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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning January 1, 2016, and ending December 31, 2016

Name of foundation COPIC Medical Foundation		A Employer identification number 84-1197083
Number and street (or P O box number if mail is not delivered to street address) 7351 E. Lowry Blvd, Suite 400		B Telephone number (see instructions) 720/858-6000
City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80230		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 14,158,765	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)	162,476			
	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	82,809	82,809		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,310,399			
	b Gross sales price for all assets on line 6a	8,291,874			
	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	1,555,684	82,809			
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)	7,147			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	122,899			112,493
	24 Total operating and administrative expenses. Add lines 13 through 23	130,046			112,493
	25 Contributions, gifts, grants paid	617,528			612,528
26 Total expenses and disbursements. Add lines 24 and 25	747,574			725,021	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	808,110				
b Net investment income (if negative, enter -0-)		82,809			
c Adjusted net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2016)

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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	456,300	506,713	506,713
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	0	0	0
	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)	10,742,756	10,653,416	10,653,416
	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)	4,025,207	2,998,636	2,998,636
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	15,224,263	14,158,765	14,158,765
	17 Accounts payable and accrued expenses	6,726	17,132	
	18 Grants payable	98,000	103,000	
	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)	4,025,207	2,998,636	
	23 Total liabilities (add lines 17 through 22)	4,129,934	3,118,768	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	11,094,329	11,039,997	
	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			
	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)	11,094,329	11,039,997	
	31 Total liabilities and net assets/fund balances (see instructions)	15,224,263	14,158,765	

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	11,094,329
2 Enter amount from Part I, line 27a	2	808,110
3 Other increases not included in line 2 (itemize) ▶ Not applicable	3	0
4 Add lines 1, 2, and 3	4	11,902,439
5 Decreases not included in line 2 (itemize) ▶ See attached schedule	5	-862,442
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	11,039,997

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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	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))
2015	861,382	11,081,645	.0777
2014	671,054	10,669,354	.0629
2013	572,539	9,571,721	.0598
2012	343,969	8,383,862	.0410
2011	291,356	7,884,711	.0370

2 Total of line 1, column (d)	2	.2784
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	.0557
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	10,890,128
5 Multiply line 4 by line 3	5	606,580
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	828
7 Add lines 5 and 6	7	607,408
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	725,021

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	828
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	828
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	828
6	Credits/Payments:		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	8,000
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	8,000
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	7,172
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax Refunded	11	7,172

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 2016 or the taxable year beginning in 2016 (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)

	Yes	No
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?	13	✓
Website address ► <u>www.callcopic.com</u>		
14 The books are in care of ► <u>Shane Schattinger</u> Telephone no. ► <u>720/858-6000</u>		
Located at ► <u>7351 E. Lowry Blvd, Suite 400 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.		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year	15	
16 At any time during calendar year 2016, 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?	16	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

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)?	1b	
Organizations relying on a current notice regarding disaster assistance check here	<input type="checkbox"/>	
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<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 2016 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 2016.)	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 2016?	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))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ 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? ☐ Yes ☒ 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)? ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance check here ☐ Yes ☒ No
- 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? ☐ Yes ☒ 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? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

5b		✓
6b		✓
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 employees 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	10,763,688
b	Average of monthly cash balances	1b	4,047,993
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	14,811,682
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	14,811,682
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	3,921,553
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,890,128
6	Minimum investment return. Enter 5% of line 5	6	544,506

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	544,506
2a	Tax on investment income for 2016 from Part VI, line 5	2a	828
b	Income tax for 2016 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	828
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	543,678
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	543,678
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	543,678

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	725,021
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	725,021
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	828
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	724,193

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				543,678
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	0			
b From 2012	0			
c From 2013	100,917			
d From 2014	147,160			
e From 2015	317,594			
f Total of lines 3a through e	565,671			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 725,021				
a Applied to 2015, 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 2016 distributable amount				543,678
e Remaining amount distributed out of corpus	181,343			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	747,014			
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 2015. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	747,014			
10 Analysis of line 9:				
a Excess from 2012	0			
b Excess from 2013	100,917			
c Excess from 2014	147,160			
d Excess from 2015	317,594			
e Excess from 2016	181,343			

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 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	
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 address of the person to whom applications should be addressed:

Kathy Brown, 7351 E. Lowry Blvd, Suite 400 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

Part XV Supplementary Information *(continued)***3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
See attached schedule				
Total			▶ 3a	612,528
b <i>Approved for future payment</i>				
See attached schedule				
Total			▶ 3b	103,000

Part XVI-A Analysis of Income-Producing Activities

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	82,809	
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			18	1,310,399	
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)				1,393,208	
13	Total. Add line 12, columns (b), (d), and (e)				13	1,393,208

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

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|-----|----|
| 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? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | | ✓ |
| | (2) Other assets | | ✓ |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | | ✓ |
| | (2) Purchases of assets from a noncharitable exempt organization | | ✓ |
| | (3) Rental of facilities, equipment, or other assets | | ✓ |
| | (4) Reimbursement arrangements | | ✓ |
| | (5) Loans or loan guarantees | | ✓ |
| | (6) Performance of services or membership or fundraising solicitations | | ✓ |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | ✓ |
| 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: Shane Schottinger Date: 5/31/2017 Title: Accounting Manager

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 <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

COPIC Medical Foundation

Employer identification number

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 foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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 Blvd, Suite 400 Denver, CO 80230	\$ 160,976	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Peter C Janes P. O. Box 4147 Breckenridge, CO 80424	\$ 1,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
-----	None ----- ----- -----	----- ----- -----	----- ----- -----
	(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
	----- ----- -----		----- ----- -----

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****31-Dec-16****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	\$ 160,976			
	7351 E. Lowry Blvd., Suite 400				
	Denver, CO 80230				
	 Peter C Janes	\$ 1,500			
	P.O. Box 4147				
	Breckenridge, CO 80424				
		<u>\$ 162,476</u>			
18	Taxes				
	2015 Reverse accrual of prior year taxes	\$ (853)		\$ -	
	2016 Estimated Tax	\$ 8,000		\$ -	
		<u>\$ 7,147</u>		<u>\$ -</u>	
23	Other expenses				
	Dues	\$ 750		\$ 750	
	Miscellaneous Expense	\$ 14,136		\$ 14,136	
	Administrative Fees	\$ 108,013		\$ 97,607	
		<u>\$ 122,899</u>		<u>\$ 112,493</u>	

clearwater

12/31/2016
COPIC Medical Foundation
Form 990 pf
EIN 84-1197083

STAT Balance Sheet by Position Part II Balance Sheet Line 10b. COPIC-AGG-Medical Foundation (43301)
As of 12/31/2016 Investments - Corporate Stock Dated 02/02/2017

Identifier, Description	STAT Current Units	Currency	Security Type	STAT Classification, NAIC General Category	Final Maturity	STAT Actual Cost, STAT Book Value	STAT Interest/ Dividend Due	STAT Accrued Balance	STAT Book Adjusted Carrying Value	STAT Unrealized Valuation Gain/ Loss	Market Price	STAT Market Value
091936161 BlackRock TSM Idx Inst	347,805.89	USD	Open-End Fund	Common Stock (D-2.2)	—	3,775,000.00	0.00	0.00	3,757,619.70	-17,380.29	10.8100	3,757,619.70
921909818 VANGUARD TOTAL INT STOCK CL ADM MF	154,265.71	USD	Open-End Fund	Common Stock (D-2.2) Mutual Funds	—	3,771,892.18 3,771,892.18	0.00	0.00	3,799,564.36	27,672.18	24.6300	3,799,564.36
921937603 VANGUARD TTL MKRT INDEX CL ADM MF	290,725.96	USD	Open-End Fund	Common Stock (D-2.2) Mutual Funds	—	3,028,970.18 3,028,970.18	0.00	0.00	3,096,231.46	67,261.28	10.6500	3,096,231.46
—	792,597.56	USD	Open-End Fund	Common Stock (D-2.2)	—	10,575,882.36 10,575,882.36	0.00	0.00	10,653,415.53	77,533.17	15.6924	10,653,415.53

* Weighted by STAT Market Value + Accrued * Holdings Displayed by Position

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-16
Part II. Balance Sheet

Line	Beginning of Year		End of Year	
	(a) Book Value	(b) Book Value	(c) Fair Mkt Value	
10. b Investments - corporate stock	\$ 10,742,756	\$ 10,653,416	\$ 10,653,416	
22 Other liabilities				
Admin. of State Regulatory Program	\$ 4,025,207	\$ 2,998,636	\$ -	
Total	\$ 4,025,207	\$ 2,998,636	\$ -	

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-16

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

Line

5	Decreases not included in line 2	
	Unrealized Gains/(Losses) - Investments	(862,442)
	Total	<u>(862,442)</u>

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-16
Part VII-A. Statements Regarding Activities

10

Contributors	Contribution
COPIC Insurance Company 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$160,976
Peter C Janes P.O. Box 4147 Breckenridge, CO 80424	\$1,500
	<hr/>
	\$162,476

Copic Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-16

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

Line 1	Name	Address	Title	Average Hours Per Week Devoted to Position	Compensation If not paid enter 0	Contributions to Employee Benefit Plan	Expense Account Other Allowances
	Theodore J Clarke, M D	7351 E Lowry Boulevard, Suite 400 Denver, CO 80230	CEO	Infrequent-less than one hour per week	0	0	0
	Steven A Rubin	7351 E Lowry Boulevard, Suite 400 Denver, CO 80230	COO	Infrequent-less than one hour per week	0	0	0
	Raymond N 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
	Matthew J Fleishman, M D	831 South Williams St Denver, CO 80209	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 R Hoffenberg, M D	5410 S Cottonwood Ct Greenwood Village, CO 80121	Director	Infrequent-less than one hour per week	0	0	0
	Davis K Hurley, M D	7441 E 8th Ave Denver, CO 80230	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 A 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 K Rush	2130 E. Grand Ave Cherry Hills Village, CO 80113	Director	Infrequent-less than one hour per week	0	0	0
	Peter J Whitted, M D	4353 Dodge Street Omaha, NE 68131	Director	Infrequent-less than one hour per week	0	0	0
	Alan Y Synn, M D	1302 South Uinta Ct Denver, CO 80231	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**Form 990-PF****EIN 84-1197083****12/31/16****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
Alzheimer's Association 455 Sherman Street #500 Denver, CO 80203	Public	For general program support	2,000
American College of Obstetrics and Gynecology 4275 E 6th Ave Denver, CO 80220	Public	For general program support	45,000
American Heart Association 1777 S Harrison St, Suite 500 Denver, CO 80210	Public	For general program support	1,000
Center For Personalized Education for Physicians 7351 E Lowry Blvd, Suite 100 Denver, CO 80230	Public	For general program support	500
Colorado Center for The Advancement of Patient Safety 7335 East Orchard Road, Suite 100 Greenwood Village, CO 80111	Public	For general program support	(50,424)
Colorado Physician Health Prm 899 Logan St Suite 410 Denver, CO 80203	Public	For general program support	500
Denver Health Foundation 655 Broadway, Suite 750 Denver, CO 80203	Public	For general program support	78,549
Eating Recovery Center Foundation 1830 Franklin Street, Suite 500 Denver, CO 80218	Public	For general program support	50,000
Fields Wolfe Memorial Fund 1250 Buckley Rd, Suite 140 Aurora, CO 80017	Public	For general program support	50,000
Florence Crittenton Services of Colorado 55 South Zuni Street Denver, CO 80223	Public	For general program support	1,000

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

12/31/16

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
Great Plains Health Care Foundation 601 West Leota Street, Box 1167 North Platte, NE 69103	Public	For general program support	40,000
Health Partners Initiative Inc 4600 Valley Rd, Suite 250 Lincoln, NE 68506	Public	For general program support	50,000
IMS Foundation 515 E Locust Street, Suite 400 Des Moines, IA 50309	Public	For general program support	50,000
Inner City Health Center 3800 York Street Denver, CO 80205	Public	For general program support	1,000
Kountze Memorial Evangelical Lutheran Church 2650 Farnam Street Omaha, NE 68131	Public	For general program support	1,000
Lumumos Inc 106 E Broad St, Suite B Falls Church, VA 22046	Public	For general program support	20,000
National Kidney Foundation Inc 650 S Cherry Street Denver, CO 80246	Public	For general program support	25,000
Nebraska Medical Foundation 233 S 13th Street Lincoln, Ne 68505	Public	For general program support	10,000
Polk County Medical Society Foundation 1520 High St Des Moines, IA 50309	Public	For general program support	25,000
Ray of Hope Cancer Foundation 3455 Ringsby Ct, Suite 111 Denver, CO 80216	Public	For general program support	1,000
Reach Out and Read Colorado 1660 S Albion Street, Suite 905 Denver, CO 80222	Public	For general program support	10,000
Regis University 3333 Regis Blvd, Suite A-20 Denver, CO 80221	Public	For general program support	10,000
Rocky Mountain Multiple Sclerosis Center 8845 Wagner Street Westminster, CO 80031	Public	For general program support	25,000
Rocky Vista University Alumni Assoc 8401 S Chambers Road	Public	For general program support	15,000

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****12/31/16****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
Parker, CO 80134			
St Joseph Hospital Foundation 1835 Franklin St. Denver, CO 80218	Public	For general program support	26,000
Summit Foundation PO Box 4000 Breckenridge, CO 80424	Public	For general program support	1,000
The Chanda Plan Foundation 8725 West 14th Avenue Lakewood, CO 80215	Public	For general program support	25,000
The Wishbone Foundation 14167 Greenfield Loop Parker, CO 80134	Public	For general program support	24,100
Third City Community Clinic Inc 2116 West Faidley Avenue Grand Island, NE 68803	Public	For general program support	10,000
University of Colorado Foundation 13001 E 17th Place Aurora, CO 80045	Public	For general program support	54,303
Western Slope Center for Children PO Box 3978 Grand Junction, CO 81502	Public	For general program support	1,000
Wray Community Hospital Foundation PO Box 421 Wray, CO 80758	Public	For general program support	10,000
Total Paid:			612,528

3b.**Grants approved for future payment:**

COPIC Insurance - Board Directed Donation 7351 E Lowry Blvd, Suite 400 Denver, CO 80230	Public	For general program support	3,000
University of Colorado Health Sciences Center 4200 E Ninth Avenue Denver, CO 80262	Public	For general program support	70,000
Rocky Vista University 8401 South Chambers Road Parker, CO 80134	Public	For general program support	30,000
Total	Total Approved for Future:		103,000