

Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning January 1, 2017, and ending December 31, 2017

Name of foundation

COPIC Medical Foundation

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

Room/suite

7351 E. Lowry Blvd, Suite 400

City or town, state or province, country, and ZIP or foreign postal code

Denver, CO 80230G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name changeH Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **17,990,849**
J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)

A Employer identification number

84-1197083

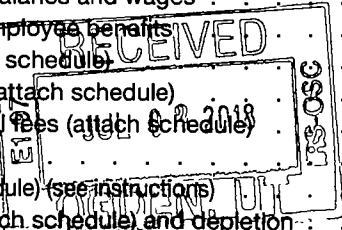
B Telephone number (see instructions)

720-858-6000C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐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)
1	Contributions, gifts, grants, etc., received (attach schedule)	485,124			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	2,783	2,783		
4	Dividends and interest from securities	308,812	308,812		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	2,442			
b	Gross sales price for all assets on line 6a 394,931				
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	799,161	311,595		
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)	2,828			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	100,851			110,145
24	Total operating and administrative expenses. Add lines 13 through 23	103,679			110,145
25	Contributions, gifts, grants paid	593,653			582,653
26	Total expenses and disbursements. Add lines 24 and 25	697,332			692,798
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	101,829			
b	Net investment income (if negative, enter -0-)		311,595		
c	Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

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Batching System
Operating and Administrative Expenses

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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	506,713	8,653	8,653
	2 Savings and temporary cash investments	0	292,783	292,783
	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)	10,653,416	12,600,764	12,600,764
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
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)	2,998,636	5,088,649	5,088,649	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	14,158,765	17,990,849	17,990,849	
Liabilities	17 Accounts payable and accrued expenses	17,132	7,838	
	18 Grants payable	103,000	114,000	
	19 Deferred revenue			
	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)	2,998,636	5,088,649	
	23 Total liabilities (add lines 17 through 22)	3,118,768	5,210,487	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	11,039,997	12,780,362	
	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)	11,039,997	12,780,362	
	31 Total liabilities and net assets/fund balances (see instructions)	14,158,765	17,990,849	

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	11,039,997
2 Enter amount from Part I, line 27a	2	101,829
3 Other increases not included in line 2 (itemize) ▶ See attached schedule	3	1,638,536
4 Add lines 1, 2, and 3	4	12,780,362
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	12,780,362

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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) { 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 doesn't 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))
2016	724,193	10,890,128	.0665
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

2 Total of line 1, column (d)	2	0.380
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.0616
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	11,990,437
5 Multiply line 4 by line 3	5	738,611
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,116
7 Add lines 5 and 6	7	741,727
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	692,798

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	6,232	
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		
3	Add lines 1 and 2	3	6,232	
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	6,232	
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	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	1,768	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	1,768	

Part VII-A Statements Regarding Activities

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?	Yes	No
1a			✓
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		✓
	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.		
c	Did the foundation file Form 1120-POL for this year?		✓
1c			
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? If "Yes," attach a detailed description of the activities.	2	✓
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? If "Yes," attach a conformed copy of the changes	3	✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	✓
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5	✓
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?	6	✓
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	✓
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> ? If "No," attach explanation	8b	✓
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	✓
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	✓

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? 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 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 and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u>		
16 At any time during calendar year 2017, 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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <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 2017 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 2017.)	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 2017?	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 **5b** ☒Organizations relying on a current notice regarding disaster assistance, check here ☐**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 **6b** ☒**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **7b** ☒
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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, and 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		

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	11,665,983
b	Average of monthly cash balances	1b	5,334,395
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	17,000,378
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	17,000,378
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	5,009,941
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,990,437
6	Minimum investment return. Enter 5% of line 5	6	599,522

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	599,522
2a	Tax on investment income for 2017 from Part VI, line 5	2a	6,232
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	6,232
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	593,290
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	593,290
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	593,290

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	692,798
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	692,798
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	3,116
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	689,682

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				593,290
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013	100,917			
c From 2014	147,160			
d From 2015	317,594			
e From 2016	181,343			
f Total of lines 3a through e	747,014			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 692,798				
a Applied to 2016, 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 2017 distributable amount				593,290
e Remaining amount distributed out of corpus	99,508			
5 Excess distributions carryover applied to 2017 (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	846,522			
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 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	846,522			
10 Analysis of line 9:				
a Excess from 2013	100,917			
b Excess from 2014	147,160			
c Excess from 2015	317,594			
d Excess from 2016	181,343			
e Excess from 2017	99,508			

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 2017, 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)

- 2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

[illegible]

- 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 $\frac{2}{3}$ 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a The name, address, and telephone number or email 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 Name and address (home or business)	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
a <i>Paid during the year</i>				
See attached schedule				
Total			3a	582,653
b <i>Approved for future payment</i>				
See attached schedule				
Total			3b	114,000

*Enter gross amounts unless otherwise indicated.

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)

[illegible]

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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) (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

6/26/2018
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.

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****31-Dec-17****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	\$ 484,983			
	7351 E. Lowry Blvd., Suite 400				
	Denver, CO 80230				
	Health Care Aware Colorado	\$ 142			
	7351 E. Lowry Blvd., Suite 400				
	Denver, CO 80230				
		<u>\$ 485,124</u>			
18	Taxes				
	2016 Reverse accrual of prior year taxes	\$ (5,172)		\$ -	
	2017 Estimated Tax	\$ 8,000		\$ -	
		<u>\$ 2,828</u>		<u>\$ -</u>	
23	Other expenses				
	Legal Fees	\$ -		\$ -	
	Dues	\$ -		\$ -	
	Marketing and Communications Expense	\$ 995		\$ 995	
	Business Meals and Entertainment Expense	\$ 348		\$ 348	
	Miscellaneous Expense	\$ 4,085		\$ 4,085	
	Administrative Fees	\$ 95,423		\$ 104,717	
		<u>\$ 100,851</u>		<u>\$ 110,145</u>	

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

OMB No 1545-0047

2017

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 Medical Foundation 7351 E. Lowry Blvd, Suite 400 Denver, CO 80230	\$ 484,983	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Health Care Aware Colorado 7351 E. Lowry Blvd, Suite 400 Denver, CO 80230	\$ 142	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
-----	----- ----- ----- -----	\$ -----	-----
(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	Employer identification number
COPIC Medical Foundation	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

clearwater

12/31/2017
COPIC Medical Foundation
Form 990 pf
EIN 84-1197083

STAT Balance Sheet by Position As of 12/31/2017

Part II Balance Sheet Line 10b
Investments - Corporate Stock
COPIC-AGG-Medical Foundation (43301)
Dated: 01/18/2018

Identifier Description	STAT Current Units	Currency	Security Type	STAT Classification, NAAC General Category	Final Maturity	STAT Actual Cost STAT Book Value	STAT Inquirer/ Dividend Due	STAT Accrued Balance	STAT Book Adjustment Carrying Value	STAT Unrealized Valuation Gain/Loss	Market Price	STAT Market Value
081871801 BANK DEPOSIT PROGRAM	0.21	USD	MMFUND	Cash Equivalent (E-2)	12/31/2017	0.21	0.00	0.00	0.21	0.00	1.0000	0.21
031938181 BLACKROCK IS TUS SM-INST	355,448.30	USD	Open-End Fund	Other MM Mutual Fund	—	3,870,887.81	0.00	0.00	4,546,183.72	675,295.91	12.7900	4,546,183.72
921908818 VANGUARD TOTAL INT STOCK CL ADM	158,797.12	USD	Open-End Fund	Common Stock (D-2.2)	—	3,870,887.81	0.00	0.00	4,846,488.10	944,476.00	30.5200	4,846,488.10
921907603 VANGUARD TTL MKRT INDEX CL ADM	289,288.72	USD	Open-End Fund	Common Stock (D-2.2)	—	3,902,012.10	1,702.99	0.00	3,206,388.77	96,317.88	10.7500	3,206,388.77
CCYUSD Receivable	1,702.99	USD	CASH	Receivable	12/31/2017	1,702.99	0.00	0.00	1,702.99	0.00	1.0000	1,702.99
—	844,217.34	USD	—	Unknown	12/31/2017	10,884,674.00	1,702.99	0.00	12,600,763.79	1,716,089.79	19.0886	12,600,763.79

* Weighted by STAT Market Value + Accrued

* Holdings Displayed by Position

COPIC Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-17
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	\$ 10,653,416	\$ 12,600,764	\$ 12,600,764	
22 Other liabilities				
Admin. of State Regulatory Program	\$ 2,998,636	\$ 5,088,649	\$ -	
Total	\$ 2,998,636	\$ 5,088,649	\$ -	

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-17

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

Line

3	Other increases not included in line 2	
	Unrealized Gains/(Losses) - Investments	<u>1,638,536</u>
	Total	1,638,536

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-17

Part VII-A. Statements Regarding Activities

10

Contributors	Contribution
COPIC Insurance Company 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$484,983
Health Care Aware Colorado 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$142
	<hr/>
	\$485,124

Copic Medical Foundation

Form 990-PF

EIN 84-1197083

31-Dec-17

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

Line 1				Average Hours Per Week Devoted to Position	Compensation If not paid enter 0	Contributions to Employee Benefit Plan	Expense Account Other Allowances
Name	Address	Title					
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
Mathew J Fleshman, 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
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 Zarfengo, 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, Colorado Medical Board ("CMB"). 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 CMB, which expires on September 30, 2019 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 CMB the names of all physician and physician assistant applicants who have paid the fee.
3. The Foundation will distribute the funds *as directed by CMB* to the approved designated provider (currently Colorado Physician Health Program, a separate nonprofit corporation).
4. The Foundation will provide an annual accounting to CMB 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 CMB can instruct the Foundation to disburse the remaining funds at any time.

Copic Medical Foundation
Form 990-PF
EIN 84-1197083
31-Dec-17
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****12/31/17****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
American College of Obstetrics and Gynecology 4275 E 6th Ave Denver, CO 80220	Public	For general program support	25,000
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	19,900
Colorado Nonprofit Development Center 789 Sherman St, Suite 250 Denver, CO 80203	Public	For general program support	13,000
Colorado Physician Health Prm 899 Logan St Suite 410 Denver, CO 80203	Public	For general program support	1,000
Denver Inner City Parish Inc 1212 Mariposa St Denver, CO 80204	Public	For general program support	1,000
Doctors Care 609 W Littleton Blvd, Suite 100 Littleton, CO 80120	Public	For general program support	500
Florence Crittenton Services of Colorado 55 South Zuni Street Denver, CO 80223	Public	For general program support	1,000
Foundation of Minnesota Medical Association 1300 Godward St NE Suite 2500 Minneapolis, MN 55413	Public	For general program support	50,000
Fremont Health Foundation 450 E 23rd St Fremont , NE 68025	Public	For general program support	60,000

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****12/31/17****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
Grand Futures Prevention Coalition PO Box 774923 Steamboat Springs, CO 80477	Public	For general program support	1,000
Inner City Health Center 3800 York Street Denver, CO 80205	Public	For general program support	1,000
Interfaith Health Services 1326 26th St Omaha, NE 68105	Public	For general program support	10,000
Laboratory to Combat Human Trafficking Amanda Finger 1031 33rd St Denver, CO 80205	Public	For general program support	16,448
Los Pobres Inc PO Box 304 Avondale, CO 81022	Public	For general program support	10,000
Medstar Health Inc 10980 Grantchester Way Columbia, MO 21044	Public	For general program support	25,000
Montrose Memorial Hospital 800 South Third St. Montrose, CO 81401	Public	For general program support	27,500
Nebraska Medical Foundation 233 S 13th Street Lincoln, Ne 68505	Public	For general program support	7,500
Northeast Iowa Technical Institute Foundation RR#1 Peosta, IA 52068	Public	For general program support	6,205
Project Angel Heart 4950 Washington St Denver, CO 80216	Public	For general program support	15,000
Ray of Hope Cancer Foundation 3455 Ringsby Ct, Suite 111 Denver, CO 80216	Public	For general program support	1,000

COPIC Medical Foundation**Form 990-PF****EIN 84-1197083****12/31/17****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
Regis University 3333 Regis Blvd, Suite A-20 Denver, CO 80221	Public	For general program support	10,000
Rocky Vista University Alumni Assoc. 8401 S. Chambers Road Parker, CO 80134	Public	For general program support	20,000
St Joseph Hospital Foundation 1835 Franklin St. Denver, CO 80218	Public	For general program support	1,000
St Luke's Health Foundation of Sioux City Iowa 2720 Stone Park Blvd Sioux City, IA 51104	Public	For general program support	14,600
University of Colorado Foundation 1380 Lawrence Street, Suite 1325 Denver, CO 80204	Public	For general program support	41,000
University of Nebraska Foundation 1010 Lincoln Mall, Suite 300 Lincoln, NE 68508	Public	For general program support	201,500
Western Colorado Suicide Prevention Foundation PO Box 775430 Steamboat Springs, CO 80477	Public	For general program support	1,000
Total Paid:			582,653

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	4,000
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

COPIC Medical Foundation

Form 990-PF

EIN 84-1197083

12/31/17

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	7,500
Creighton University 2500 California Street Omaha, NE 68178	Public	For general program support	2,500
Total		Total Approved for Future:	114,000