SCANNED NEG 1-9 7019

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2018

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do 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	calen	dar year 2018 or tax year beginning Januar	y 1 , 201	8, and 6	ending	December 3	1 , 20 1	8
		e of four					r identification numbe	er	
	COL	PIC Med	dical Foundation		84-1197083				
•			nd street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instruction						
	7351	FION	vry Bĺvd., Suite 400				720-858-6000		
	City	or town,	state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pend	ing check here	٦L
		ver, CO				C ii Oxompi	non application is police	mig, oncon norde	□ ′
				n of a former public	charity	D 1 Foreign	n organizations, check	hore •	П
	u	OHECK	✓ Final return ☐ Amended	•	onanty	D I. Follogi	i organizations, check	ile.e	Ш
			Address change Name chair		1		n organizations meeting here and attach compu		
	н	Check	type of organization: Section 501(c)(3) exempt p		\cap		foundation status was		
			n 4947(a)(1) nonexempt charitable trust Other tax			section 5	07(b)(1)(A), check here	•	
			arket value of all assets at J Accounting method						
			f year (from Part II, col. (c), Other (specify)	040 /	.oordar		ndation is in a 60-mont ction 507(b)(1)(B), checl		П
		line 16		on cash basis)					_
		art I	Analysis of Revenue and Expenses (The total of		T	-		(d) Disbursemen	nts
	-		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable	
			the amounts in column (a) (see instructions))	books	1111	come	income	purposes (cash basis only	y)
	_	1	Contributions, gifts, grants, etc., received (attach schedule)	A70 N3				TOTAL TRANSPORT	被打
Λ		2	Check ► ☐ if the foundation is not required to attach Sch. B						ñ
4		3	Interest on savings and temporary cash investments	10,43.		10,433			<u> </u>
1		4	Dividends and interest from securities	291,50	1	291,507		71107834247	H
		5a	Gross rents	271,50		201,007		TOTELS AND	
		b	Net rental income or (loss)		155 (1588)	PET PET AND IN			
	e	6a	Net gain or (loss) from sale of assets not on line 10	hitte. Meditaria contraria competitivativa f	A technic des comment	arthart.		\$407E4T032	
	חם	b	Gross sales price for all assets on line 6a 1,763,932					ha ban her	Bad
	Revenue	7	Capital gain net income (from Part IV, line 2)		r the sacrates ar	262,070	MATHER ACTIVA	The Especiation	
	Re	8	Net short-term capital gain				Direct Carle Bare you table 48 at	6463623743	
		9	Income modifications						
		10a	Gross sales less returns and allowances						
		ь	Less: Cost of goods sold					grade a soular	No.
		С	Gross profit or (loss) (attach schedule)	100,7,000,000,000	WATEN DE				
		11	Other income (attach schedule)						ad
		12	Total. Add lines 1 through 11	1,043,043	3	564,010	-		翻
	' ^	13	Compensation of officers, directors, trustees, etc.			•			
	Expenses	14	Other employee salaries and wages						
	en	15	Pension plans, employee benefits						
	χĎ	16a	Legal fees (attach schedule) Accounting fees (attach schedule)						_
	Ш	b							_
	tive	С	Other professional tees (attach schedule) .						_
	ra	17	Interest						
	ist	18	Taxes (attach schedule) (see instructions) .	6,23	2				
	μį	19	Depreciation (attach schedule) and depletion .						
	ק	20							
	φp	21	Travel, conferences, and meetings		1				
	aŭ	22	Printing and publications						
	g	23	Other expenses (attach schedule)	96,520	5				<u> 288</u>
	ij	24	Total operating and administrative expenses.						
	er		Add lines 13 through 23	102,75	3	r Hanne Cub. Editologica	celd, the critical resources of the basical re-	96,	<u> 288</u>
	Operating and Administrat	25	Contributions, gifts, grants paid	863,38	Bris Gr	unurai	ALTREADING	. 807,	<u> 388</u>
	_	26	Total expenses and disbursements. Add lines 24 and 25	966,140	5	Links I sky Dankers	has Different River.	903,	676
		27	Subtract line 26 from line 12:						變
		а	Excess of revenue over expenses and disbursements	76,89					<u> </u>
		b	Net investment income (if negative, enter -0-) .	PARTICAL DEPARTMENT	i in this				
		С	Adjusted net income (if negative, enter -0-)	四级地址的特殊的			<u> </u>	000-PE (cd	
,	_	_						UUII-UE ^^	14 D\

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions)		(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	8,653	42,497	42,497
	2	Savings and temporary cash investments	292,783		
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	0
Ì	4	Pledges receivable ▶	BEEST SETTEMBELL		
		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) ▶			HERMAN SEED
ľ		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	12,600,764	10,771,175	10,771,175
	С	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)		500,000	500,000
	14	Land, buildings, and equipment: basis ▶		PROPERTY OF THE	
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ► Admin. of State Reg. Program)	5,088,649	4,015,754	4,015,754
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	17,990,849		
	17	Accounts payable and accrued expenses	7,838		PERFECT AND THE PERFECT OF THE PERFE
ç	18	Grants payable	114,000	170,000	的情况不知识的
iţį	19	Deferred revenue			
Þi	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			OF THE PARTY OF TH
	22	Other liabilities (describe > See attached schedule)	5,088,649		
	23	Total liabilities (add lines 17 through 22)	5,210,487	4,193,831	
တ္ထ		Foundations that follow SFAS 117, check here			
Balances	24	and complete lines 24 through 26, and lines 30 and 31. Unrestricted	10 700 250	11 522 012	
<u>a</u>	24 25		12,780,362	11,523,813	
	26	Temporarily restricted			
b	20	•			
Net Assets or Fur		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ş	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	12,780,362	11,523,813	income realization and a second party of the contraction and a second
et	31	Total liabilities and net assets/fund balances (see	12,780,502	11,020,010	
Z	•	instructions)	17,990,849	15.717.643	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	17,550,045	10,11,040	But the minimum properties and constrained and minimum and a constrained and a const
1		I net assets or fund balances at beginning of year-Part II, colu	ımn (a), line 30 (mus	st agree with	
		of-year figure reported on prior year's return)			12,780,362
2	Ente	r amount from Part I, line 27a		2	76,897
3		er increases not included in line 2 (itemize) Not applicable			0
4		lines 1, 2, and 3			12,857,259
5	Decr	reases not included in line 2 (itemize) See attached schedule		5	1,333,446
6	Tota	reases not included in line 2 (itemize) See attached schedule. I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30 6	11,523,813
					Form 990-PF (2018)

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)			P—Purchase D—Donation	(c) Date ac- (mo , day		
1a	Mutual Fund, Blackrock: IST	US SMINST, 44,367.284 shs			•		
b	Mutual Fund, Vanguard Total						
С	Mutual Fund, Vanguard Tot I	Stk Adm, 27,314.36 shs		!			
d	Common Stock, VISA CL A O	RD, 2,945 shs					
е							
	(e) Gross sales price	(f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale				(h) Gain or (loss) ((e) plus (f) minus (g))	
a	575,000	0		481,829		93,1	171
b	842			0			842
С	835,000	0 666,662				168,3	338
d	353,090	353,090 0 353,371				(2	81
е							
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69.	(I) G	Gains (Col. (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		k), but not less than -0-) or Losses (from col (h))	
а	0	0		0		93,1	171
b	0	0		0			842
С	0	0		0		168,3	338
d	0	0		0		(2	81
е		***					
2	Capital gain net income or	TOPICADUALIOSSI / Y :	also enter in Pa , enter -0- in Pa		2	262,(070
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- in	3		
Part		er Section 4940(e) for Redu					_
Was t	s," the foundation doesn't q	e this part blank. section 4942 tax on the distribu ualify under section 4940(e). Do unt in each column for each ye	not complete t	his part.			lo —
	(a) Base period years	(b) Adjusted qualifying distribution		(c) f noncharitable-use as		(d) Distribution ratio	_
Cale	endar year (or tax year beginning in)	Adjusted qualifying distribution	s iver value o	i iloncilantable-use as		(col (b) divided by col. (c))	
	2017	6	89,682	<u> </u>	0,437	.0575	
	2016		24,193		0,128	.0665	
	2015		61,382		1,645	.0777	
	2014		71,054		9,354	.0629	
	2013	5	72,539	9,57	1,721	.0598	_
2	Total of line 1, column (d)					.37	245
3		for the 5-year base period—div oundation has been in existence				.00	649
4	Enter the net value of non-	charitable-use assets for 2018 f	rom Part X, line	5	. 4	12,530,6	679
5	5 Multiply line 4 by line 3			. 5	813,;	241	
6				. 6	5,0	640	
7	Add lines 5 and 6	· · · · · · · · · · · · · · ·			. 7	818,	
8	Enter qualifying distributio	ns from Part XII, line 4			. 8	903,	
=		ter than line 7, check the box in					

3

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<u>w – s</u>	ee inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			WY.		
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				<u> </u>	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	7	WWW.Zzencz	5,64	0] 시간(1955년)의	
c	here ► ✓ and enter 1% of Part I, line 27b					
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		5,64	0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	-	2,5 .	0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		5,64	0	
6	Credits/Payments:		A. A. C			İ
а	2018 estimated tax payments and 2017 overpayment credited to 2018 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 6c					
d	Backup withholding erroneously withheld 6d					I
7	Total credits and payments. Add lines 6a through 6d	7		8,00	0	
8	Enter any penalty for underpayment of estimated tax. Check here 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		2,36		
11 Part	Enter the amount of line 10 to be: Credited to 2019 estimated tax ► Refunded ► VII-A Statements Regarding Activities	11		2,36	0	
		or di	d it	Yes	No	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign?		. 18		, 100 V	,
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? instructions for the definition	See	the . 11	,	~	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any republished or distributed by the foundation in connection with the activities.	nater	ials			
С	•					í
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					ĺ
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		1			ĺ
· e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	npose	ed			İ
_	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 pativities.	•	. 2	7 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	1 C)4873	ĺ
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char			_	1	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•			V	
	If "Yes," has it filed a tax return on Form 990-T for this year?	•	. 41		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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> .	•	· 3	PA TERM	77.521	ĺ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ĺ
Ŭ	By language in the governing instrument, or					ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amendatory directively directively amendatory directively amendatory directively dire	ons t	hat			ĺ
	conflict with the state law remain in the governing instrument?		. 6		1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	d Par				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			N ZA		İ
	Colorado		3894			ĺ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV.	12(j)(3) or 🕮		2334	
	complete Part XIV		. g		V	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list			, ,		
	names and addresses	•	. 10	<u>, </u>		

Part	VII-A Statements Regarding Activities (continued)			
	6	7. Fa	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		v
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.callcopic.com	13	~	
14	***************************************	0-858-0	6000	
14	Located at N 2251 F. Lawrey Blad. Suite 400. Denvey CO. 719±4 N 8	0230-6		-
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	▶ □
			Yes	No
16	At any time during calendar year 2018, 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	103	v
	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.	聯條	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	豫燈	W.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			541
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			建
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		***	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? □ Yes ☑ No		张 林	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			新黎
	the benefit or use of a disqualified person)?		黄樹	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		所獲	
	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.)	· 東京 東京 東京 東京 東京 東京 東京 東京 東京 東京		
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	掛付	<u>er se</u>
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	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 2018?	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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	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	200	是沙漠	
	all years listed, answer "No" and attach statement—see instructions.)	2b	176 G 328	78558N
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?	10.1		
L				
b	If "Yes," did it have excess business holdings in 2018 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 2018.)	3b	P. B. 15/2	T STATE AND A STAT
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		V
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ACT IN	186
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		~

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72	ıo	е	τ

Part	VII-B Statements Regarding Activities	for W	/hich Form	4720 I	May Be R	equire	ed (contii	nued)			
5a	During the year, did the foundation pay or incur a	ıny am	ount to:						E CO	Yes	No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	✓ No	47.00		
	(2) Influence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,					
	directly or indirectly, any voter registration dri						Yes Yes	✓ No			
	(3) Provide a grant to an individual for travel, stud	•					✓ Yes	☐ No			
	(4) Provide a grant to an organization other than			_			_	_	5.50		
							Yes	∠ No			
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to c	hildren	or animals?				∐Yes	☑ No	ここ 生物機能		
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current not							scribed 	<u>.</u> 5b	111	~
	Organizations relying on a current notice regarding	_						▶ □			
С	If the answer is "Yes" to question 5a(4), does the							_			
	because it maintained expenditure responsibility		-				☐ Yes	∐ No		TO THE	
_	If "Yes," attach the statement required by Regula										沙灣
6a	Did the foundation, during the year, receive any to on a personal benefit contract?		•	-		emiums	_		Craw		25
_	Did the foundation, during the year, pay premium					bonofi	Yes	ુ ☑ No જ	6b	2000	
b	If "Yes" to 6b, file Form 8870.		•	•	•		_	_	TO B	77 '79 <u>8</u> 51 348	
7a	At any time during the tax year, was the foundation a						Yes	_	traine sales	£30111	<u> Libin</u>
ь	If "Yes," did the foundation receive any proceeds is the foundation subject to the section 4960 tax							n7.	7b	ar Kar	136864
8	remuneration or excess parachute payment(s) du							✓ No			
Par	VIII Information About Officers, Direct								a) 1 4,35	ees.	قۇدۇ خىد
. ai	and Contractors	.0.0, .	1401000, 1	Junuu		-90.0,				,	
1	List all officers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation. S	See instru	uctions	3.		
	(a) Name and address	hou	e, and average rs per week ed to position	l i (lf n	mpensation ot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse ac allowar	
See att	ached schedule		· .								
						ļ					
									ļ		
	Compensation of five highest-paid employee	e (oth	er than the	e incl	ided on li	no 1_	eaa inetr	uction	s) If n	one	enter
_	"NONE."	o (Oui	ei tilali tilo	se men	aded on n		300 111311	uotion	5 ,	0,	
			(L) Tall				(d) Contrib	utions to	Γ		
	(a) Name and address of each employee paid more than \$50,00	0	(b) litle, and a	veek -	(c) Compe	nsation	employee	benefit	(e) Expe	nse ac allowar	
			devoted to p	osition			compen			a	.005
Not ap	plicable										
(no em	ployees received over \$50,000)										
								<u> </u>			
Total	number of other employees paid over \$50,000 .						. <i>.</i> .	. ▶		0	
	To Tarrity Truster Name Anna Anna Anna Anna Anna Anna Anna Ann		 			<u> </u>	<u> </u>	 			(0040)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Em	ployees,
3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, en	ter "NONI	Ε."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
None			
			<u> </u>
Total number	r of others receiving over \$50,000 for professional services	▶	0
Part IX-A	Summary of Direct Charitable Activities		<u> </u>
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the and other beneficiaries served, conferences convened, research papers produced, etc.	number of	Expenses
1 None			
	······································		
2			
3			
			<u>.</u>
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		L
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	_	Amount
1 None			
2			
All other pres	ram-related investments. See instructions		
3	Hant-telated investinging Occilional		
•			
fotal. Add lin	nes 1 through 3	▶	
			Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn toun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4-	
	Average monthly fair market value of securities	1a	12,134,945
	Average of monthly cash balances	1b	5,370,570
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	17,505,515
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	17,505,515
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	4,974,836
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,530,679
6	Minimum investment return. Enter 5% of line 5	6	626,534
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundatio	ons
1	Minimum investment return from Part X, line 6	1	626,534
2 a	Tax on investment income for 2018 from Part VI, line 5		
ь	Income tax for 2018. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	5,640
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	620,894
4	Recoveries of amounts treated as qualifying distributions	4	(
	Add lines 3 and 4	5	620,894
6	Deduction from distributable amount (see instructions)	6	(
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		***
-	line 1	7	620,894
	XII Qualifying Distributions (see instructions)		020,05
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
-	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	903,676
b	Program-related investments — total from Part IX-B	1b	200,07
_	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:	-	-
	Suitability test (prior IRS approval required)	3a	
	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	903,676
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 	903,070
J	Enter 1% of Part I, line 27b. See instructions	5	F / 1/
•	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,640
6		ــــــــــــــــــــــــــــــــــــــ	898,036
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g wnethe	er the foundation
	quaines for the section 4340(e) reduction of tax in those years.		000 DE (0010

Part	XIII Undistributed Incom	ne (see instructio	ons)			
			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 line 7	B from Part XI,				620,894
2	Undistributed income, if any, as of			建筑物建筑		Section Figure
а	Enter amount for 2017 only .				O	100
b	Total for prior years: 20, 2			0	Maria de la Caración de Caración de Caración de Caración de Caración de Caración de Caración de Caración de Car	
3	Excess distributions carryover,	ıf any, to 2018:				era e
а	From 2013	100,917				
b	From 2014	147,160				
C	From 2015	317,594		M	Fair to the second	
d	From 2016	181,343				77 1 17 E
е	From 2017	99,508				atin and the state of the
f	Total of lines 3a through e .		846,522			December 1949
4	Qualifying distributions for 201	8 from Part XII,	ANTENNA PER PER	对性别性的行为		
	line 4: ▶ \$ 903,676	·				75,050,000
а	Applied to 2017, but not more	than line 2a .			0	
b	Applied to undistributed incom		5473643			PRO 10 (20 PM)
_	(Election required—see instruct	• •		0		
С	Treated as distributions out of	•				Piolitical Company
	required - see instructions) .		0			
d	Applied to 2018 distributable a		SPACE NEW PORTS		W	620,894
е	Remaining amount distributed		282,782	TOTAL CONTROL	ALCOHOLOGICA POR CONTRACTOR OF THE CONTRACTOR OF	WANTED VALUE TO BE
5	Excess distributions carryover	•		3000 Jan 1800	W14-7756719366	
•	(If an amount appears in colum					
	amount must be shown in colu		l .			
6	Enter the net total of each		<u>_</u>	20242162846650		
•	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e	. Subtract line 5	1,129,304			
ь	Prior years' undistributed inc			E-VALLANDO II B - I C MERCHA	DESCRIPTION OF THE PROPERTY OF	5404 (3) (4)
•	line 4b from line 2b	· · · · ·		0		
С	Enter the amount of prior year	e' undistributed	5528.4 STEEL	·····	TERROR DE LE CONTRA	
·	income for which a notice of					
	been issued, or on which the					
	tax has been previously assess			0		
d	Subtract line 6c from line		TO BE OF THE PERSON OF THE PER	<u> </u>		3 44
_	amount—see instructions .			0		
e	Undistributed income for 2013	7. Subtract line				Section of the section
•	4a from line 2a. Taxable					
	instructions				0	
f	Undistributed income for 2018	Subtract lines	PARTY WET TO THE T			Dood of the second of the seco
•	4d and 5 from line 1. This ar					
	distributed in 2019					1
7	Amounts treated as distribution	ne out of corpus	Produced to the produced to the state of the control		or all we have	
•	to satisfy requirements impos					
	170(b)(1)(F) or 4942(g)(3) (Ele					
	required—see instructions) .					
8	Excess distributions carryover		<u> </u>	PROPERTY OF THE PROPERTY OF TH		
0	applied on line 5 or line 7 (see i		100,917			
9	Excess distributions carry		100,917	E. D. 20. 35. 36.		1437 E
3	Subtract lines 7 and 8 from line		1 020 207			
10	Analysis of line 9:	, ou	1,028,387		**************************************	
а	Excess from 2014	147 170		STATE AND A STATE OF		
-	Excess from 2015	147,160				
b	Excess from 2016	317,594	TO THE RESERVE OF THE PROPERTY OF THE PARTY	PER PROPERTY AND ADDRESS OF THE PERSON		
ч С	Excess from 2017	181,343	THE COURSE SERVICE STATE FOR A SERVICE			
d		99,508				Participation of the second
<u>e</u>	Excess from 2018	282,782	YENTERWINEETING	MONTH OF THE		HAVE CONTRACTOR

	0-PF (2018)					Page 10
Part	XIV Private Operating Founda	tions (see instru	uctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling					
b	foundation, and the ruling is effective for Check box to indicate whether the four				ection	3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	T operating rounds	Prior 3 years	ection 4942()(3) 01 🔲 4942(J)(3)
20	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for	(2) 2010	(6) 2017	(0) 2010	(4) 25,10	:
	each year listed			 		
	85% of line 2a				/	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				A	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				ļ	
е	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:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets			9		
	(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			1		
c	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest,			1		
	dividends, rents, payments on	,	17			
	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	<u> </u>				
	an exempt organization					
	(4) Gross investment income					
Part		n (Complete t	his part only if	the foundation I	nad \$5.000 or me	ore in assets at
	any time during the year-					
1	Information Regarding Foundation					
а	List any managers of the foundation		uted more than 2	% of the total conf	tributions received	by the foundation
	before the close of any tax year (but o					•
None	•					
b	List any managers of the foundation	who own 10% c	or more of the sto	ock of a corporation	n (or an equally la	rge portion of the
	ownership of a partnership or other en					•
None	,	•		•		
2	Information Regarding Contribution	n. Grant. Gift. Lo	an. Scholarship.	etc Programs:		
_	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f					
	complete items 2a, b, c, and d. See ir		J , J ,	,	3	•
а	The name, address, and telephone nu		Idress of the person	on to whom applic	ations should be a	ddressed:
			μ			
Meredi	th Hintze, 7351 E. Lowry Blvd., Suite 400 _ I	Denver CO 80230 7	720-858-6000			
	The form in which applications should			materials they sho	ould include:	
				,		
See atta	iched schedule					
C	Any submission deadlines:					
None	-					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	areas, charitable f	elds, kinds of ins	titutions, or other
	factors:					
See atta	ched schedule					

Form **990-PF** (2018)

Part	XV Supplementary Information (cont	inued)			<u> </u>
3	Grants and Contributions Paid During	the Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a	Paid during the year				
See att	ached schedule				
•					
				i	
			,		
	r				
	Total			▶ 3 a	807,388
Ь	Approved for future payment				
See att	ached schedule				
	Total			N 2h	

Part	Analysis of Income-Producing Ac	ctivities				
nter	gross amounts unless otherwise indicated.	Unrelated but	siness income	Excluded by secti	on 512, 513, or 514	, (c)
		(a)	(b)	(c)	(d)	Related or exempt function income
		Business code	Amount	Exclusion code	Amount	(See instructions.)
	Program service revenue:			 		·
_	a	-				
	<u> </u>	-	·····			<u> </u>
		 				- ·
9	d				_	
9	e					
1	T	ļ				
	g Fees and contracts from government agencies			 		
	Membership dues and assessments				10.422	
	Dividends and interest from securities			14	10,433	··
	Net rental income or (loss) from real estate:				291,507	
	a Debt-financed property					
	b Not debt-financed property					
	Net rental income or (loss) from personal property	·				
	Other investment income			 		
	Gain or (loss) from sales of assets other than inventory	-		18	262,070	
	Net income or (loss) from special events			10	202,070	
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
	<u></u>	<u> </u>				
	c					
	d					
	e					
12 5	e Subtotal. Add columns (b), (d), and (e)				564.010	
	e Subtotal. Add columns (b), (d), and (e) Total. Add line 12. columns (b), (d), and (e)				564,010 13	-
13	e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation				564,010 13	-
13 See v	Total. Add line 12, columns (b), (d), and (e)	 ns.)				-
13 See v	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010
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13 See v Parti Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010
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13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	t Purposes	13	564,010

Part	XVII	Information `Organization	n Regarding Trai	nsfers to and 1	Transac	tions and F	elationshi	ps With M	lonchar	itable	Exe	mpt
	in se		directly or indirectly ther than section							,	Yes	No
а	Trans	fers from the rep	porting foundation t	o a noncharitable	e exemp	organization	of:					
	(1) Ca	ash								1a(1)		~
	(2) Ot	her assets .								1a(2)		<u></u>
b	Other	transactions:										
	(1) Sa	les of assets to	a noncharitable ex	empt organizatio	n					1b(1)		~
	(2) Pu	irchases of asse	ets from a noncharit	able exempt org	anization					1b(2)		~
	(3) Re	ental of facilities,	, equipment, or othe	er assets						1b(3)		V
	(4) Re	eimbursement ar	rrangements							1b(4)		1
	(5) Lo	ans or loan gua	rantees							1b(5)		~
	(6) Pe	erformance of se	ervices or members	hip or fundraising	g solicita	tions				1b(6)		1
С	Sharir	ng of facilities, e	quipment, mailing li	sts, other assets	s, or paid	employees				1c		~
d	If the	answer to any	of the above is "Ye	s," complete the	e followir	ng schedule.	Column (b) :	should alw	ays show	the 1	fair m	narket
			ther assets, or serv									
	value	in any transactio	on or sharing arranç	gement, show in	column (d) the value of	f the goods,	other ass	ets, or se	vices	recei	ved.
(a) Line	no (l) Amount involved	(c) Name of none	haritable exempt org	anızatıon	(d) Desc	nption of transfe	rs, transactio	ns, and sha	rıng arra	angeme	ents
			None									
								_				
		_										
								_				
								-				
						1						
			•									
							-					
										•		
								-				
	descr	ibed in section 5 s," complete the	ectly or indirectly a 501(c) (other than se following schedule	ection 501(c)(3)) a e.	or in sect	ion 527? .					s 🗹] No
		(a) Name of organ	ization	(b) Type	of organiz	ation		(c) Description	on of relation	ship		
Not app	licable		·									
C:	Under	penalties of perjury, I	declare that I have examin aration of preparer (other the	ed this return, including	g accompan	ying schedules and ation of which pre-	d statements, and	i to the best o wledge	my knowled	ge and	belief, if	i is true,
Sign Here	l k	Share Sche	rttmax	11/14/	2019	Accounting	Manager		May the IF with the pr	eparer s	hown t	selow?
	Signa	ature of officer or trus		Date		Title J	J		<u> </u>			
Paid	1	Print/Type preparer	's naMe	Preparer's signati	ure		Date	Chec	;k 🗀 ıf F	PTIN		
Prepa	arer								employed			
Use (Firm's name ▶						Firm's EIN	>			
	,	Firm's address ▶						Phone no				

Part I. Analysis of Revenue and Expenses

Lin	e		(a) evenue and uses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Disbursements Charitable Purp	
1	Contributions, gifts, grants received COPIC Insurance Company 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$	475,033				
	Harold R. Roth 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$	1,000				
	Beverly H. Razon 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$	1,000				
	Davis K. Hurley, MD 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	\$	1,000				
	Steven J. Thorson, MD 1212 E Elizabeth St Fort Collins, CO 80524	\$	1,000				
18	Taxes						
••	2017 Reverse accrual of prior year taxes 2018 Estimated Tax	\$ \$	(1,768) 8,000 6,232	·	۵	\$ \$	<u>.</u>
23	Other expenses						
	Legal Fees	\$	۶			\$	
	Dues	\$	1,430				,430
	Marketing and Communications Expense	\$ \$ \$	930			\$	930
	Business Meals and Entertainment Expense	\$	•			\$	
	Miscellaneous Expense		433			\$	433
	Administrative Fees	, <u>\$</u>	93,734				,496
		\$	96,526			\$ 96	,288

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.lrs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization **Employer Identification number COPIC Medical Foundation** 84-1197083 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

\$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1n; 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/3% 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)

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).

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	organization	, <u> </u>	ubloher ideufilication unmper
31	edical Foundation		84-1197083.
Part I		f Part I if additional space is	
(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	\$475,033	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2.2.2.	Harold R. Roth 7351 E. Lowry Blvd., Suite 400	\$ 1,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Beverly H. Razon 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230)	\$ 1,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. 4</u>	Davis K. Hurley, MD. 7351 E. Lowry Blvd., Suite 400	\$ 1,000	Person
(á). No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Steven J. Thorson, MD. 1212 E Elizabeth St Fort Collins, CO 80524	\$ 3.50000 31.000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ئىسىنى <u>.</u>		\$	Person

Name of organization

Employer identification number

COPIC Medical Foundation 84-1197083

art II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional spac	e is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	And the state of t	\$	
) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-,,		\$	

(e) Transfer of	giff
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(c) Use of gift

(a) No.

Part I

(b) Purpose of gift

<u>\$\$\$\frac{1}{2}\tau_1\tau_2\tau_3\ta</u>

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

COPIC Medical Foundation Form 990-PF EIN 84-1197083 31-Dec-18 Part II. Balance Sheet

	Beginning of Year			End o	of Year		
Line		(a) Book Value	(b) Book Value		(c) Fair Mkt Value		
10. b Investments - corporate stock	\$	12,600,764	\$	10,771,175	\$	10,771,175	
13 Investments - Other	_\$		\$	500,000	\$	500,000	
22 Other liabilities							
Admin. of State Regulatory Program		5,088,649	\$	4,015,754	\$	4,015,754	
Total	\$	5,088,649	\$	4,015,754	\$	4,015,754	

clearwater

12/31/2018

COPIC Medical Foundation

Form 990PF

EIN #84-1197083

Part II, Balance Sheet, Line 10b

Investments - Corporate Stock

STAT Balance Sheet by Position Report:

COPIC-AGG-Medical Foundation (43301) 12/31/2018

Account: As of:

rket Value	3,764,386.04	3,433,682.63	3,573,106.54	0,771,175.21
STAT Mai	3,7	3,4	3,5	10,7
Market Price STAT Market Value	11.8300	25.3700	10.4500	15.6886
STAT Unrealized Valuation Gain/Loss	284,709.58	91,863.56	6,070.94	382,644.08
STAT Actual Cost	3,479,676.46	3,341,819.07	3,567,035.60	10,388,531.14
STAT Current Units	318,206.77	135,344.21	341,924.07	795,475.05
Description	BLACKROCK:IS TUS SM INST	VANGUARD TOT I STK ADM	VANGUARD TOT BD ADM	ŀ
Identifier	091936161	921909818	921937603	Total

Boomtown

12/31/2018

COPIC Medical Foundation

Form 990PF

EIN #84-1197083

Part II, Balance Sheet, Line 13

Investments - Other

Report: STAT Balance Sheet by Position

COPIC-AGG-Medical Foundation (43301)

12/31/2018

Account:

As of:

AT Market Value	500,000.00	500,000.00
Market Price STAT Market Value	1.0000	1.00
STAT Unrealized STAT Actual Cost Valuation Gain/Loss	0.00	0.00
STAT Actual Cost	200,000.00	500,000.00
STAT Current Units	500,000.00	500,000.00
Description	BOOMTOWN	,
Identifier	666666666	Total

COPIC Medical Foundation Form 990-PF EIN 84-1197083 31-Dec-18 Part III. Analysis of Changes in Net Assets or Fund Balances

Line

Other decreases not included in line 2
Unrealized Gains/(Losses) - Investments
Total

(1,333,446)

Part VII-A. Statements Regarding Activities

10	
Contributors	Contribution
COPIC Insurance Company 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	475,032.50
Harold R. Roth 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	1,000.00
Beverly H. Razon 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	1,000.00
Davis K. Hurley, MD 7351 E. Lowry Blvd., Suite 400 Denver, CO 80230	1,000.00
Steven J. Thorson, MD 1212 E Elizabeth St Fort Collins, CO 80524	1,000.00
	\$479,033

Copic Medical Foundation Form 990-PF EIN 91197083

		Part VIII. Information a	about Office	31-Dec-18 Part VIII. Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors	n Managers, Highl	y Paid Employees and Cont	ractors
Line 1					Compensation		
Name		Address	Title	Average Hours Per Week Devoted to Position	If not paid enter 0	Contributions to Employee Benefit Plan	Expense Account Other Allowances
Theodor	Theodore J. Clarke, M D.	7351 E. Lowry Boulevard, Suite 400 Denver, CO 80230	CEO	Infrequent-less than one bour per week	0	0	0
Steven A. Rubin	'. '. Rubin '-	7351 E. Lowry Boulevard, Suite 400 Denver, CO 80230	8	Infrequent-less than one bour per week	0	0	0
Каутоп	Raymond N. Blum, M.D.	1601 E 19th Ave, Suite 3650 Denver, CO 80218	Director	Infrequent-less than one hour per week	0	0	
Luda A. Clark	Clark	164 Lafayette St Denver, CO 80218	Director	Infrequent-less than one hour per week	0	0	0
Matthew	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.	Brian C. Harrugton, M.D	769 Sandhill Circle Steamboat Springs, CO 80487	Director	Infrequent-less than one hour per week	0	•	0
Steven R	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.	Davis K. Hurley, M.D.	7441 E. 8th Ave Denver, CO 80230	Director	Infrequent-less than one hour per week	0	•	0
Kathryn A. Paul	A. Paul	4582 S. Ulster St., Sunte 800 Denver, CO 80237	Director	Infrequent-less than one hour per week	0	0	0
Peter J \	Peter J Whitted, M.D.	4353 Dodge Street Omaha, NE 68131	Durector	Infrequent-less than one hour per week	٥	0	0
Alan Y.	Alan Y. Synn, M.D.	1302 South Unite Ct Denver, CO 80231	Director	Infrequent-less than one hour per week	0	0	0
Gerald V	Gerald V. Zarlengo, M.D.	2542 Taft Court Lakewood , CO 80215	Director	Infrequent-less than one hour per week	0	0	0

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

Line

4 Tax Treatment of Physicians' Peer Health Assistance Fund

The COPIC Medical Foundation has agreed to be the administering entity of the Physicians' Peer Health Assistance Fund ('the Fund"), and has entered into a contract with the State of Colorado, Department of Regulatory Agencies, 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.

\\Prd-fs-1\fin\\Greg\\FOUNDATION\\Tax Returns - Foundation\\2018 Foundation Return\\Schedule X Line 4 explanation.doc

Copic Medical Foundation Form 990-PF EIN 84-1197083 31-Dec-18 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.

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	Amount
Airway Safety Movement 9150 Commerce Center Circle #135 Highlands Ranch, CO 80129	Public	For general program support	28,280
Benevolent Healthcare Foundation 10377 E Geddes Ave, Ste 200 Centennial, CO 80112	Public	For general program support	1,000
Center for Improving Value in Health Care 950 S Cherry St Ste 208 Denver, CO 80246	Public	For general program support	48,370
La Clinica Tepeyac 4725 High Street Denver, CO 80216	Public	For general program support	1,000
Colorado Health Institute 303 E. 17th Ave, Ste 930 Denver, CO 80203	Public	For general program support	46,200
Colorado Physician Health Prm 899 Logan St Suite 410 Denver, CO 80203	Public	For general program support	500
Completely Kids 2566 St Mary's Ave Omaha, NE 68105	Public	For general program support	1,000
Day of Caring 1600 Pierce Street Denver, CO 80214	Public	For general program support	1,000
Denver Health Foundation 601 Broadway MC 101 Denver, CO 80203	Public	For general program support	135,314
Florence Crittention Services of Colorado 96 South Zuni Street Denver, CO 80223	Public	For general program support	1,000
Illuminate Colorado 1530 W 13th Ave, Ste 118 Denver, CO 80204	Public	For general program support	100,000
Lift Up of Routt County 2125 Curve Ct	Public	For general program support	1,000

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,
Steamboat Springs, CO 80487		2 2 3 3 3 3 3	- /////
Lumunos 106 E Broad St, Ste B Falls Church, VA 22046	Public	For general program support	16,000
Lutheran Medical Center Foundation 8300 West 38th Avenue Wheat Ridge, CO 80033	Public	For general program support	8,600
Medstar Health Inc 10980 Grantchester Way Columbia, MO 21044	Public	For general program support	25,000
Metro Omaha Medical Society Foundation 7906 Davenport Omaha, NE 60114	Public	For general program support	55,000
Minnesota Medical Association 1300 Godward Street N. E. Minneapolis, MN 55413	Public	For general program support	50,000
Nebraska Mcdical Foundation 233 S 13th Street #1512 Lincoln, NE 68505	Public	For general program support	12,500
Northwest Colorado Center for Independence 2201 Curve Plaza, Unit 104 Steamboat Springs, CO 80487	Public	For general program support	1,000
One World Community Health Centers 4920 S 30th Street. Suite 103 Omaha, NE 68107	Public	For general program support	10,000
Parent Education and Assistance for Kids 611 N Weber St, Ste 200 Colorado Springs, CO 80903	Public	For general program support	1,000
Poudre Valley Health System 2315 East Harmony Rd, Suite 200 Fort Collins, CO 80528	Public	For general program support	45,524
Ray of Hope Cancer Foundation 1455 Ringsby Ct, Suite 111 Denver, CO 80216	Public	For general program support	1,000
Regis University 1333 Regis Blvd, Suite A-20 Denver, CO 80221	Public	For general program support	10,000
Rescue Mission P O Box 8340 Omaha, NE 68108	Public	For general program support	1,000
Rocky Vista University Alumni Assoc 1401 S. Chambers Road Parker, CO 80134	Public	For general program support	20,000
Share - Pregnancy and Infant Loss Support 102 Jackson St St. Sharles, MO 63301	Public	For general program support	32,300

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
St Joseph Hospital Foundation 1835 Franklin St. Denver, CO 80218	Public	For general program support	1,000 (
Summit Foundation P.O. Box 4000 Breckenridge, CO 80424	Public	For general program support	1,000
The Childrens Treehouse Foundation 7500 W Mississippi Ave, Ste A230 Lakewood, CO 80226	Public	For general program support	1,000
University of Colorado Foundation 1380 Lawrence Street, Suite 1325 Denver, CO 80204	Public	For general program support	31,000
University of Nebraska Foundation 1010 Lincoln Mall, Suite 300 Lincoln, NE 68508	Public	For general program support	118,800
Voices for Children in Nebraska 7521 Main Street, Suite 103 Omaha, NE 68127	Public	For general program support	1,000
		Total Paid:	807,388

12/31/18
Part XV. Supplementary Information
3. Grants and Contributions Paid During the Year or Approved for Future Payment

3a.

Grants paid during the year:

Recipient Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
3b. Grants approved for future payment:		, -	Nonethern & A. angle stable & A. W.
Citizens For Patient Safety 5226 E Weaver Ave. Centennial, CO 80121	Public	For general program support	75,000
University of Colorado Health Sciences Center 4200 E Ninth Avenue Denver, CO 80262	Public	For general program support	70,000
Middle Park Medical Foundation P.O. Box 252 Kremmling, CO 80459	Public	For general program support	10,000
Nebraska Medical Foundation 233 S 13th Street Lincoln, Ne 68505	Public	For general program support	10,000
Creighton University 2500 California Street Oinaha, NE 68178	Public	For general program support	5,000
		Total Approved for Future:	170,000