than 26 feet long; and
 - **(b)** Not being used to carry persons or property for a charge;
- (3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;
- (4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or
- (5) "Bodily injury" or "property damage" arising out of:
 - (a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or
 - (b) The operation of any of the machinery or equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".

h. Mobile Equipment

"Bodily injury" or "property damage" arising out of:

- (1) The transportation of "mobile equipment" by an "auto" owned or operated by or rented or loaned to any insured; or
- (2) The use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

i. War

"Bodily injury" or "property damage", however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

j. Damage To Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you;
- (4) Personal property in the care, custody or control of the insured;
- (5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of seven or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III – Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you. Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph **(6)** of this exclusion does not apply to "property damage" included in the "products-completed operations hazard".

k. Damage To Your Product

"Property damage" to "your product" arising out of it or any part of it.

I. Damage To Your Work

"Property damage" to "your work" arising out of it or any part of it and included in the "productscompleted operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.

m. Damage To Impaired Property Or Property Not Physically Injured

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

- (1) A defect, deficiency, inadequacy or dangerous condition in "your product" or "your work": or
- (2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

n. Recall Of Products, Work Or Impaired Property

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

- (1) "Your product";
- (2) "Your work"; or
- (3) "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

o. Personal And Advertising Injury

"Bodily injury" arising out of "personal and advertising injury".

p. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data. However, this exclusion does not apply to liability for damages because of "bodily injury". As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

q. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law:

- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or
- (4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

Exclusions **c.** through **n.** do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section **III** – Limits Of Insurance.

COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "personal and advertising injury" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any offense and settle any claim or "suit" that may result. But:
 - (1) The amount we will pay for damages is limited as described in Section III Limits Of Insurance; and
 - (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B**.

b. This insurance applies to "personal and advertising injury" caused by an offense arising out of your business but only if the offense was committed in the "coverage territory" during the policy period.

2. Exclusions

This insurance does not apply to:

a. Knowing Violation Of Rights Of Another
"Personal and advertising injury" caused by or at
the direction of the insured with the knowledge
that the act would violate the rights of another

and would inflict "personal and advertising injury".

b. Material Published With Knowledge Of Falsity

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material, if done by or at the direction of the insured with knowledge of its falsity.

c. Material Published Prior To Policy Period "Personal and advertising injury" arising out of oral or written publication, in any manner, of material whose first publication took place before the beginning of the policy period.

d. Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.

e. Contractual Liability

"Personal and advertising injury" for which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

f. Breach Of Contract

"Personal and advertising injury" arising out of a breach of contract, except an implied contract to use another's advertising idea in your "advertisement".

g. Quality Or Performance Of Goods – Failure To Conform To Statements

"Personal and advertising injury" arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your "advertisement".

h. Wrong Description Of Prices

"Personal and advertising injury" arising out of the wrong description of the price of goods, products or services stated in your "advertisement".

i. Infringement Of Copyright, Patent, Trademark Or Trade Secret

"Personal and advertising injury" arising out of the infringement of copyright, patent, trademark, trade secret or other intellectual property rights. Under this exclusion, such other intellectual property rights do not include the use of another's advertising idea in your "advertisement".

However, this exclusion does not apply to infringement, in your "advertisement", of copyright, trade dress or slogan.

j. Insureds In Media And Internet Type Businesses

"Personal and advertising injury" committed by an insured whose business is:

 Advertising, broadcasting, publishing or telecasting;

- (2) Designing or determining content of web sites for others; or
- **(3)** An Internet search, access, content or service provider.

However, this exclusion does not apply to Paragraphs **14.a.**, **b.** and **c.** of "personal and advertising injury" under the Definitions section. For the purposes of this exclusion, the placing of frames, borders or links, or advertising, for you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting.

k. Electronic Chatrooms Or Bulletin Boards "Personal and advertising injury" arising out of an electronic chatroom or bulletin board the insured hosts, owns, or over which the insured exercises control.

I. Unauthorized Use Of Another's Name Or Product

"Personal and advertising injury" arising out of the unauthorized use of another's name or product in your e-mail address, domain name or metatag, or any other similar tactics to mislead another's potential customers.

m. Pollution

"Personal and advertising injury" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

n. Pollution-related

Any loss, cost or expense arising out of any:

- (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
- (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

o. War

"Personal and advertising injury", however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

Recording And Distribution Of Material Or Information In Violation Of Law

"Personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or
- (4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

COVERAGE C - MEDICAL PAYMENTS

1. Insuring Agreement

- **a.** We will pay medical expenses as described below for "bodily injury" caused by an accident:
 - (1) On premises you own or rent;
 - (2) On ways next to premises you own or rent; or
 - **(3)** Because of your operations; provided that:
 - (a) The accident takes place in the "coverage territory" and during the policy period:
 - **(b)** The expenses are incurred and reported to us within one year of the date of the accident; and
 - (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.
- **b.** We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance. We will pay reasonable expenses for:
 - (1) First aid administered at the time of an accident:
 - (2) Necessary medical, surgical, X-ray and dental services, including prosthetic devices; and
 - (3) Necessary ambulance, hospital, professional nursing and funeral services.

2. Exclusions

We will not pay expenses for "bodily injury":

a. Any Insured

To any insured, except "volunteer workers".

b. Hired Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

- c. Injury On Normally Occupied Premises
 To a person injured on that part of premises you
 own or rent that the person normally occupies.
- d. Workers' Compensation And Similar Laws
 To a person, whether or not an "employee" of
 any insured, if benefits for the "bodily injury" are
 payable or must be provided under a workers'
 compensation or disability benefits law or a
 similar law.

e. Athletics Activities

To a person injured while practicing, instructing or participating in any physical exercises or games, sports, or athletic contests.

- f. Products-Completed Operations Hazard Included within the "products-completed operations hazard".
- g. Coverage A ExclusionsExcluded under Coverage A.

SUPPLEMENTARY PAYMENTS – COVERAGES A AND B

- **1.** We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:
 - a. All expenses we incur.
 - **b.** Up to \$250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
 - c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.
 - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$250 a day because of time off from work.
 - e. All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.
 - f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.
 - **g.** All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

- 2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:
 - a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
 - **b.** This insurance applies to such liability assumed by the insured;
 - c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
 - d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;
 - e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee: and
 - f. The indemnitee:
 - **(1)** Agrees in writing to:
 - (a) Cooperate with us in the investigation, settlement or defense of the "suit";
 - (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";
 - (c) Notify any other insurer whose coverage is available to the indemnitee; and
 - (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and
 - **(2)** Provides us with written authorization to:
 - (a) Obtain records and other information related to the "suit"; and
 - (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph 2.b.(2) of Section I – Coverage A – Bodily Injury And Property Damage Liability, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph **f.** above, are no longer met.

SECTION II – WHO IS AN INSURED

- 1. If you are designated in the Declarations as:
 - **a.** An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - **b.** A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
 - e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- **2.** Each of the following is also an insured:
 - a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:
 - (1) "Bodily injury" or "personal and advertising injury":
 - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
 - **(b)** To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph **(1)(a)** above;

- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (1)(a) or (b) above; or
- (d) Arising out of his or her providing or failing to provide professional health care services.
- (2) "Property damage" to property:
 - (a) Owned, occupied or used by;
 - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by; you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- **b.** Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.
- **c.** Any person or organization having proper temporary custody of your property if you die, but only:
 - (1) With respect to liability arising out of the maintenance or use of that property; and
 - **(2)** Until your legal representative has been appointed.
- **d.** Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
- 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
 - b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - c. Coverage B does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

SECTION III – LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

- **a.** Insureds:
- b. Claims made or "suits" brought; or
- **c.** Persons or organizations making claims or bringing "suits".
- **2.** The General Aggregate Limit is the most we will pay for the sum of:
 - a. Medical expenses under Coverage C;
 - **b.** Damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and
 - c. Damages under Coverage B.
- 3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage A for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".
- **4.** Subject to Paragraph **2.** above, the Personal And Advertising Injury Limit is the most we will pay under Coverage **B** for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization.
- **5.** Subject to Paragraph **2.** or **3.** above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:
 - a. Damages under Coverage A; and
 - **b.** Medical expenses under Coverage **C** because of all "bodily injury" and "property damage" arising out of any one "occurrence".
- 6. Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.
- 7. Subject to Paragraph 5. above, the Medical Expense Limit is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by any one person.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
- **b.** If a claim is made or "suit" is brought against any insured, you must:
 - (1) Immediately record the specifics of the claim or "suit" and the date received; and
 - **(2)** Notify us as soon as practicable. You must see to it that we receive written notice of the claim or "suit" as soon as practicable.
- **c.** You and any other involved insured must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit":
 - (2) Authorize us to obtain records and other information:
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit": and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.
- **d.** No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- **a.** To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- **b.** To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

b. Excess Insurance

- (1) This insurance is excess over:
 - (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
 - (iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section I – Coverage A – Bodily Injury And Property Damage Liability.
 - (b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

- **(b)** The total of all deductible and selfinsured amounts under all that other insurance.
- (4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Premium Audit

- **a.** We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- **c.** The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

- **a.** The statements in the Declarations are accurate and complete;
- **b.** Those statements are based upon representations you made to us; and
- **c.** We have issued this policy in reliance upon your representations.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- **a.** As if each Named Insured were the only Named Insured; and
- **b.** Separately to each insured against whom claim is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date. If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V - DEFINITIONS

- "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
 - **a.** Notices that are published include material placed on the Internet or on similar electronic means of communication; and
 - **b.** Regarding web sites, only that part of a web site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

2. "Auto" means:

- **a.** A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
- **b.** Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.
- However, "auto" does not include "mobile equipment".
- **3.** "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- **4.** "Coverage territory" means:
 - **a.** The United States of America (including its territories and possessions), Puerto Rico and Canada:
 - **b.** International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in Paragraph **a.** above; or
 - **c.** All other parts of the world if the injury or damage arises out of:
 - Goods or products made or sold by you in the territory described in Paragraph a. above;
 - **(2)** The activities of a person whose home is in the territory described in Paragraph **a.**

- above, but is away for a short time on your business; or
- (3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication;

provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph **a.** above or in a settlement we agree to.

- **5.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- **6.** "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.
- **7.** "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.
- **8.** "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:
 - **a.** It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or
 - **b.** You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement.

- 9. "Insured contract" means:
 - a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract":
 - **b.** A sidetrack agreement;
 - **c.** Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - **d.** An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - e. An elevator maintenance agreement;
 - f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement. Paragraph f. does not include that part of any contract or agreement:

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
- (2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
 - (a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - **(b)** Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or
- (3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.
- 10. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- **11.** "Loading or unloading" means the handling of property:
 - After it is moved from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";
 - **b.** While it is in or on an aircraft, watercraft or "auto"; or
 - c. While it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered:

but "loading or unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto".

- **12.** "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
 - Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads:
 - **b.** Vehicles maintained for use solely on or next to premises you own or rent;
 - **c.** Vehicles that travel on crawler treads;
 - **d.** Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - Power cranes, shovels, loaders, diggers or drills: or

- (2) Road construction or resurfacing equipment such as graders, scrapers or rollers;
- e. Vehicles not described in Paragraph a., b., c. or d. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - (1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
 - (2) Cherry pickers and similar devices used to raise or lower workers:
- f. Vehicles not described in Paragraph a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - (1) Equipment designed primarily for:
 - (a) Snow removal;
 - **(b)** Road maintenance, but not construction or resurfacing; or
 - (c) Street cleaning;
 - (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

However, "mobile equipment" does not include any land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- **13.** "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
- **14.** "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
 - a. False arrest, detention or imprisonment;
 - b. Malicious prosecution;
 - c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor:
 - **d.** Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;

- **e.** Oral or written publication, in any manner, of material that violates a person's right of privacy;
- f. The use of another's advertising idea in your "advertisement"; or
- **g.** Infringing upon another's copyright, trade dress or slogan in your "advertisement".
- 15. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- 16. "Products-completed operations hazard":
 - a. Includes all "bodily injury" and "property damage" occurring away from premises you own or rent and arising out of "your product" or "your work" except:
 - (1) Products that are still in your physical possession; or
 - (2) Work that has not yet been completed or abandoned. However, "your work" will be deemed completed at the earliest of the following times:
 - (a) When all of the work called for in your contract has been completed.
 - **(b)** When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.
 - (c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

- **b.** Does not include "bodily injury" or "property damage" arising out of:
 - (1) The transportation of property, unless the injury or damage arises out of a condition in or on a vehicle not owned or operated by you, and that condition was created by the "loading or unloading" of that vehicle by any insured;
 - (2) The existence of tools, uninstalled equipment or abandoned or unused materials; or
 - (3) Products or operations for which the classification, listed in the Declarations or in a policy Schedule, states that products-completed operations are subject to the General Aggregate Limit.
- 17. "Property damage" means:
 - a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or

b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

- **18.** "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies are alleged. "Suit" includes:
 - **a.** An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
 - **b.** Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.
- **19.** "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- 20. "Volunteer worker" means a person who is not your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.

21. "Your product":

- **a.** Means:
 - (1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
 - (a) You;
 - (b) Others trading under your name; or
 - **(c)** A person or organization whose business or assets you have acquired; and
 - (2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.

b. Includes:

- (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and
- (2) The providing of or failure to provide warnings or instructions.
- c. Does not include vending machines or other property rented to or located for the use of others but not sold.

22. "Your work":

- a. Means:
 - Work or operations performed by you or on your behalf; and
 - (2) Materials, parts or equipment furnished in connection with such work or operations.
- **b.** Includes:
 - (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and
 - (2) The providing of or failure to provide warnings or instructions.

COMMERCIAL GENERAL LIABILITY CG 02 20 03 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART POLLUTION LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART ELECTRONIC DATA LIABILITY COVERAGE PART PRODUCT WITHDRAWAL COVERAGE PART

- **A.** Paragraph **2.** of the **Cancellation** Common Policy Condition is replaced by the following:
 - 2. Cancellation Of Policies In Effect:
 - a. For 90 Days Or Less

If this policy has been in effect for 90 days or less, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

- (1) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
- (2) 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:
 - (a) A material misstatement or misrepresentation; or
 - (b) A failure to comply with the underwriting requirements established by the insurer.

b. For More Than 90 Days

If this policy has been in effect for more than 90 days, we may cancel this policy only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) The policy was obtained by a material misstatement:
- (3) Failure to comply with underwriting requirements established by the insurer within 90 days of the effective date of coverage;
- **(4)** A substantial change in the risk covered by the policy; or

(5) The cancellation is for all insureds under such policies for a given class of insureds.

If we cancel this policy for any of these reasons, we will mail or deliver to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

- (a) 10 days before the effective date of cancellation if we cancel for non-payment of premium;
- **(b)** 45 days before the effective date of cancellation if we cancel for any of the other reasons stated in paragraph **2.b.**
- **B.** Paragraph **3.** of the **Cancellation** Common Policy Condition is replaced by the following:
 - 3. We will mail or deliver our notice to the first Named Insured at the last mailing address known to us.
- **C.** Paragraph **5.** of the **Cancellation** Common Policy Condition is replaced by the following:
 - 5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any pre-

mium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

D. The following is added and supersedes any other provision to the contrary:
Nonrenewal

- 1. If we decide not to renew this policy we will mail or deliver to the first Named Insured written notice of nonrenewal, accompanied by the reason for nonrenewal, at least 45 days prior to the expiration of this policy.
- 2. Any notice of nonrenewal will be mailed or delivered to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

CG 02 20 03 12

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Page 2 of 2

COMMERCIAL GENERAL LIABILITY CG 21 06 05 14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY – WITH LIMITED BODILY INJURY EXCEPTION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Exclusion 2.p. of Section I Coverage A Bodily Injury And Property Damage Liability is replaced by the following:
 - 2. Exclusions

This insurance does not apply to:

 Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability

Damages arising out of:

- (1) Any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information; or
- (2) The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph (1) or (2) above.

However, unless Paragraph (1) above applies, this exclusion does not apply to damages because of "bodily injury".

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

- B. The following is added to Paragraph 2. Exclusions of Section I Coverage B Personal And Advertising Injury Liability:
 - 2. Exclusions

This insurance does not apply to:
Access Or Disclosure Of Confidential Or
Personal Information

"Personal and advertising injury" arising out of any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information. This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of any access to or disclosure of any person's or organization's confidential or personal information.

COMMERCIAL GENERAL LIABILITY CG 21 32 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMUNICABLE DISEASE EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. The following exclusion is added to Paragraph 2. Exclusions of Section I Coverage A Bodily Injury And Property Damage Liability:
 - 2. Exclusions

This insurance does not apply to:

Communicable Disease

"Bodily injury" or "property damage" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- **a.** Supervising, hiring, employing, training or monitoring of others that may be infected with and spread a communicable disease;
- **b.** Testing for a communicable disease;
- **c.** Failure to prevent the spread of the disease;
- **d.** Failure to report the disease to authorities.

- B. The following exclusion is added to Paragraph 2. Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:
 - 2. Exclusions

This insurance does not apply to:

Communicable Disease

"Personal and advertising injury" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- Supervising, hiring, employing, training or monitoring of others that may be infected with and spread a communicable disease;
- **b.** Testing for a communicable disease;
- **c.** Failure to prevent that spread of the disease; or
- **d.** Failure to report the disease to authorities.

CG 21 38 11 85 COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PERSONAL AND ADVERTISING INJURY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

COVERAGE B (Section I) does not apply and none of the references to it in the Coverage Part apply.

CG 21 38 11 85

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Page 1 of 1

COMMERCIAL GENERAL LIABILITY CG 21 47 12 07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT-RELATED PRACTICES EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:

This insurance does not apply to: "Bodily injury" to:

- (1) A person arising out of any:
 - (a) Refusal to employ that person;
 - (b) Termination of that person's employment; or
 - (c) Employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person; or
- (2) The spouse, child, parent, brother or sister of that person as a consequence of "bodily injury" to that person at whom any of the employmentrelated practices described in Paragraphs (a), (b), or (c) above is directed.

This exclusion applies:

- (1) Whether the injury-causing event described in Paragraphs (a), (b) or (c) above occurs before employment, during employment or after employment of that person;
- (2) Whether the insured may be liable as an employer or in any other capacity; and
- (3) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

B. The following exclusion is added to Paragraph 2., Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:

This insurance does not apply to: "Personal and advertising injury" to:

- (1) A person arising out of any:
 - (a) Refusal to employ that person;
 - (b) Termination of that person's employment; or
 - (c) Employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person; or
- (2) The spouse, child, parent, brother or sister of that person as a consequence of "personal and advertising injury" to that person at whom any of the employment-related practices described in Paragraphs (a), (b), or (c) above is directed.

This exclusion applies:

- (1) Whether the injury-causing event described in Paragraphs (a), (b) or (c) above occurs before employment, during employment or after employment of that person;
- (2) Whether the insured may be liable as an employer or in any other capacity; and
- (3) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

COMMERCIAL GENERAL LIABILITY CG 21 57 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – COUNSELING SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability and Paragraph 2. Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of advisory services or counseling with respect to such issues as mental health, crisis prevention, social services or drug and alcohol rehabilitation or similar subjects.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved advisory services or counseling described above.

CG 21 57 04 13

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Page 1 of 1

COMMERCIAL GENERAL LIABILITY CG 21 96 03 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SILICA OR SILICA-RELATED DUST EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. The following exclusion is added to Paragraph 2., Exclusions of Section I Coverage A Bodily Injury And Property Damage Liability:
 - 2. Exclusions

This insurance does not apply to:

Silica Or Silica-Related Dust

- a. "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, or ingestion of, "silica" or "silica-related dust".
- **b.** "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, "silica" or "silicarelated dust".
- c. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any insured or by any other person or entity.

- B. The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:
 - 2. Exclusions

This insurance does not apply to:

Silica Or Silica-Related Dust

- a. "Personal and advertising injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".
- b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any insured or by any other person or entity.
- C. The following definitions are added to the **Definitions** Section:
 - **1.** "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
 - **2.** "Silica-related dust" means a mixture or combination of silica and other dust or particles.

Agency Code 12-0366-00

Policy Number 052312-72674730

59351 (1-15)

EXCLUSION OF CERTIFIED ACTS OF TERRORISM and IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

It is agreed:

1. The following definition applies:

Certified act of terrorism means any act certified by the Secretary of the Treasury, in consultation with:

- a. the Secretary of Homeland Security; and
- **b**. the Attorney General of the United States

to be an act of terrorism as defined and in accordance with the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).

Under the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act) a terrorist act may be certified:

- if the aggregate covered commercial property and casualty insurance losses resulting from the terrorist act exceed \$5 million; and
- **b.** (1) if the act of terrorism is:
 - a) a violent act; or
 - b) an act that is dangerous to human life, property or infrastructure; and
 - (2) if the act is committed:
 - a) by an individual or individuals as part of an effort to coerce the civilian population of the United States; or
 - **b)** to influence the policy or affect the conduct of the United States government by coercion.
- **2.** The following exclusion is added:

We shall not pay:

- **a.** for any loss caused directly or indirectly by a **certified act of terrorism**, whether or not any other cause or event contributed concurrently or in any sequence to the loss.
- **b.** sums any insured becomes legally obligated to pay because of or arising out of bodily injury, property damage, personal injury or advertising injury, if covered by this insurance, caused by a **certified act of terrorism**.

All other policy terms and conditions apply.

59351 (1-15) Page 1 of 2

IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 was signed into law on November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

At your request, this policy does not provide insurance coverage for certified acts of terrorism as defined in the Act. "Excluded" is shown on the Declarations page under this coverage. In the event of a certified act of terrorism, future policies also may include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act.

59351 (1-15) Page 2 of 2

IL 00 17 11 85

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. CANCELLATION

- The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
- 3. We will mail or deliver our notice to the first Named Insured's last mailing address known to
- Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- 5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
- 6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. EXAMINATIONS OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

- 1. Make inspections and surveys at any time;
- 2. Give you reports on the conditions we find; and
- 3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

- 1. Are safe or healthful; or
- Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

E. PREMIUMS

The first Named Insured shown in the Declarations:

- Is responsible for the payment of all premiums; and
- 2. Will be the payee for any return premiums we pay.

F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IL 00 17 11 85

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Page 2 of 2

IL 00 21 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

- **1.** The insurance does not apply:
 - **A.** Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

- **B.** Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
- **C.** Under any Liability Coverage, to"bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located

within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" include radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "Special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";
- (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

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