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About Us

» MISSION
Advancing the health and well-being of the people of Colorado.

» VISION
All Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live.

» HISTORY
When the nonprofit PSL Healthcare Corporation was sold to a for-profit organization in 1985, the proceeds of the sale were used to create a foundation dedicated exclusively to the health and well-being of the people of Colorado.

» HOW WE MAKE GRANTS
The Colorado Trust focuses on policies and information related to advancing health equity, as well as projects that address health equity in partnership with communities throughout Colorado.

The Trust issues Requests for Applications (RFA) and welcomes responses from nonprofit organizations and governmental entities across Colorado. When a competitive funding opportunity is available, a detailed RFA, with related instructions and application deadlines, is posted to our website. Sign up to be automatically notified by email of future funding opportunities.

On occasion, The Trust asks organizations that are focused on strategies specific to its grantmaking priorities to submit individual, non-competitive proposals. Additionally, The Trust is developing a strategy to fund a range of community-based solutions that advance health equity in Colorado.

The following types of organizations are eligible to apply for grants:

- Nonprofit organizations that are exempt under Section 501(c)(3) of the Internal Revenue Code and are classified as “not a private foundation” under Section 509(a)
- Independent sponsored projects of a nonprofit 501(c)(3) organization acting as a fiscal sponsor
- Government and public agencies.

The Colorado Trust does not make grants for the following:

- Political campaigns or voter registration drives
- Operating deficits or retirement of debt.
2013 was another exciting year for The Colorado Trust. As the country geared up for full implementation of the Affordable Care Act (ACA) and the health insurance marketplaces launched, The Trust announced a new vision focused on health equity.

The foundation’s new vision is that all Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live. The Trust defines health equity as ending inequalities that affect racial, ethnic, low-income and other vulnerable populations, so that everyone will have an opportunity to achieve good health. By increasing knowledge and awareness of health equity, and supporting efforts to improve it in our communities, The Trust is continuing its work of advancing the health and well-being of Coloradans.

Through the Health Equity Learning Series, The Trust strove to increase understanding of health equity statewide. Last year, The Trust hosted five events featuring some of the nation’s leading experts on health equity with more than 1,000 participants. The events were also live-streamed online to allow people located outside Denver to participate.

In addition to the new health equity vision, The Trust forged ahead with many existing strategies aimed at advancing the health and well-being of Coloradans. To accomplish the 2013 priority of funding health data collection and analysis, we continued our support of the Colorado Health Institute and its administration and management of the Colorado Health Access Survey (CHAS). Among many important findings, the latest CHAS found that almost 741,000 Coloradans were uninsured in 2013; the next iteration of CHAS, in 2015, should help gauge the true impact of the ACA in Colorado. The Trust also continued support for Colorado’s All Payer Claims Database that compiles medical claims data from private and public health insurance payers to better understand the cost and utilization of health care services, and to lead to solutions that improve health care quality.

Additionally, 2013 marked the conclusion for two successful strategies: Project Health Colorado, a three-year initiative to build public will to achieve access to health, for which The Trust is wrapping up the evaluation; and the two-year Convening for Colorado program that funded more than 30 organizations, bringing together diverse stakeholders to work on health and well-being in their communities. We are evaluating the Convening for Colorado strategy in order to better align it with our new health equity vision.

The Trust also continued our support of Early Childhood Councils around the state, to further efforts to integrate health into their work of connecting children and families to early childhood resources and services. We look forward to sharing results and learnings from this particular work later in 2014.

Moving forward, The Trust will address health equity in partnership with communities throughout Colorado. We are pursuing grant strategies that focus on policies and information related to advancing health equity, as well as partnering with communities to develop locally led solutions. We are working to activate and support important voices in this work, and look forward to working with leaders, organizations and communities across Colorado.

Health equity is a critical issue in our state. We are grateful for the privilege of serving the people of Colorado by advancing fair opportunities for all Coloradans to be healthy.

Rev. R. J. Ross
Board Chair

Ned Calonge, MD, MPH
President & CEO
» HEALTH EQUITY. There is no one definition for health equity. For the purposes of our grantmaking, The Trust’s vision is that “all Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live.” We define health equity as ending inequalities that affect racial, ethnic, low-income and other vulnerable populations, so that everyone will have fair and equal opportunities to achieve good health.

» GRANT STRATEGIES. The Trust focuses on policies and information related to advancing health equity, as well as projects that address health equity in partnership with communities throughout Colorado.
IN 2013, The Colorado Trust supported many advocacy efforts working toward policy changes, including:

- Supporting grassroots strategies paired with a communications campaign to increase awareness, understanding and support for improving health care and coverage for every Coloradan.
- Advancing health equity policy solutions by building a more cohesive advocacy community.
- Increasing knowledge and awareness of health equity through presentations from national and local experts.
- Informing and advancing health policy solutions to improve health care and coverage.

“There were a lot of legislators coming to the capitol for the first time that needed a framework for understanding Medicaid.”

Cody Belzley
VP of Health & Strategic Initiatives
Colorado Children’s Campaign
(Full story on page 7.)
One of every three Colorado state legislators in 2013 were new to the General Assembly—one of the largest groups of freshman lawmakers in Colorado in recent history. They hadn’t even been sworn into office yet when Gov. John Hickenlooper announced on Jan. 3, 2013, that the state would pursue Medicaid expansion under the Patient Protection and Affordable Care Act (ACA).

“There were a lot of people coming to the capitol for the first time that needed a framework for understanding Medicaid,” says Cody Belzley, Vice President of Health & Strategic Initiatives for the Colorado Children’s Campaign. That’s why the Children’s Campaign, with support from The Colorado Trust, assembled a broad, diverse group of partners in early 2013 to educate the nearly three dozen new lawmakers (and incumbents, too) on the role of Medicaid in the overall Colorado health care system.

The resulting collaborative, called Insuring Our Future (IOF), was a partnership of more than 45 health care, social justice, business and faith-based organizations statewide—all united by a belief that Medicaid plays a critical role in Colorado. The organizations collectively helped create messaging and resources that were disseminated through regular email communications, as well as to partners and the general public through the IOF website. Materials included a video, animated infographic, fact sheets, reports, data resources and stories of Medicaid clients and providers. Despite the IOF website being brand-new, it quickly racked up more than 1,200 unique visitors from 49 different Colorado communities in a matter of weeks.

IOF also launched a communications strategy and accompanying tactics called Medicaid Matters, and dubbed February 2013 the “Month of Medicaid.” This called for the collaborative to share educational information and personal stories about Medicaid with Colorado’s state legislators through postcards, email blasts and social media posts every day throughout February.

The personal stories of current and prospective Medicaid clients—collected primarily by the Colorado Coalition for the Medically Underserved (CCMU)—proved most popular throughout the education campaign (the CCMU story collection project was funded by The Trust’s Strategic Advocacy Fund.) The campaign concluded prior to Medicaid expansion legislation being introduced in the legislature—but by that point, it was clear that Medicaid was top-of-mind for lawmakers on both sides of the aisle. On average, 31 Colorado legislators opened the daily email sent to them as part of the Medicaid Matters effort, and 75 of 100 lawmakers opened at least one of the messages during February.

Medicaid expansion would go on to receive bipartisan support in the Colorado Senate, and was eventually signed into law by Gov. Hickenlooper in May 2013. As of the middle of March 2014, more than 135,000 Coloradans had enrolled in Medicaid following the ACA expansion, bringing total Medicaid enrollment in Colorado to nearly 967,000.
HEALTH CARE ADVOCACY
Supporting the Bell Policy Center, Colorado Center on Law & Policy and Colorado Children’s Campaign to advocate on behalf of an improved system of health care and coverage in Colorado.
GRANT TIMEFRAME: 2013
GRANT AMOUNT: $451,050
CONTACT: Scott Downes

HEALTH EQUITY ADVOCACY
Advancing health equity policy solutions through a field-building approach to provide a strong foundation for the health equity field.
GRANT TIMEFRAME: 2013-16
GRANT AMOUNT: $7,200,000
CONTACT: Scott Downes and Chris Armijo

HEALTH EQUITY LEARNING SERIES
Increasing knowledge and awareness of health equity through presentations from experts discussing factors that affect disparities, and solutions that advance health equity.
GRANT TIMEFRAME: 2013
GRANT AMOUNT: $86,648
CONTACT: Chris Armijo

MEDICAL CLEAN CLAIMS, TRANSPARENCY AND UNIFORMITY TASK FORCE
Supporting a task force of providers, payers and government representatives in developing a uniform set of insurance codes and payment rules aimed at reducing costs and administrative redundancies, as required under House Bill 10-1332.
GRANT TIMEFRAME: 2011-13
GRANT AMOUNT: $25,000
CONTACT: Laurel Petralia

PROJECT HEALTH COLORADO
Building public will to help achieve access to health through a unique blend of grassroots strategies paired with a communications campaign aimed at increasing awareness, understanding and support for making health coverage and health care work better for every Coloradan, in partnership with the Colorado Health Foundation.
GRANT TIMEFRAME: 2010-13
GRANT AMOUNT: $9,896,000
CONTACT: Scott Downes

STRATEGIC ADVOCACY FUND
Informing debate about key policy issues that affect access to health for Coloradans. A collaborative project of the Bell Policy Center, Colorado Center on Law & Policy, Colorado Children’s Campaign and Colorado Coalition for the Medically Underserved.
GRANT TIMEFRAME: 2013
GRANT AMOUNT: $99,000
CONTACT: Scott Downes
Data & Information

IN 2013, The Colorado Trust continued funding several programs capturing and analyzing information on health inequities to inform stakeholders and build accountability, including:

- The 2013 release of the Colorado Health Access Survey to provide an update on health care coverage, access and utilization in Colorado
- The All Payer Claims Database to increase transparency associated with health care costs
- Core funding for the Colorado Health Institute to continue their ability to provide robust health information, data and analysis.

Findings from the 2013 CHAS provide a detailed picture of Colorado’s changing health landscape.

(See infographic on page 10.)
**Health Disparities in Colorado**

The Colorado Health Access Survey (CHAS) is the premier source of information on health care coverage, access and utilization in Colorado. Findings from the 2013 CHAS provide a detailed picture of Colorado’s changing health landscape. This snapshot highlights health equity issues in Colorado. The next survey will be conducted in 2015 and will provide critical information to help measure the impact of the Affordable Care Act in Colorado.

### Coverage

<table>
<thead>
<tr>
<th>Insurance Status by Race/Ethnicity</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>74.1%</td>
<td>65.9%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Public Insurance</td>
<td>57.3%</td>
<td>68.9%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>50.4%</td>
<td>6.0%</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

### Problems Paying Medical Bills

- 16.1%
- 32.9%
- 21.7%

### Health Disparities in Colorado

**Population Distribution in Colorado**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.9%</td>
<td>3.0%</td>
<td>25.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Barriers to Care

- Unable to get appointment at doctor’s office or clinic as soon as you thought one was needed: 13.5%
- Unable to find transportation to doctor’s office or clinic, or office or clinic was too far away: 23.4%
- A child was unable to make an appointment because his/her parent or guardian could not take time off work: 5.6%

### Utilization

<table>
<thead>
<tr>
<th>Visited Health Care Provider in 12 Months Before Survey</th>
<th>Visited Dental Provider in 12 Months Before Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.4%</td>
<td>61.5%</td>
</tr>
<tr>
<td>67.0%</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

### Outcomes

<table>
<thead>
<tr>
<th>Report Fair/Poor Health Status</th>
<th>17.9%</th>
<th>16.0%</th>
<th>15.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Poor Mental Health</td>
<td>17.9%</td>
<td>16.0%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Report Poor Oral Health</td>
<td>17.9%</td>
<td>16.0%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

The CHAS is a project of the Colorado Health Institute and is funded by The Colorado Trust, a health equity foundation. For more information, visit [coloradohealthinstitute.org](http://coloradohealthinstitute.org).
DATA & INFORMATION 2013 GRANTEES

- CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC) – COLORADO ALL PAYER CLAIMS DATABASE IMPLEMENTATION GRANT
  In partnership with the Colorado Health Foundation, The Colorado Trust supports CIVHC in developing a Colorado All Payer Claims Database to better understand the cost and utilization of health care services, and develop payment solutions to lower health care costs.
  GRANT TIMEFRAME: 2012-15
  GRANT AMOUNT: $2,000,000
  CONTACT: Laurel Petralia

- COLORADO FISCAL INSTITUTE
  Supporting development of the Genuine Progress Indicator, an alternative measure of economic well-being for Colorado.
  GRANT TIMEFRAME: 2013
  GRANT AMOUNT: $25,000
  CONTACT: Gwyn Barley

- COLORADO HEALTH ACCESS SURVEY
  Providing support for the extensive survey in Colorado of health care coverage, access and utilization, with data collection and analysis managed by the Colorado Health Institute.
  GRANT TIMEFRAME: 2011-18
  GRANT AMOUNT: $4,523,159
  CONTACT: Gwyn Barley

- COLORADO HEALTH INSTITUTE
  Providing support to the Colorado Health Institute to serve as a reliable and impartial clearinghouse for data and data resources related to Colorado’s health care issues and systems, to inform policymakers, funding organizations, health planners, the business and nonprofit community, consumer groups, health care providers and the media.
  GRANT TIMEFRAME: 2007-15
  GRANT AMOUNT: $4,228,977
  CONTACT: Gwyn Barley

- TBD COLORADO
  Underwriting a series of community forums around health, education, transportation and other key issues, resulting in a public report to share the information.
  GRANT TIMEFRAME: 2012-13
  GRANT AMOUNT: $10,000
  CONTACT: Scott Downes
Community-based Participatory Grantmaking

IN 2013, The Colorado Trust began creating a new strategy to partner with communities across the state and continued funding **convenings** to bring stakeholders together to collaborate and advance the health and well-being of Coloradans.

2013 GRANTEE

- **CONVENING FOR COLORADO**
  Providing support to bring people together to discuss issues central to advancing the health and well-being of Coloradans.

**GRANT TIMEFRAME:** 2011-13  
**GRANT AMOUNT:** $500,000  
**CONTACT:** Laurel Petralia

“We started a real dialogue here in the San Luis Valley. This was a way for us to find out what we’re dealing with here.”

**FREDDIE JAQUEZ**  
Executive Director
San Luis Valley Area Health Education Center

(Full story on page 13.)
FREDDIE JAQUEZ
Executive Director, SLVAHEC

Freddie Jaquez is no stranger to the problems surrounding prescription drug abuse in southern Colorado. As executive director of the San Luis Valley Area Health Education Center (SLVAHEC), he had heard firsthand from the Alamosa coroner and others in the community about the dozen or so prescription drug-related deaths in the valley since 2010. But what really magnified this troubling issue for Jaquez was the conversation he had with his board chairman, Joe Valdez, towards the end of 2012.

"Joe is a pharmacist," Jaquez says. "He told me his pharmacy had recently been broken into twice—and both times, they didn’t steal any money at all, just prescription drugs." Jaquez later heard a similar story from another pharmacy owner in the region.

This spurred SLVAHEC to apply for and receive a Convening for Colorado grant from The Colorado Trust. The funding supported six different gatherings from March thru August 2013, to start a community dialogue on prescription drug addiction and abuse in the San Luis Valley. Jaquez says the idea fit well with his organization’s background and experience: “We’re excellent mobilizers for getting trainings, conferences and workshops together in regard to supporting the local health care workforce,” he says.

The first four convenings were targeted primarily at rural health care providers and staff in the region, with topics such as differing strategies and tactics in dealing with the two primary types of prescription drug addiction and abuse that providers were seeing: Patients with chronic illnesses who take pain medication long-term, and those using such drugs recreationally. “We had some great conversations about what to do with each group,” Jaquez says. “Both have a common denominator of pain medicine, especially opiates.”

Later convenings featured experts and speakers from across the state, and also involved community stakeholders from outside the health care arena, such as law enforcement, business owners, behavioral health clinicians and social workers. “Bringing them together was really interesting, because we didn’t know what might happen at the meetings,” Jaquez says with a chuckle. Yet with some ground rules for respectful dialogue laid out in advance, the gatherings led to “some really amazing discussions and a lot of constructive ideas.”

On average, close to 50 people attended each of the six sessions. One of the most promising results of the discussions was simply a community-wide dedication to continue the dialogue even after the initial convenings concluded. Most of the attendees from the 2013 meetings still gather every other month.

“Yes, we have a problem here with prescription drug addiction and abuse—it’s rampant, much like the rest of the nation,” says Jaquez. “We left a lot that has to be addressed, but we started a real dialogue here in the San Luis Valley. This was a way for us to find out what we’re dealing with here. Now we have to find a way to keep the momentum going.”
Health & Well-being

IN 2013, The Colorado Trust funded many opportunities dedicated to advancing the health and well-being of Coloradans, including:

- Addressing critical needs in rural communities across Colorado
- Supporting many Early Childhood Councils to continue their efforts integrating health into their work of connecting children and families to early childhood resources and services
- Recognizing the leadership of a current Trust grantee and the work they are doing to improve the health of Coloradans statewide.

“Gretchen [Hammer] has brought such wonderful leadership and vision to the organization... Her approach has been very inclusive and balanced... That has really allowed us to gain traction in our work.”

Sarah Mapes
Communications Director
Colorado Coalition for the Medically Underserved
(Full story on page 15.)
The Colorado Coalition for the Medically Underserved (CCMU) was the 2013 recipient of the John R. Moran, Jr. Grantee Leadership Award, which is given annually by The Colorado Trust to a current grantee in recognition of outstanding leadership. In this case, the award recognized in particular just how far CCMU has come since its inception in 1997.

“As an early supporter of CCMU, we couldn’t be happier to see a nonprofit organization with such a critical mission grow stronger and become increasingly effective,” says Ned Calonge, MD, MPH, President and CEO of The Colorado Trust. “CCMU’s staff and leadership are exceptionally adept in bringing together diverse communities, and generating meaningful conversations that result in active changes to improve access to health care for Coloradans who are most vulnerable.”

For most of CCMU’s existence, the staff was essentially comprised of one person. That began to change with the hiring of current Executive Director Gretchen Hammer a few years ago. Today, Hammer and her four colleagues focus on areas that include advocacy, community engagement and helping support access to high-quality affordable health care for all Coloradans.

“Gretchen has brought such wonderful leadership and vision to the organization,” says CCMU Communications Director Sarah Mapes. “Her approach has been very inclusive and balanced, and brought together a lot of groups and individuals who don’t normally work together. That has really allowed us to gain traction in our work.”

CCMU was founded as part of the Colorado Medical Society, and became a separate nonprofit in 2003. While the organization’s mission and focus—believing that everybody should have the opportunity to lead a healthy life—has remained the same, its impact has only grown. In 2004, CCMU supported efforts to pass Amendment 35, which increased taxes on tobacco products to help fund health programs statewide. The coalition also played an integral role in achieving Medicaid coverage expansion for adults without dependent children as part of the 2009 hospital provider fee statute; and, in early 2014, securing 12 months of continuous eligibility for children enrolled in Medicaid.

CCMU has used the Moran Award funding to support efforts and activities statewide related to implementing ACA coverage expansions; and also on two key community initiatives, Colorado HealthStory and the Colorado Network of Health Alliances. Modeled after National Public Radio’s StoryCorps, Colorado HealthStory has collected nearly 250 audio and video recordings from Coloradans who have shared personal tales about health, without any agenda or pretext. “We have found it incredibly valuable—time and again, the sharing of these experiences has led to real, lasting change in health care in Colorado,” Mapes says.

The award is supporting the ongoing work of the Colorado Network of Health Alliances, which is overseen by CCMU Director of Community Initiatives Joe Sammen. “Joe realized that many communities had groups working to change the health care system, but they weren’t connected to each other,” explains Mapes. CCMU now provides regional meetings, monthly webinars, technical assistance, best-practice sharing and other support to this 45-county network, with more groups to be added in the future.
HEALTH & WELL-BEING 2013 GRANTEES

- **BOULDER COUNTY HOUSING AND HUMAN SERVICES**
  Working to identify and enroll eligible but uninsured children and youth in Medicaid and Child Health Plan Plus.
  
  **GRANT TIMEFRAME:** 2009-14
  **GRANT AMOUNT:** $225,000
  **CONTACT:** Deidre Johnson

- **THE BUILD INITIATIVE**
  Supporting a multi-state conference for Colorado’s early childhood health leaders to learn about promising strategies for addressing health equity for young children.
  
  **GRANT TIMEFRAME:** 2012-13
  **GRANT AMOUNT:** $40,000
  **CONTACT:** Deidre Johnson

- **CAVITY FREE AT THREE – PHASE TWO**
  Recruiting private dentists in Colorado who do not accept Medicaid clients to serve this population, and training dental providers to care for young children and pregnant women.
  
  **GRANT TIMEFRAME:** 2011-14
  **GRANT AMOUNT:** $300,000
  **CONTACT:** Laurel Petralia

- **CENTER FOR AFRICAN AMERICAN HEALTH**
  Supporting the implementation of the Center for African American Health’s Executive Director Succession Plan, organizational capacity improvements and sustainability strategies.
  
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $25,000
  **CONTACT:** Gwyn Barley

- **COLORADO CHILDREN’S HEALTHCARE ACCESS PROGRAM**
  Providing support services that enable and encourage private pediatric and family practices to devote at least 10 percent of their practice to publicly insured children, including an enhanced reimbursement program offered in conjunction with the Colorado Department of Health Care Policy and Financing, Rocky Mountain Health Plans and Colorado Access that promotes and rewards comprehensive preventive health care.
  
  **GRANT TIMEFRAME:** 2008-13
  **GRANT AMOUNT:** $540,156
  **CONTACT:** Laurel Petralia

- **COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**
  Working to improve state-level coordination and alignment to support the work of Early Childhood Health Integration grantees and to further the development of the community Medical Home concept as it relates to early childhood systems.
  
  **GRANT TIMEFRAME:** 2008-13
  **GRANT AMOUNT:** $506,344
  **CONTACT:** Deidre Johnson

- **COLORADO FRESH FOOD FINANCING FUND**
  In partnership with the Colorado Health Foundation and the Colorado Housing and Finance Authority, providing support to grocery stores and other markets to provide access to healthy foods in underserved areas of Colorado.
  
  **GRANT TIMEFRAME:** 2013-16
  **GRANT AMOUNT:** $300,000
  **CONTACT:** Laurel Petralia

- **COLORADO FUTURES CENTER AT COLORADO STATE UNIVERSITY**
  Supporting the dissemination of the results of the Colorado Futures Center’s fiscal sustainability study to inform policy decisions related to access to health.
  
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $19,000
  **CONTACT:** Gwyn Barley

- **COLORADO NONPROFIT ASSOCIATION**
  Providing support for the Colorado Collaborative Award to acknowledge successful collaboration among nonprofit organizations.
  
  **GRANT TIMEFRAME:** 2013
  **GRANT AMOUNT:** $5,000
  **CONTACT:** Laurel Petralia
HEALTH & WELL-BEING 2013 GRANTEES

- **COMMUNITY FIRST FOUNDATION**
  Supporting 2013 Colorado Gives Day in its effort to increase philanthropy in Colorado through online giving.
  **GRANT TIMEFRAME:** 2013
  **GRANT AMOUNT:** $5,000
  **CONTACT:** Laurel Petralia

- **DENVER HEALTH FOUNDATION**
  Expanding and improving adolescent substance treatment services at Denver Health.
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $25,000
  **CONTACT:** Gwyn Barley

- **EARLY CHILDHOOD HEALTH INTEGRATION**
  Supporting the state’s network of Early Childhood Councils to better integrate health services and systems into their local early childhood development efforts.
  **GRANT TIMEFRAME:** 2008-14
  **GRANT AMOUNT:** $5,000,000
  **CONTACT:** Deidre Johnson

- **INNER CITY HEALTH CENTER**
  Supporting development of a new website.
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $5,000
  **CONTACT:** Gwyn Barley

- **JOHN R. MORAN, JR. LEADERSHIP AWARD**
  Recognizing the outstanding leadership to advance the health and well-being of the people within the community the grantee serves, a current Trust grantee annually receives $25,000 in honor of John R. Moran, Jr.’s long-time leadership of The Colorado Trust.
  **GRANT TIMEFRAME:** 2007-16
  **GRANT AMOUNT:** $250,000
  **CONTACT:** Gwyn Barley

- **NBCC FOUNDATION**
  Providing scholarships to counselors-in-training to serve rural and/or minority communities in Colorado.
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $31,000
  **CONTACT:** Gwyn Barley

- **ROCKY MOUNTAIN RURAL HEALTH AND SOUTH PARK MEDICAL GROUP**
  Building a sustainable delivery model to meet the health care needs of rural, low-income individuals and families in Park County by developing a new business model.
  **GRANT TIMEFRAME:** 2012-13
  **GRANT AMOUNT:** $10,000
  **CONTACT:** Laurel Petralia

- **RURAL PHILANTHROPY DAYS**
  Supporting and participating in the twice yearly, Community Resource Center-hosted Rural Philanthropy Days events that connect funders and nonprofit organizations to discuss and address critical needs in rural communities across Colorado.
  **GRANT TIMEFRAME:** 2013
  **GRANT AMOUNT:** $55,000
  **CONTACT:** Laurel Petralia

- **SAFE2TELL**
  Facilitating Safe2Tell trainings for Norwood Public School students, faculty and other community members.
  **GRANT TIMEFRAME:** 2012-13
  **GRANT AMOUNT:** $9,750
  **CONTACT:** Laurel Petralia

- **SAN MIGUEL RESOURCE CENTER**
  Supporting an education specialist to provide violence prevention programming at Norwood Public Schools.
  **GRANT TIMEFRAME:** 2012-13
  **GRANT AMOUNT:** $9,900
  **CONTACT:** Laurel Petralia

- **UNIVERSITY OF COLORADO SCHOOL OF MEDICINE**
  Supporting development of a data warehouse to track medical students from pipeline to practice to better understand the medical workforce, including workforce diversity and the impact on the medical workforce in Colorado.
  **GRANT TIMEFRAME:** 2013-14
  **GRANT AMOUNT:** $140,000
  **CONTACT:** Gwyn Barley
A COMMITTEE OF THE BOARD OF TRUSTEES oversees The Colorado Trust’s investments with the goal of maintaining or increasing the real value to endlessly serve the needs of the people of Colorado today and into the future.

The Colorado Trust’s assets grew to more than $454 million as of Dec. 31, 2013. Net assets increased by $43.7 million primarily due to strong investment returns in 2013. Overall, The Colorado Trust recognized nearly $55.4 million in returns net of fees, or 13.4 percent.

The Colorado Trust provided over $13.9 million for charitable expenditures in fiscal year 2013. Since its inception in 1985, through 2013, The Colorado Trust has provided $466 million in charitable support to grantees across Colorado.

ADDITIONAL FINANCIAL INFORMATION:
2013 Audited Financial Statements (PDF)
The Colorado Trust’s 2013 form 990-PF, Return of Private Foundation (PDF)

Please visit www.coloradotrust.org to view The Colorado Trust’s complete financial information through 2013.
# 2013 CONDENSED FINANCIAL STATEMENTS

## ASSETS:

<table>
<thead>
<tr>
<th>Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and investments</td>
<td>$454,048,561</td>
<td>$412,536,701</td>
</tr>
<tr>
<td>Receivables</td>
<td>–</td>
<td>637,262</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>209,590</td>
<td>263,725</td>
</tr>
<tr>
<td>Other Assets</td>
<td>351,760</td>
<td>357,794</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$454,609,911</strong></td>
<td><strong>$413,795,482</strong></td>
</tr>
</tbody>
</table>

## LIABILITIES & NET ASSETS:

<table>
<thead>
<tr>
<th>Liabilities &amp; Net Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and other liabilities</td>
<td>$1,911,390</td>
<td>$1,288,546</td>
</tr>
<tr>
<td>Deferred gain on sale-leaseback</td>
<td>3,515,219</td>
<td>3,764,819</td>
</tr>
<tr>
<td>Grants payable</td>
<td>2,592,534</td>
<td>5,841,570</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$8,019,143</strong></td>
<td><strong>$10,894,935</strong></td>
</tr>
</tbody>
</table>

## NET ASSETS:

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>446,590,768</td>
<td>402,900,547</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td><strong>446,590,768</strong></td>
<td><strong>402,900,547</strong></td>
</tr>
</tbody>
</table>

## TOTAL LIABILITIES & NET ASSETS

<table>
<thead>
<tr>
<th>Total Liabilities &amp; Net Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$454,609,911</strong></td>
<td><strong>$413,795,482</strong></td>
</tr>
</tbody>
</table>

## ACTIVITIES AND CHANGES IN NET ASSETS

### UNRESTRICTED REVENUES:

<table>
<thead>
<tr>
<th>Unrestricted Revenues</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (loss) from investments (net of fees)</td>
<td>$55,355,657</td>
<td>$51,809,150</td>
</tr>
<tr>
<td>Other income</td>
<td>1,737</td>
<td>6,285</td>
</tr>
<tr>
<td><strong>Net assets released from restriction</strong></td>
<td>–</td>
<td>668,000</td>
</tr>
<tr>
<td><strong>TOTAL UNRESTRICTED REVENUES</strong></td>
<td><strong>$55,357,394</strong></td>
<td><strong>$52,483,435</strong></td>
</tr>
</tbody>
</table>

### EXPENSES:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$9,043,527</td>
<td>$13,356,471</td>
</tr>
<tr>
<td>Management and general</td>
<td>1,737,901</td>
<td>1,678,442</td>
</tr>
<tr>
<td>Excise tax expense</td>
<td>885,745</td>
<td>955,036</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$11,667,173</strong></td>
<td><strong>$15,989,949</strong></td>
</tr>
<tr>
<td>Increase (decrease) in unrestricted net assets</td>
<td>43,690,221</td>
<td>36,493,486</td>
</tr>
</tbody>
</table>

### TEMPORARILY RESTRICTED SUPPORT:

<table>
<thead>
<tr>
<th>Temporarily Restricted Support</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets released from restriction</td>
<td>–</td>
<td>(668,000)</td>
</tr>
<tr>
<td><strong>Decrease in temporarily restricted net assets</strong></td>
<td>–</td>
<td>(668,000)</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>43,690,221</td>
<td>35,825,486</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>402,900,547</td>
<td>367,075,061</td>
</tr>
<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td><strong>$446,590,768</strong></td>
<td><strong>$402,900,547</strong></td>
</tr>
</tbody>
</table>
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With gratitude to staff members who formerly served The Colorado Trust:
Jeanine Draut, Jill Johnson, Joanne Johnson, Christie McElhinney and Richard Stromp