



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012 or tax year beginning

, 2012, and ending

, 20

Name of foundation

A Employer identification number

COPIC Medical Foundation

84-1197083

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

B Telephone number (see instructions)

7351 E Lowry Boulevard

720/858-6000

City or town, state, and ZIP code

C If exemption application is pending, check here ☐

Denver, CO 80230

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity☐ Final return ☐ Amended return☐ Address change ☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐H Check type of organization. ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at

J Accounting method ☐ Cash ☒ Accrual

end of year (from Part II, col (c),

☐ Other (specify)

line 16) ► \$ 10,921,754

(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐**Part I****Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	665,308			
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	134,902	134,902		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
b	Less Cost of goods sold					
c	Gross profit or (loss) (attach schedule)					
11	Other income (attach schedule)					
12	Total. Add lines 1 through 11	800,210	134,902			
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	4,105			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	42,315			42,414
	24	Total operating and administrative expenses. Add lines 13 through 23	47,355			43,349
	25	Contributions, gifts, grants paid	204,120			300,620
26	Total expenses and disbursements. Add lines 24 and 25	251,475			343,969	
27	Subtract line 26 from line 12.					
a	Excess of revenue over expenses and disbursements	548,735				
b	Net investment income (if negative, enter -0-)		134,902			
c	Adjusted net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2012)

SCANNED AUG 22 2013

P

11

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		827,514	1,146,141	1,146,141
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶ see schedule				
	Less: allowance for doubtful accounts ▶		2,694	1,302	1,302
	4 Pledges receivable ▶				
	Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . .				
	7 Other notes and loans receivable (attach schedule) ▶				
	Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U.S. and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		6,968,143	8,014,384	8,014,384
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment: basis ▶				
Liabilities	Less: accumulated depreciation (attach schedule) ▶				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)				
	14 Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶				
	15 Other assets (describe ▶ Admin. of State Reg. Program)		2,553,197	1,759,927	1,759,927
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		10,351,548	10,921,754	10,921,754
	17 Accounts payable and accrued expenses		1,945	1,846	
	18 Grants payable		291,500	195,000	
	19 Deferred revenue				
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule) . .				
	22 Other liabilities (describe ▶ see attached schedule)		2,553,197	1,759,927	
	23 Total liabilities (add lines 17 through 22)		2,846,642	1,956,773	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted		7,504,906	8,964,981	
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
Net Assets or Fund Balances	28 Paid-in or capital surplus, or land, bldg., and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see instructions)		7,504,906	8,964,981	
	31 Total liabilities and net assets/fund balances (see instructions)		10,351,548	10,921,754	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,504,906
2 Enter amount from Part I, line 27a	2	548,735
3 Other increases not included in line 2 (itemize) ▶ See attached schedule	3	911,340
4 Add lines 1, 2, and 3	4	8,964,981
5 Decreases not included in line 2 (itemize) ▶ Not applicable	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . .	6	8,964,981

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	291,356	7,884,711	0370
2010	414,969	6,958,619	0596
2009	156,337	5,799,529	0270
2008	576,621	6,741,126	0854
2007	470,580	6,711,998	0701
2 Total of line 1, column (d)			2 .2791
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0558
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 8,383,862
5 Multiply line 4 by line 3			5 467,820
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,349
7 Add lines 5 and 6			7 469,169
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			8 343,969

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1		2,698
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		0
3	Add lines 1 and 2	3		2,698
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		2,698
6	Credits/Payments.			
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	4,000	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		4,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1,302
11	Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded	11		1,302

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		✓
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ Colorado		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	✓	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.callcopic.com</u>	13	✓	
14	The books are in care of ► <u>Shane Schattinger</u> Telephone no ► <u>720-858-6000</u> Located at ► <u>7351 E Lowry Boulevard, Denver, CO</u> ZIP+4 ► <u>80230-6902</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No ✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5):		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:				
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	✓
Organizations relying on a current notice regarding disaster assistance check here		<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	✓
If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See attached schedule				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Not Applicable (no employee received over \$50,000)				
Total number of other employees paid over \$50,000				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 NONE	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	7,488,689
b	Average of monthly cash balances	1b	3,363,572
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	10,852,261
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,852,261
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	2,468,399
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,383,862
6	Minimum investment return. Enter 5% of line 5	6	419,193

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	419,193
2a	Tax on investment income for 2012 from Part VI, line 5	2a	2,698
b	Income tax for 2012. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	2,698
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	416,495
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	416,495
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	416,495

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	343,969
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	343,969
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	343,969

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				416,495
2 Undistributed income, if any, as of the end of 2012.				
a Enter amount for 2011 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012.				
a From 2007	0			
b From 2008	157,253			
c From 2009	0			
d From 2010	69,876			
e From 2011	0			
f Total of lines 3a through e	227,129			
4 Qualifying distributions for 2012 from Part XII, line 4: \$ <u>343,969</u>				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2012 distributable amount				343,969
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	72,526			72,526
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	154,603			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	154,603			
10 Analysis of line 9.				
a Excess from 2008	84,727			
b Excess from 2009	0			
c Excess from 2010	69,876			
d Excess from 2011	0			
e Excess from 2012	0			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

Kathy Brown 7351 E Lowry Blvd, Denver, CO 80230 720/858-6000

b The form in which applications should be submitted and information and materials they should include:

See attached schedule

c Any submission deadlines

None

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See attached schedule

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2012)

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue.					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	134,902	
5	Net rental income or (loss) from real estate.					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
b						
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e)				134,902	
13	Total. Add line 12, columns (b), (d), and (e)				13	134,902

(See worksheet in line 13 instructions to verify calculations.)

[illegible]

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	✓
	(2) Other assets	1a(2)	✓
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	✓
	(3) Rental of facilities, equipment, or other assets	1b(3)	✓
	(4) Reimbursement arrangements	1b(4)	✓
	(5) Loans or loan guarantees	1b(5)	✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Not applicable		

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

8/15/2013
Date

Accounting Manager
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no

Schedule of Contributors

OMB No 1545-0047

2012

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

COPIC Medical Foundation

84-1197083

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☒ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COPIC Medical Foundation	Employer identification number 84-1197083
---------------------------------------------------------	-----------------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COPIC Insurance Company 7351 E Lowry Boulevard Denver, CO 80230	\$ 665,308	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

COPIC Medical Foundation

84-1197083

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	None ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

Name of organization COPIC Medical Foundation	Employer identification number 84-1197083
--------------------------------------------------	----------------------------------------------

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----

12/31/2012

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

Part 11 Balance Sheet, Line 106, Investments - Corporate Stock

Portfolio Holdings Report

Reported by Issue

Grouped By: Reporting Security Type and Category

COPIC Medical Foundation

Holdings as of December 31, 2012 Accounting Date

Par or Shares	Security Description Int/Div Rate	Maturity Date	Amortized Value	Cost	Market / Unit	Market Value	% of Type	Estimated Annual Income	Current Yield	Market YTM	Modified Duration	S&P Rating	Moodys Rating
Common Stock													
Mutual Funds													
89,452.90	AMERICAN GROWTH FD OF AMER-A 0.19000 399874-10-6		2,594,384.40	2,594,384.40	34.35000	3,072,707.18	57.65 %	16,862.39	0.553	0.553	N/A	UN	UN
203,552.34	VANGUARD BD INDEX FD INC TOTAL BND 0.48000 921937-60-3		2,076,357.96	2,076,357.96	11.09000	2,257,395.44	42.35 %	95,551.68	4.328	4.328	N/A	UN	UN
293,005.24	Total Mutual Funds		4,670,742.36	4,670,742.36		5,330,102.62	66.51 %	112,514.07	2.152	2.152	0.00000	UN	UN
Other MMF													
65,120.86	EURO PAC GROWTH FD SH BEN INT 0.00000 298706-10-2		2,968,129.71	2,968,129.71	41.22000	2,684,281.82	100.00 %	0.00	0.000	0.000	N/A	UN	UN
65,120.86	Total Other MMF		2,968,129.71	2,968,129.71		2,684,281.82	33.49 %	0.00	0.000	0.000	0.00000	UN	UN
358,126.10	Total Common Stock		7,638,872.07	7,638,872.07		8,014,384.44	100.00 %	112,514.07	1.431	1.431	0.00000	UN	UN
	Total Portfolio.		7,638,872.07	7,638,872.07		8,014,384.44	100.00 %	112,514.07	1.431	1.431	0.00000	UN	UN

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-12
Part II. Balance Sheets

Line	Beginning of Year		End of Year	
	(a) Book Value	(b) Book Value	(c) Fair Mkt Value	
3	Accounts Receivable	\$ 100	\$ -	\$ -
	Taxes Receivable	\$ 2,594	\$ 1,302	\$ 1,302
	Total	\$ 2,694	\$ 1,302	\$ 1,302
22	Other liabilities			
	Taxes due	\$ -	\$ -	\$ -
	Admin. of State Regulatory Program	\$ 2,553,197	\$ 1,759,927	\$ 1,759,927
	Total	\$ 2,553,197	\$ 1,759,927	\$ 1,759,927

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-12

Part III. Analysis of Changes in Net Assets or Fund Balances

Line

5	Increases not included in line 2	
	Unrealized Gains/(Losses) - Investments	911,340
	Total	<u>911,340</u>

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-12
Part VII-A. Statements Regarding Activities

Line

10

Contributors

Contribution

COPIC Insurance Company
7351 E Lowry Blvd
Denver, CO 80230

\$665,308

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-12
Part I. Analysis of Revenue and Expenses

Line		(a) Revenue and Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Disbursements for Charitable Purposes
1	Contributions, gifts, grants received COPIC Insurance Company 7351 Lowry Blvd. Denver, CO 80230	\$ 665,308			
		<u>\$ 665,308</u>			
16c	Other Professional Fees				
	Colorado Non-Profit Association	\$ 240			\$ 240
	Assoc. of Small Foundations (Dues)	\$ 695			\$ 695
		<u>\$ 935</u>			<u>\$ 935</u>
18	Taxes				
	2011 Additional Tax	\$ 1,407			\$ -
	2012 Estimated Tax	\$ 2,698			\$ -
		<u>\$ 4,105</u>			<u>\$ -</u>
23	Other expenses				
	Legal Fees	\$ 163			\$ 163
	Miscellaneous Expense	\$ 284			\$ 284
	Administrative Fees	\$ 41,868			\$ 41,967
		<u>\$ 42,315</u>			<u>\$ 42,414</u>

Part VIII. Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors

Line 1				Compensation		Expense Account	
Name	Address	Title	Average Hours Per Week Devoted to Position	If not paid enter 0	Contributions to Employee Benefit Plan	Other Allowances	
Theodore J Clarke, M D	7351 Lowry Boulevard Denver, CO 80230	CEO	Infrequent-less than one hour per week	0	0	0	
Steve Rubin	7351 Lowry Boulevard Denver, CO 80230	COO	Infrequent-less than one hour per week	0	0	0	
Ray Blum, M D	1601 E 19th Ave, Suite 3650 Denver, CO 80218	Director	Infrequent-less than one hour per week	0	0	0	
Linda A Clark	164 Lafayette St Denver, CO 80218	Director	Infrequent-less than one hour per week	0	0	0	
James Driesbach, M D	4 Silver Fox Drive Littleton, CO 80121	Director	Infrequent-less than one hour per week	0	0	0	
Matthew J Fleishman	831 South Williams St Denver, CO 80209	Director	Infrequent-less than one hour per week	0	0	0	
Ray J Groves	1566 Ponus Ridge New Canaan, CT 06840	Director	Infrequent-less than one hour per week	0	0	0	
Brian C Harrington, M D	769 Sandhill Circle Steamboat Springs, CO 80487	Director	Infrequent-less than one hour per week	0	0	0	
Steven Hoffenberg, M D	5410 S Cottonwood Ct Greenwood Village, CO 80121	Director	Infrequent-less than one hour per week	0	0	0	
Roberto Masferrer, M D	75 Printers Parkway, Suite 145 Colorado Springs, CO 80910	Director	Infrequent-less than one hour per week	0	0	0	
Richard K Parker, M D	1601 E 19th Ave Suite 5000 Denver, CO 80218	Director	Infrequent-less than one hour per week	0	0	0	
Kathryn Paul	4582 S Ulster St , Suite 800 Denver, CO 80237	Director	Infrequent-less than one hour per week	0	0	0	
Jennifer A Roller M D	456 Feather Court Grand Junction, CO 81503	Director	Infrequent-less than one hour per week	0	0	0	
Walter Rush	2130 E Grand Ave Cherry Hills Village, CO 80113	Director	Infrequent-less than one hour per week	0	0	0	
Peter Whitted, M D	4353 Dodge Street Omaha, NE 68131	Director	Infrequent-less than one hour per week	0	0	0	
John F Wolz M D	820 South Monaco Pkwy. #305 Denver, CO 80224	Director	Infrequent-less than one hour per week	0	0	0	
Gerald V Zarlengo, M D	2542 Taft Court Lakewood , CO 80215	Director	Infrequent-less than one hour per week	0	0	0	

COPIC Medical Foundation
990-PF
EIN 84-1197083
Part X. Cash Deemed for Charitable Activities

Line

4 Tax Treatment of Physicians' Peer Health Assistance Fund

The COPIC Medical Foundation has agreed to be the administering entity of the Physicians' Peer Health Assistance Fund ("the Fund"), and has entered into a contract with the State of Colorado, Department of Regulatory Agencies, Board of Medical Examiners ("BME"). The contract relates to the collection and disbursement of funds paid by Colorado physicians and physician assistants as part of their biennial license renewal.

The contract with BME, which expires on June 30, 2014 but can be terminated by either party on 30 days notice, stipulates.

1. The Foundation will collect the payments and maintain a separate bank account.
2. The Foundation will verify to BME the names of all physician and physician assistant applicants who have paid the fee.
3. The Foundation will distribute the funds *as directed by BME* to the approved designated provider (currently Colorado Physician Health Program, a separate nonprofit corporation).
4. The Foundation will provide an annual accounting to BME of all amounts collected, expenses incurred, and amounts distributed.

We believe that the payments received by the Foundation are not "contributions" and the payments by the Foundation to CPHP are not "grants paid". The payments received by the Foundation are a portion of the license renewal fee paid by physicians/physician assistants and are not voluntary, which means they are not contributions. The payments made by the Foundation to CPHP are not grant payments—rather, they are to reimburse CPHP for services performed by CPHP.

IRS regulations allow certain assets to be excluded from the calculation, but the peer assistance funds do not meet any of the specific exceptions outlined in the regulations (Reg. 53.4942(a)-2(c)(2)). The instructions to Form 990-PF specifically state that "assets that are held for the production of income or for investment are not considered to be used directly for charitable functions even though the income from the assets is used for the charitable functions". Accordingly, it appears that the peer assistance funds held by the Foundation meet this definition and should be included on Part X, Line 1b. However, a deduction is allowed on line 4 for "cash deemed held for charitable activities". Though this is usually an automatic 1.5% of the average fair value, a foundation is allowed to deduct more "if under the facts and circumstances an amount larger than the deemed amount is necessary to pay expenses and disbursements". We believe it is appropriate to deduct the full amount of peer assistance funds on this line, plus the usual 1.5%, because BME can instruct the Foundation to disburse the remaining funds at any time.

Copic Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-12
Part XV. Supplementary Information

Line

- 2b Completed application; copy of 501(c)(3) letter, total project cost and amount of request to be considered, most recent financial statements and current audit report.
- 2d Charitable, education, civic and scientific purposes related to medicine, medical education, medical research and other medical charitable purposes.

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****12/31/12****Part XV. Supplementary Information****3. Grants and Contributions Paid During
the Year or Approved for Future Payment****3a.****Grants paid during the year:**

Recipient Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
ALS Association-Rocky Mtn Chapter 1201 East Colfax Ave, Suite 202 Denver, CO 80218	Public	For general program support	750
Alzheimer's Association 455 Sherman Street #500 Denver, CO 80203	Public	For general program support	1,750
American Cancer Society-Omaha 9850 Nicholas Street, Suite #200 Omaha, NE 68114	Public	For general program support	750
American Diabetes Association 2480 W 26th Ave, #120B Denver, CO 80211	Public	For general program support	750
American Heart Association/Desert Mountain Affiliate 1280 S Parker Road Denver, CO 80231	Public	For general program support	1,750
Brent Eley Foundation 11980 E 16th Street Aurora, CO 80010	Public	For general program support	750
Cancer League of Colorado Inc 8453 E Fox Hill Pl Englewood, CO 80112	Public	For general program support	1,750
Center for Enriched Communication 2708 Patterson Rd Grand Junction, CO 81506	Public	For general program support	1,000
Cerebral Palsy of Colorado 801 Yosemite Street Denver, CO 80230	Public	For general program support	750

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****12/31/12****Part XV. Supplementary Information****3. Grants and Contributions Paid During
the Year or Approved for Future Payment****3a.****Grants paid during the year:**

Recipient Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Crohn's and Colitis Foundation 2045 Franklin St, Suite 230 Denver, CO 80205	Public	For general program support	750
Colorado BWRC Fund 9457 University Blvd Highlands Ranch, CO 80126	Public	For general program support	24,000
Colorado Center for The Advancement of Patient Safety 7335 East Orchard Road, Suite 100 Greenwood Village, CO 80111	Public	For general program support	45,120
Creighton University 2500 California Street Omaha, NE 68178	Public	For general program support	87,500
Denver Health Foundation 655 Broadway Denver, CO 80203	Public	For general program support	500
Doctors Care, Inc 191 East Orchard Road Littleton, CO 80121	Public	For general program support	1,500
Escuela De Guadalupe 3401 Pecos St Denver, CO 80211	Public	For general program support	750
Florence Crittendon Services of Colorado 55 S Zuni St Denver, CO 80223	Public	For general program support	1,750
Friends of Man PO Box 937 Littleton, CO 80160	Public	For general program support	750
Healthy Learning Paths Inc 11258 Decatur Cir Westminster, CO 80234	Public	For general program support	750
Inner City Health Center 3405 Downing Street Denver, CO 80205	Public	For general program support	750
Lupus Foundation of Colorado 1211 S Parker Rd Denver, CO 80231	Public	For general program support	750
Mental Health Association of Colorado 1385 S Colorado Blvd, Suite 610 Denver, CO 80222	Public	For general program support	750

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

12/31/12

Part XV. Supplementary Information
3. Grants and Contributions Paid During
the Year or Approved for Future Payment

3a.

Grants paid during the year:

Recipient Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Nebraska Medical Foundation 233 S 13th Street Lincoln, Ne 68505	Public	For general program support	10,000
Nine Health Services 1139 Delaware St Denver, CO 80204	Public	For general program support	750
One World Community Health Center 4920 S 30th St, Suite 103 Omaha, NE 68107	Public	For general program support	750
Pikes Peak Regional Medical Center Foundation PO Box 622 Woodland Park, CO 80866	Public	For general program support	5,000
Prospect Home Care Hospice Inc 16222 West US Highway 24 Woodland Park, CO 80863	Public	For general program support	5,000
Rand Institute for Civil Justice 1776 Main Street Santa Monica CA 90407	Public	For general program support	25,000
Summit Foundation PO Box 4000 Breckenridge, CO 80424	Public	For general program support	1,000
The Leukemia & Lymphoma Society 10832 Old Mill Road Omaha, NE 68154	Public	For general program support	1,000
The Rocky Mountain Youth Clinics 1601 E 19th Ave, Suite 6300 Denver, CO 80218	Public	For general program support	750
United States Conference of Catholic Bishops IMIX of Solidarity 200 E 6th Street Papillon, NE 68046	Public	For general program support	10,000
University of Colorado Health Sciences Center 4200 E Ninth Avenue Denver, CO 80262	Public	For general program support	40,000
University of Colorado Foundation 13001 E 17th Place Aurora, CO 80045	Public	For general program support	25,000
Zumas Rescue Ranch 7745 N Moore Rd Littleton, Co 80125	Public	For general program support	750
Total Paid:			300,620

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

12/31/12

Part XV. Supplementary Information
3. Grants and Contributions Paid During
the Year or Approved for Future Payment

3a.

Grants paid during the year:

Recipient Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
---------------------------------------	-----------------------------------------------	---------------------------------------------	---------------

3b.

Grants approved for future payment:

Cerebral Palsy of Colorado 801 Yosemite Street Denver, CO 80230	Public	For general program support	95,000
Harold E. Williamson Award -Colorado 7351 Lowry Blvd Denver, CO 80230	Public	For general program support	10,000
Nebraska Medical Association 986360 Nebraska Medical Center Omaha, NE 68198	Public	For general program support	10,000
Nine Health Services 1139 Delaware St Denver, CO 80204	Public	For general program support	20,000
University of Colorado Health Sciences Center 4200 E. Ninth Avenue Denver, CO 80262	Public	For general program support	60,000

Total

Total Approved for Future: 195,000

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	COPIC Medical Foundation	84-1197093
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	7351 E. Lowry Blvd	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Denver, CO 80230	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Shane Schattinger**

Telephone No. ► **720-858-6081** FAX No. ► **720-858-6006**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **12** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,698
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,000
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	(1,302)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No 27916D

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Hane Schattner* Title Accounting Manager Date 5/15/2013

Form **8868** (Rev. 1-2013)