



2004 ANNUAL REPORT

CELEBRATING
20
years

THE COLORADO TRUST IS DEDICATED
TO ADVANCING THE HEALTH AND WELL-BEING
OF THE PEOPLE OF COLORADO

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LETTER FROM CHAIRWOMAN AND PRESIDENT & CEO

Celebrating 20 years as a grantmaking foundation provides us with a special occasion to look back and reflect on the meaningful accomplishments that we've been a part of, the many lessons we've learned and the countless dedicated Coloradans with whom we've had the good fortune to work.

While our style of grantmaking changed early on – from reactive to proactively soliciting proposals for long-term initiatives – The Trust's commitment has remained steady over the past two decades to its mission of advancing the health and well-being of the people of Colorado.

The 20-year timeline in this report highlights some of the changes and improvements realized, at least in part, with dedicated attention and support from The Colorado Trust, from making 9-1-1 emergency medical care available in 38 Colorado counties, to the Healthy Communities Initiative which laid the foundation for the development of the state's second largest regional transportation district, located in the Roaring Fork Valley, and much more.

We are proud to have helped successfully address many challenges in communities across Colorado over the last two decades. In the process, we have learned a tremendous amount with each undertaking – probably more so from those efforts that provided greater challenges. Unlike the corporate sector and government, which are under constant pressure to “succeed” and improve the bottom-line, foundations are in a unique position to take well-informed risks in carrying out their missions.

The Colorado Trust strives to enter into new endeavors armed with as much information as possible; works closely with grantees, community members and experts to ensure that solutions meet unique needs; and conducts independent evaluations of each effort to learn what works and where refinements or additional research are needed. Lessons learned and evaluation findings are shared broadly to help inform others in their efforts to bring about change, and are used by The Trust to inform its future grantmaking.

In addition to developing new initiatives and providing on-going support for long-term initiatives, The Colorado Trust has also begun planning for its next milestone – the 25th anniversary in 2010. We look forward to sharing more with you on this undertaking over the coming years. And we thank you, once again, for allowing us to play a role in helping to improve the health and well-being of the people of Colorado over the last 20 years and into the future.



Judith B. Wagner
2004 Chairwoman of the Board



John R. Moran, Jr.
President & CEO

THE COLORADO 1985

"Skeptics would say that the two mountains of resistance – established human behavior and entrenched institutional structure – are immovable. We recognize the obstacles, but contend that mountains are moved one bucketful at a time."

Bruce Rockwell, President of The Colorado Trust (1985–1991)

DOMESTIC VIOLENCE PREVENTION

The Trust provided leadership in advancing care for battered women through programs in rural Colorado communities, supported shelters statewide through the Colorado Domestic Violence Coalition and helped to create a new climate for domestic violence avoidance in the state.



PRENATAL HEALTH CARE

The Colorado Trust has funded a series of efforts to improve prenatal and maternal health care, with a particular focus on reaching low-income women and underserved parts of the state, as well as a statewide awareness and education campaign.



NURSING PROFESSION

Early Trust efforts to strengthen Colorado's nursing workforce led to the first voluntary articulation model in the U.S., providing agreement among all of Colorado's schools of nursing for nurses to advance to higher degrees without repetitive courses and testing.



HEALTH EDUCATION

Trust support has helped Colorado youth increase their knowledge of health promotion and disease prevention with hands-on learning at the Denver Museum of Nature and Science's Hall of Life, and through the Colorado School Health Education Initiative K-12 education curricula.



RURAL HEALTH CARE

Trust grantmaking has helped Colorado's rural communities develop locally accessible, regionalized health care systems, through the establishment of primary care clinics and cooperative agreements between hospitals to reduce competition and duplicative services.

199

*The Colorado Trust
\$191 million
At the time, P*

TRUST PROUDLY CELEBRATES *advancing the health and well-*

*Each of Colorado's 64 counties
has received support from The Trust.*

HEALTHY COMMUNITIES

Colorado Healthy Communities provided 28 communities with the opportunity to collaboratively identify, prioritize and address their own health issues, with results ranging from new medical and dental clinics to laying the foundation for the development of the state's second largest regional transportation district, located in the Roaring Fork Valley.



In 1991, The Colorado Trust began to make grants solely through initiatives with the intent of strategically focusing on challenging health and social problems that require longer commitments.

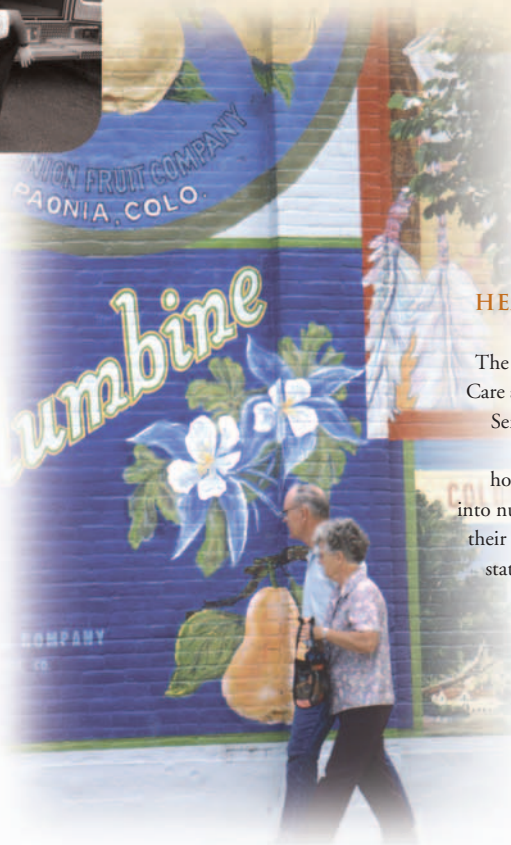
PREVENTING VIOLENCE

The Colorado Violence Prevention Initiative supported prevention efforts in 26 communities. Subsequent efforts have focused on preventing youth handgun violence, educating the public about violence by addressing critical T.V. viewing skills and providing anti-violence education for K-12 students.



EMERGENCY 9-1-1 SERVICE

The Trust's Enhanced 9-1-1 Program led to 38 Colorado counties obtaining emergency telephone systems, provided upgrades allowing deaf and hearing-impaired persons to use the system, and has been credited with saving lives by providing emergency dispatchers with the caller's location.



HEALTH CARE FOR OLDER ADULTS

The Trust's Total Long-Term Care and Volunteers for Rural Seniors efforts allowed frail elders to remain in their homes, rather than moving into nursing homes, improving their quality of life and saving state and federal tax dollars.

199

Independent evaluations of Trust initiatives and The Colorado Trust major programs and services offered, and how they shape future initiatives.



The Trust was established in 1985 with \$100 million from the sale of the PSL Healthcare Corporation. PSL - Presbyterian/Saint Luke's Medical Center - was the region's largest private health care provider.

CELEBRATES 20 YEARS OF *being of the people of Colorado*

SUPPORTING SCHOOLS

Trust support has strengthened after-school programming, helped

K-12 schools to develop safe school plans, is providing a means to prevent and report troublesome events through the Safe2Tell

Hotline and supporting bullying-prevention efforts.



2000

MEDICALLY UNDERSERVED

Multiple-Trust efforts have provided prenatal care for expectant mothers who are poor, paired case managers with indigent adults to lessen the burden on emergency rooms, increased enrollment in the Child Health Plan Plus and advocated on behalf of children.

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POSITIVE YOUTH DEVELOPMENT

In 1996, a Trust initiative began to change the focus from "what's wrong with kids" to building on the strengths of youth. Assets for Colorado Youth has helped Colorado youth grow into healthy, responsible, caring adults by providing them with positive experiences, opportunities and values.



EARLY CHILDHOOD CARE & LEARNING

As an early supporter of Educare Colorado, The Trust helped to create a system for measuring and improving the quality of child care in the state. Now known as Qualistar Early Learning, the nonprofit has unified statewide child care referrals with a rating system that measures the quality of those programs.



NURSE-FAMILY PARTNERSHIP

Trust support provided evaluation data showing the Nurse-Family Partnership – which offers prenatal health care to high-risk, first-time mothers – to be effective, resulting in reduced use of welfare and decreased unintended pregnancies. The Trust also supported Invest in Kids in making this program available across Colorado.



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GRANTMAKING

HEALTH PROMOTION & DISEASE PREVENTION

Building on The Trust's Colorado Action for Healthy People Initiative, the Colorado Healthy People 2010 Initiative strives to enhance health promotion activities and address serious health risks, such as obesity and methamphetamine use.

"Although we cannot know what the judgment of history will be regarding our work today, we do know that the health needs of many Coloradans remain great, and we will continue to strive to meet those needs."

John Moran, President and CEO of The Colorado Trust



PREVENTING SUICIDE

Building on its effort to prevent teen suicide, The Trust commissioned an in-depth study of the problem of suicide in Colorado and then launched an intensive statewide initiative that encourages people at risk of attempting suicide to seek care.

MENTAL HEALTH CARE

The Trust teamed with other Colorado funders in commissioning a comprehensive study of the state's mental-health system, leading to a collaborative grantmaking project focused on integrated mental health care with the Caring for Colorado Foundation, The Denver Foundation and HealthONE Alliance.

A ten-year commitment to The Colorado Trust Fellows Project, which sponsored 109 students in Regis University's Master of Nonprofit Management Program, helped to strengthen the state's nonprofit community.

IMMIGRANT & REFUGEE FAMILIES

The Trust's Supporting Immigrant and Refugee Families Initiative provided support to organizations that serve immigrants and refugees, and is now helping established residents, institutions and organizations to work together with immigrants so that this growing population can become integral, contributing members of their new communities.

CELEBRATING
20
years

2005

By 2001, The Colorado Trust's cumulative endowment had surpassed its original endowment.

GRANTMAKING GOALS & OBJECTIVES

THE TRUST DEVELOPS GRANTMAKING INITIATIVES THAT:

Advance accessible and affordable health care, with a focus on:

- Promoting health and preventing disease
- Strengthening the delivery of health care services
- Supporting the medically underserved

and

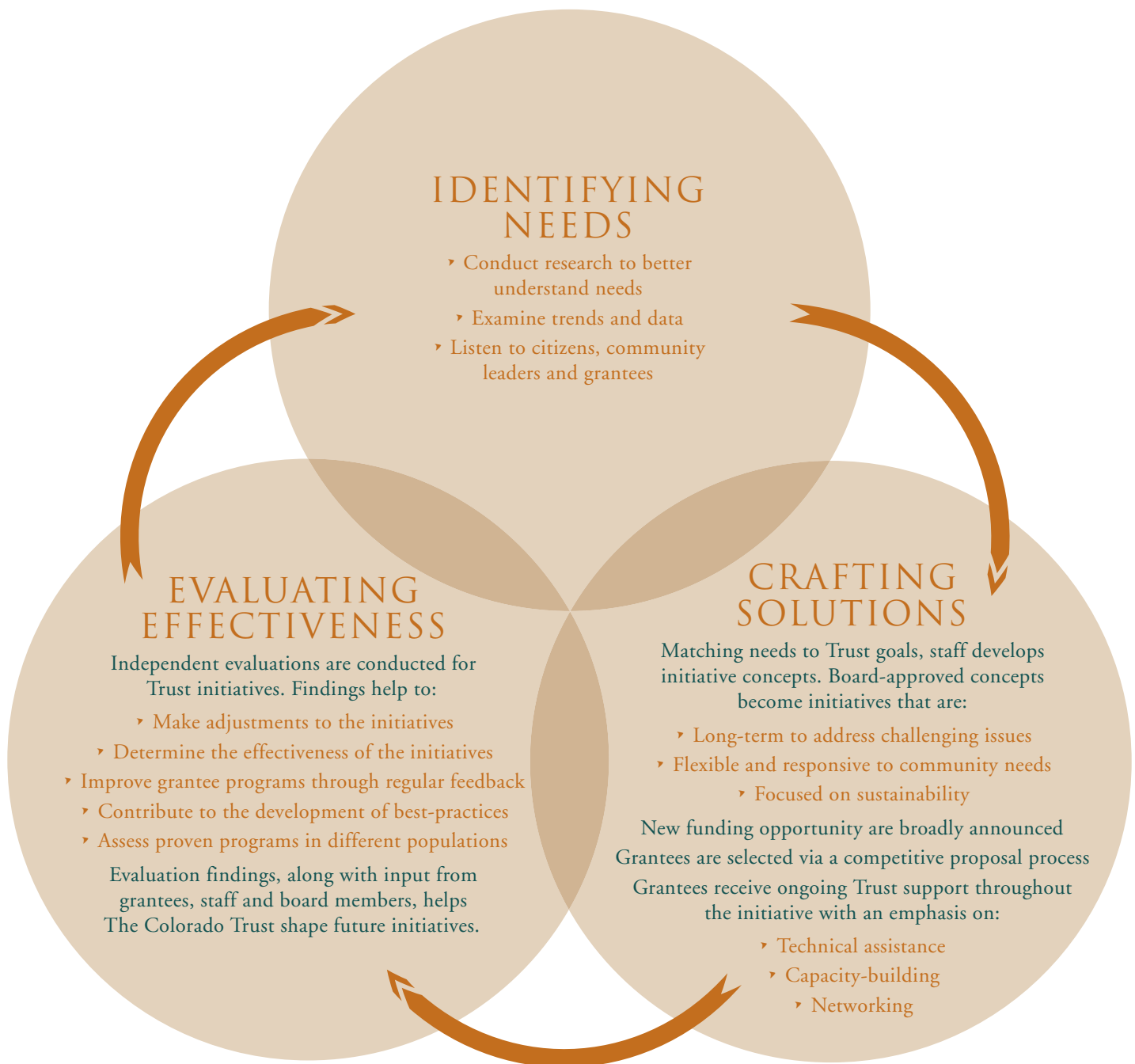
Provide resources to strengthen families by:

- Addressing the needs of children and youth
- Advancing quality mental health care
- Serving the aging

INITIATIVE-BASED GRANTMAKING

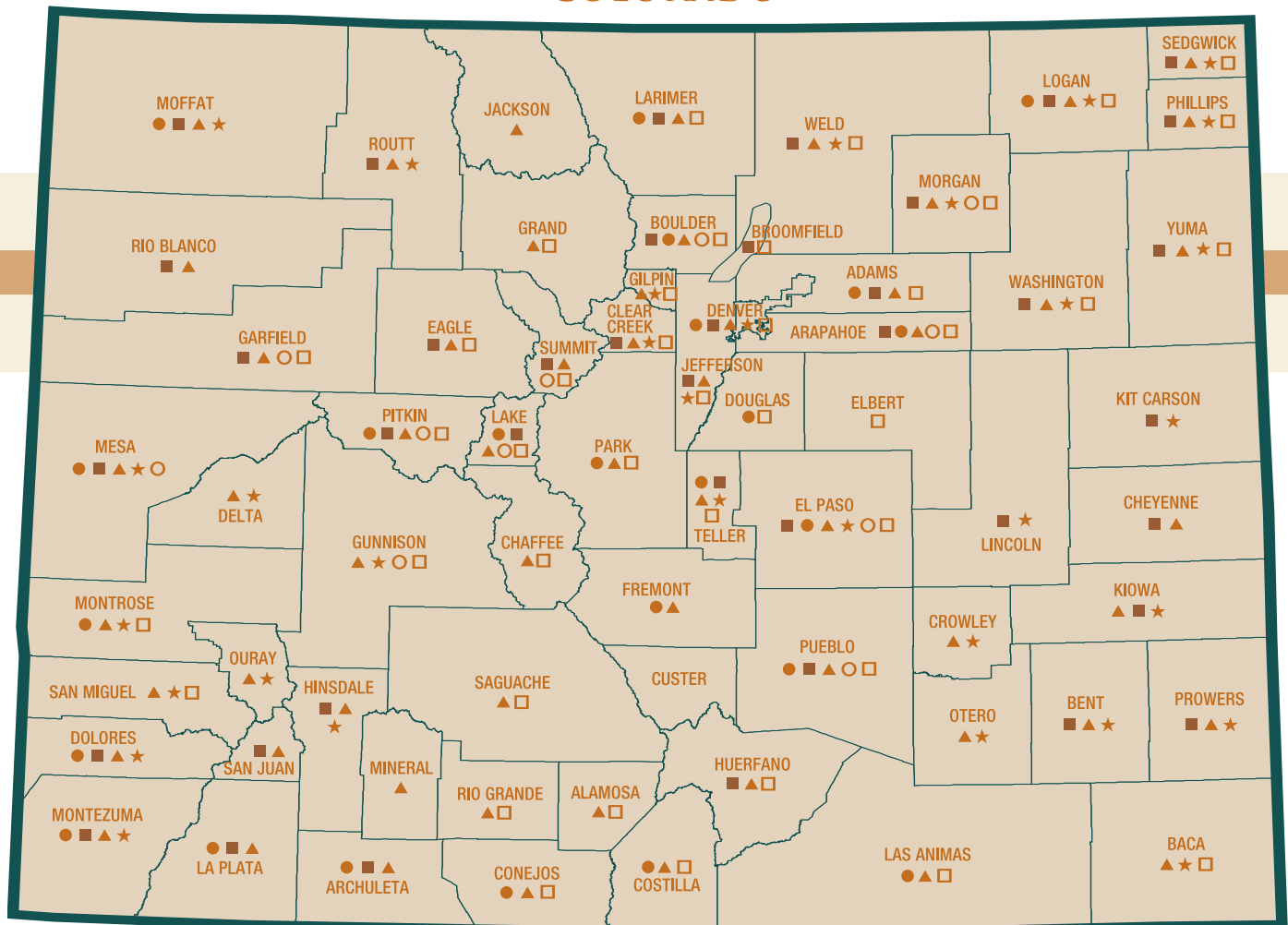
The Colorado Trust manages substantially all of its grantmaking through an initiative process that blends together several strategies to bring about defined changes or improvements.

Through this method of grantmaking, The Trust has found that it is able to support grantees over extended periods of time, maximizing their ability to bring about positive, sustainable change.



ADVANCING ACCESSIBLE

COLORADO



STATEWIDE

These initiatives benefit all of Colorado:

Advancing Colorado's Mental Health Care

Colorado Children's Immunization Coalition

Colorado Health Institute

Colorado Rural Outreach Program (*all rural communities*)

Health Professions

Improving the Quality of Patient Care

Qualistar Early Learning

Safe2Tell Hotline

Safe Communities~Safe Schools

COMMUNITIES

These initiatives provide support in the noted communities:

After-School ●

Bullying Prevention □

Colorado Healthy People 2010 ■

Nurse-Family Partnership/Invest in Kids ▲

Preventing Suicide in Colorado ★

Supporting Immigrant and Refugee Families ○

*Trust Initiatives focused on Advancing Accessible & Affordable Health Care are highlighted in brown.
Trust Initiatives focused on Providing Support to Strengthen Families are listed on page 15.*

& AFFORDABLE HEALTH CARE

CURRENT INITIATIVES

Colorado Healthy People 2010 • This effort is helping Coloradans achieve the goals of the national Healthy People 2010 program developed by the U.S. Office of Disease Prevention and Health Promotion. The Trust initiative strives to enhance health promotion activities, and to address serious health risks such as obesity and methamphetamine use.

Colorado Children's Immunization Coalition • The Trust supports the Colorado Children's Immunization Coalition in its goal to significantly improve childhood immunization rates in the state.

Colorado Health Institute • The Colorado Trust, Caring for Colorado Foundation and Rose Community Foundation established the independent, nonprofit Institute in 2002. In addition to being a central information clearinghouse for data resources related to state and local health issues, the Institute analyzes health information to address important issues about the state's overall health and health systems.

Colorado Rural Outreach Program • This initiative supports the recruitment and retention of health care practitioners in rural Colorado communities. The Colorado Rural Health Center manages this Trust effort.

Health Professions • Developed in 2004, this Trust initiative is designed to address the severe shortage of primary, dental and mental health care professionals, as well as pharmacists. Grantees represent hospitals, clinics, universities, colleges and community health care foundations that provide training and services statewide.

Improving the Quality of Patient Care • Through this initiative, the Colorado Clinical Guidelines Collaborative is developing comprehensive guidelines for pediatric and adult immunizations, cardiovascular disease and stroke. The guidelines help to reduce practice variation among physicians and health care providers, and can potentially improve patient outcomes and cost effectiveness.

HEALTH PROFESSIONS I



Sandy Dolak, of Spanish Peaks Regional Health Center
in Walsenburg, which is working with the
Southeastern Colorado Area Health Education Center
as one of the 22 Health Professions Initiative grantees

INITIATIVE

IDENTIFYING NEEDS

According to the Colorado Occupational Employment Outlook, significant increases in demand are highly likely for workers within health care professions throughout Colorado due to an increasing and aging population, and the supply shortages that currently exist. There are tremendous needs across Colorado in both urban and rural areas for health professionals across all disciplines, including primary, dental and mental health professionals and pharmacists.

CRAFTING SOLUTIONS

Developed in 2004, the new Health Professions Initiative, a three-year (2005 – 2008), \$10.2 million effort, is designed to increase the number of health professionals in Colorado. To accomplish this, grantee organizations across the state are working to expand existing programs and develop new programs to increase education, training and advancement opportunities, especially for individuals from disadvantaged backgrounds and in rural areas. Additionally, a grant to the Colorado Rural Health Center is focused on recruiting and retaining health care providers, including mental, dental and pharmacy health, in rural areas of the state.

Sponsoring three at-risk teen girls in an intern program last summer gave Sandy Dolak, Community Outreach Coordinator for Spanish Peaks Regional Health Center, “insights into what wasn’t working.” With a 53% high school completion rate in Huerfano County, “I knew the only way these girls were going to succeed was for people to believe in them and provide them with opportunities,” said Sandy. While each of the teens had some initial interest in health care careers, Sandy saw the girls’ enthusiasm grow as they were exposed to new information and given

opportunities. “I rotated the girls through the hospital, had them shadow nurses, work in the lab, see the emergency room, hang out with me in the women’s clinic and do a lot of filing in the office – they quickly realized filing was not what they wanted to do in life!”

Under the Health Professions Initiative, Spanish Peaks will provide all local youth with the opportunity to explore health careers, improve their own personal health and wellness, and receive entry-level training. The most important features of the new program, says Sandy, are that

youth will receive support and guidance in their efforts to seek employment in area health care settings, and that scholarships will be available to encourage young people to further their education. In addition to helping youth, Sandy also sees this program strengthening the delivery of quality health care. “People who live here have a vested interest in the quality of care delivered in the community,” said Sandy. “We know we need more well-trained entry-level people to support our other staff and the hospital.”

IMPROVING THE QUALITY

CRAFTING SOLUTIONS

The Colorado Trust's \$1.3 million, three-year (2004–2007) Improving the Quality of Patient Care Initiative seeks to improve care by providing agreed upon comprehensive guidelines for pediatric and adult immunizations, cardiovascular disease and stroke disease. The guidelines are being developed by the Colorado Clinical Guidelines Collaborative, one of the few nonprofit organizations in the country that has brought together virtually all of the major health care stakeholders within a state in order to develop one set of guidelines for major diseases and health concerns.

IDENTIFYING NEEDS

Colorado physicians are often inundated with conflicting clinical guidelines issued by different organizations. Clinical guidelines are intended to give physicians the best information available to help them provide effective, efficient treatment. Conflicting or differing guidelines issued by health plans, medical societies, government and private agencies have caused confusion and inefficiencies, and have compromised the quality of patient care.

Family practice physician Jane Steiner, M.D., used to receive varying guidelines from numerous health insurers on how to manage diabetes and other chronic diseases, such as asthma and depression. Now, says Dr. Steiner, by virtue of the Colorado Clinical Guidelines Collaborative (CCGC) “putting all of the parties together in one room to collectively decide on one set of guidelines,” her patient visits run

more smoothly and efficiently. “I’m able to refer with confidence to one form that reminds me of all the tests and medications I need to provide,” said Dr. Steiner.

“The challenge for physicians is being able to have a systematic way of looking at our patients that’s better than just the individual encounter,” she said. “CCGC’s guidelines help us to better manage patients with chronic diseases

and provide better outcomes.” For example, if asthma is better controlled, patients will have fewer emergency room visits. Similarly, Dr. Steiner notes, the guidelines should help ensure better follow-up for people suffering from depression, and address regular screenings for diseases such as colorectal and cervical cancer.

Y OF PATIENT CARE



Jane Steiner, M.D., of Nova Women's Care in Denver,
uses the Colorado Clinical Guidelines Collaborative's
guidelines to better manage her patients' chronic diseases

FINDINGS - EVALUATION

Community Voices

IDENTIFYING NEEDS

Access to health care is problematic or impossible for a growing number of people in Colorado. For many families, health insurance – even when subsidized by employers – is an unaffordable luxury. Other barriers to accessing health care include mental health problems and substance abuse, which make finding affordable care and following through with health recommendations and appointments even more difficult. Because of the lack of affordable preventative care available to families without comprehensive health insurance, many uninsured people seek care only when seriously ill and then require emergency treatment or hospitalization.

CRAFTING SOLUTIONS

In an effort to improve health care access for Denver residents, The Colorado Trust invested \$2.4 million from 1998 to 2003 in Community Voices. Based at Denver Health, and supported by the W.K. Kellogg Foundation, the program worked to increase health care coverage through small employer insurance plans, improvements in community outreach, enrollment in publicly funded health insurance plans and changes in health care public policy. Community Voices also offered case management services to help chronically ill adults increase their use of primary care services and decrease their use of emergency care and inpatient services. The case management component was supported by The Trust. Case management patients were assigned a social worker or a nurse who helped them identify and remove any barriers to good health. These barriers included a lack of understanding of the health care system, homelessness, inadequate resources, substance abuse or mental illness.

EVALUATING EFFECTIVENESS

An evaluation of Community Voices' case management program was completed in 2004 by the Department of Family Medicine of the University of Colorado's School of Medicine. This evaluation was designed to determine if the health of "case-managed" patients improved during their time in the program. The evaluation examined changes in patients in the treatment group and was based on case managers' assessments of the patients throughout the program. The case managers assessed the clients' physical health, health awareness, support systems, mental health, substance abuse, relationship issues, life needs and barriers to health care. As a group, the patients scored lowest on physical health when they were assessed during their enrollment in the program.

The evaluation showed that patients improved in every category the case managers assessed, except substance abuse and relationship issues. Data show clients improved most in categories related to physical health, particularly pain – patients reported that their pain improved significantly. These health changes occurred largely during clients' first six months in the program, and the greatest health improvements occurred in patients who had the highest risk profiles when they were enrolled in the program. The evaluation found that case managers and clients spent the most time together on patients' physical health issues, while they spent the least time working to improve clients' relationship issues.

The evaluation also found that the study's younger patients – clients under 30 – improved more than older ones, suggesting that a case management approach may be more beneficial to younger patients. The evaluation concluded that a case management approach holds promise for helping chronically ill adults to regain their health.

S COMPLETED IN 2004

Denver's Best Babies

IDENTIFYING NEEDS

Children need strong, positive relationships with caregivers for healthy development. The first years of life – including the months before birth – are critical to children's physical, emotional and intellectual development. But risk factors associated with poverty, such as single parent households, inadequate education, unemployment, environmental risks, mental health problems and physical health problems, can interfere with the development of nurturing caregiver-child relationships.

CRAFTING SOLUTIONS

In November 1999, the Denver City Council created and funded the Best Babies Initiative. Managed by Denver Health, Best Babies worked to improve the health of high-risk mothers and babies in low-income Denver neighborhoods through the implementation of two home visitation programs – Nurse-Family Partnership and Healthy Futures. From 1999 to 2003, The Colorado Trust supported Best Babies with a \$1.3 million grant for a comprehensive evaluation of the Healthy Futures component. The goal of this home-visitation program was to enroll mothers who had at least one previous birth, as soon as possible during pregnancy and continued services until the child's second birthday with the hope of improving the child's future development. Case managers – nurses or social workers – visited families weekly and helped mothers improve their health and nutrition during pregnancy, learn effective parenting skills and reach personal goals such as completing school and finding employment. Research shows that children are more successful in school and have fewer behavior problems when moms have intensive early support and information on how children grow, develop and learn.

EVALUATING EFFECTIVENESS

The Department of Family Medicine of the University of Colorado's School of Medicine and Best Babies staff completed the Trust-funded evaluation of the Best Babies home visitation program in 2004. The evaluation was designed to determine if the program enhanced mothers' mental health, helped mothers better understand their children's development and have more realistic expectations of their kids, and increased mothers' positive parenting attitudes and behaviors. The study also examined whether the program enhanced the cognitive, social, emotional and physical development of the children.

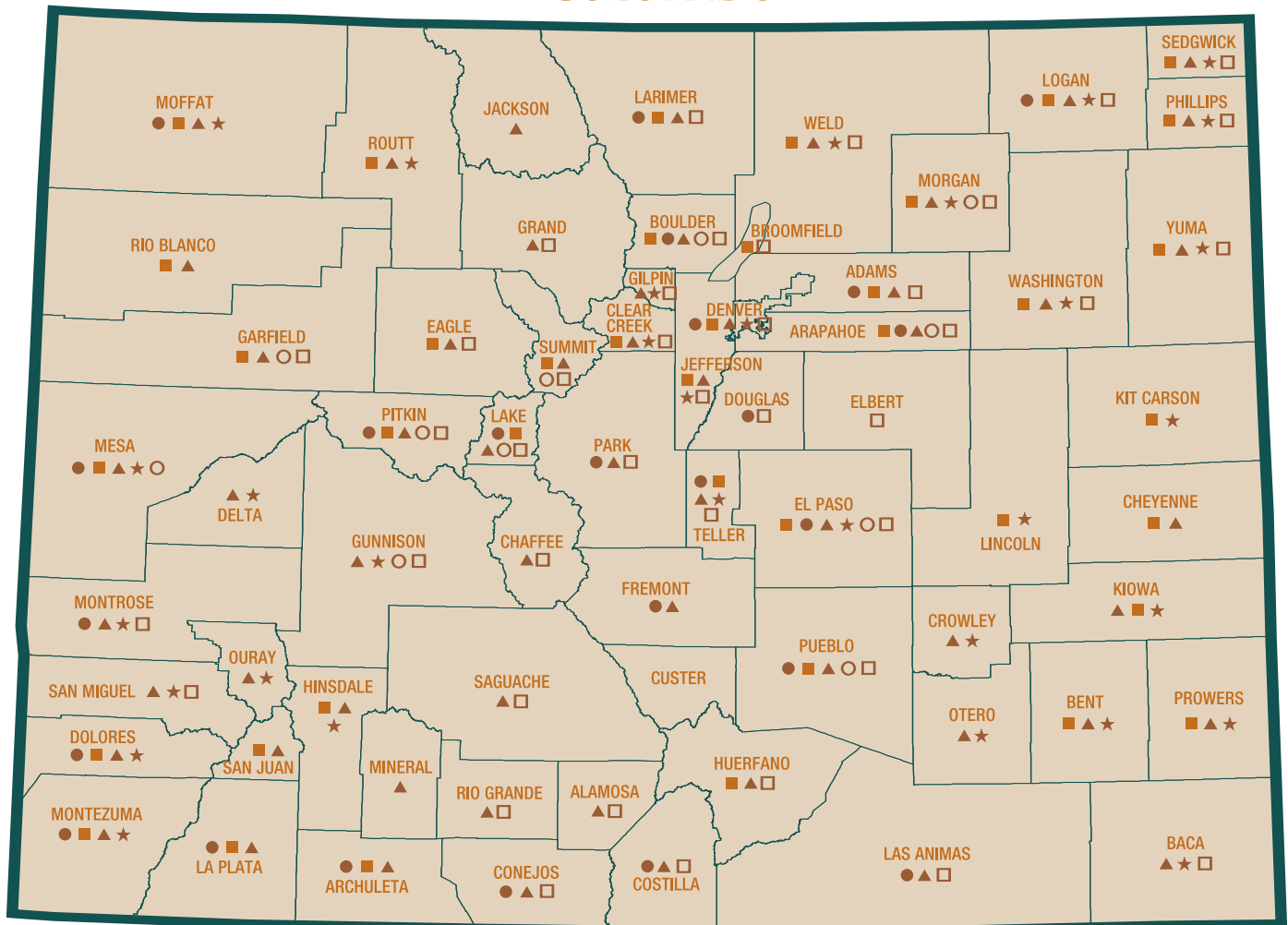
The evaluation found that families enrolled during the early part of pregnancy generally had more positive results and were more engaged in the program than if they were enrolled later. Moms with children needed a more flexible and individualized approach to be successfully recruited into the program.

The evaluation showed that, during the first month after clients' enrollment, clients and case managers spent the most time working on patients' personal health. Gradually, however, case managers and clients spent less time discussing patients' personal health and more time on maternal role and life course.

Despite the many risk factors in their lives, children and families in the home visitation program were doing very well one year after the children's births. Moms in the study had normal levels of parenting stress, and all of the children were developing normally. The evaluation results emphasize a need for ongoing parental education and for interventions that will help all families nurture and support their children.

PROVIDING SUPPORT TO

COLORADO



STATEWIDE

These initiatives benefit all of Colorado:

Advancing Colorado's Mental Health Care
 Colorado Children's Immunization Coalition
 Colorado Health Institute
 Colorado Rural Outreach Program (*all rural communities*)
 Health Professions
 Improving the Quality of Patient Care
 Qualistar Early Learning
 Safe2Tell Hotline
 Safe Communities~Safe Schools

COMMUNITIES

These initiatives provide support in the noted communities:

After-School ●
 Bullying Prevention □
 Colorado Healthy People 2010 ■
 Nurse-Family Partnership/Invest in Kids ▲
 Preventing Suicide in Colorado ★
 Supporting Immigrant and Refugee Families ○

*Trust Initiatives focused on Providing Support to Strengthen Families are highlighted in brown.
 Trust Initiatives focused on Advancing Accessible & Affordable Health Care are listed on page 7.*

STRENGTHEN FAMILIES

CURRENT INITIATIVES

Qualistar Early Learning • Over the last seven years, The Colorado Trust has supported Qualistar's efforts to improve the quality of early childhood learning and care in Colorado. Qualistar Early Learning, the merged organization of Educare Colorado and CORRA, the Colorado Office of Resource and Referral Agencies, is the only nonprofit in the country that unifies statewide child care referrals with a rating system that measures the quality of those programs.

Nurse-Family Partnership/Invest in Kids • Trust support provided strong evaluation data showing the Nurse-Family Partnership – which offers prenatal health care to high-risk, first-time mothers – to be effective, resulting in increased employment rates for the mothers, reduced use of welfare and food stamps, and decreased unintended pregnancies. The Trust also provides support to Invest in Kids in its efforts to make this program available to families across Colorado.

After School • The Trust's After-School Initiative serves children between fourth and ninth grades through programs that provide young people with leadership development, lifeskills, mentoring, sports activities, academic support and the development of computer skills. The Colorado Trust also provides support for the new Colorado AfterSchool Network (www.coloradoafterschoolnetwork.org).

Bullying Prevention • This new initiative provides support to school districts, schools and community-based organizations for the development of new programs and the expansion of existing bullying prevention programs to help youth and adults learn how to effectively intervene and prevent bullying activities.

Safe2Tell Hotline • The Safe2Tell Hotline gives students in all Colorado schools an increased ability to both prevent violence and to report violence by making safe,

anonymous calls to 1-877-542-SAFE. Funded by The Trust, the Safe2Tell program was developed as a result of safe school plans created through Safe Communities~Safe Schools (see below), along with the recommendation for a hotline from the Columbine Commission and the Colorado Attorney General.

Safe Communities~Safe Schools • Over the last seven years, The Colorado Trust has provided support to Colorado schools and communities in the development and implementation of safe school plans. Overseen by the Center for the Study and Prevention of Violence at the University of Colorado, this effort has helped many schools and communities to create and maintain a positive and welcoming school climate, free of drugs, violence, intimidation and fear.

Advancing Colorado's Mental Health Care • The Colorado Trust has partnered with Caring for Colorado Foundation, The Denver Foundation and HealthONE Alliance to better meet the needs of Coloradans with severe mental illnesses. Proposals are being solicited from human services and mental health organizations interested in improving the mental health care system in their communities.

Preventing Suicide in Colorado • This initiative is helping to address the devastating problem of suicide in the state by encouraging people at risk of attempting suicide to seek care.

Supporting Immigrant and Refugee Families • In 2000, The Trust developed this initiative to help Colorado's growing immigrant population (an increase of 160% over the last decade) by providing support to organizations that serve immigrants and refugees. Now Trust support is helping established residents, institutions and organizations work together with immigrants so that they might become integral, contributing members of their new communities.



An early advocate for an anonymous tip line for students, Special Investigator Tim Read, with the Westminster Police Department, remains a strong advocate for the Safe2Tell Hotline

SAFE2TELL HOTLINE

IDENTIFYING NEEDS

The need for an anonymous hotline for youth to report troubling events was noted in safe school plans created through The Colorado Trust's Safe Communities-Safe Schools Initiative, and was recommended by the Columbine Commission and the Colorado Attorney General.

CRAFTING SOLUTIONS

Because kids often know about troubling events before they occur, the Trust-funded Safe2Tell Hotline emphasizes prevention and early intervention. Students and other community members throughout Colorado can report

threats, fights, instances of bullying, substance abuse or other activities that create unsafe situations, along with crimes that have occurred. Anonymity is a key component of the program as the fear of retaliation and a code of silence common to student culture often prevents students from coming forward with their information in advance of violent or criminal events. Calls to 1-877-542-SAFE are answered 24 hours per day, 365 days per year at a Colorado State Patrol communication center and forwarded to local school officials and law enforcement agencies, as appropriate.

“We started talking about an anonymous tip line for students just before Columbine happened. So, when The Trust stepped up with funding for the Safe2Tell Hotline, we were ready to go,” said Tim Read, Special Investigator with the Westminster Police Department. “For us, one of the strongest advantages is that we’ve been able to pull a lot of community partners together that are a natural fit for kids.” In addition to involvement by all of the Adams

School District 50 middle and high schools, the Adams County Sheriff’s Department and the Westminster Police Department, other community groups like the Hyland Hills Water District have helped to promote and support the program by offering incentives that appeal to youth, such as free passes to Water World and miniature golf.

“We’ve seen pretty broad successes in our community with this

program,” said Read, “from tips about bullying to students naming gang members and describing what they’re involved in.” Read also credits the school district for standing behind the program and encouraging support from administrators and teachers. Even though “we’ve had to battle a distrust of police and government, as well as a general skepticism that’s natural from kids,” he says the youth know this tool is available to them and they’re using it.

BULLYING PREVENTION

IDENTIFYING NEEDS

A study conducted by The Colorado Trust and the Families and Work Institute found that the majority of Colorado's young people (fifth through twelfth grades) said they had experienced some form of bullying. And those who had been bullied said they were much more likely to harm others. Research also shows that youth who bully typically have a criminal record by age 24, and victims of bullying have an increased chance for experiencing academic failure, school absenteeism, low self-esteem, depression and an inability to connect socially with other youth.

CRAFTING SOLUTIONS

Developed in 2004, The Trust's new three year (2005–2008), \$8.6 million Bullying Prevention Initiative will help schools and community-based organizations prevent bullying and bullying-related behaviors. Subtle and overt bullying activities include the exclusion of targeted youth in peer activities or social events, gossiping about others in harshly negative ways, unprovoked physical and verbal attacks and, most recently, the utilization of the Internet to anonymously harass and verbally attack vulnerable students. The development of new programs and the expansion of existing bullying prevention programs will provide both youth and adults with the opportunity to learn how to effectively intervene and prevent bullying activities.

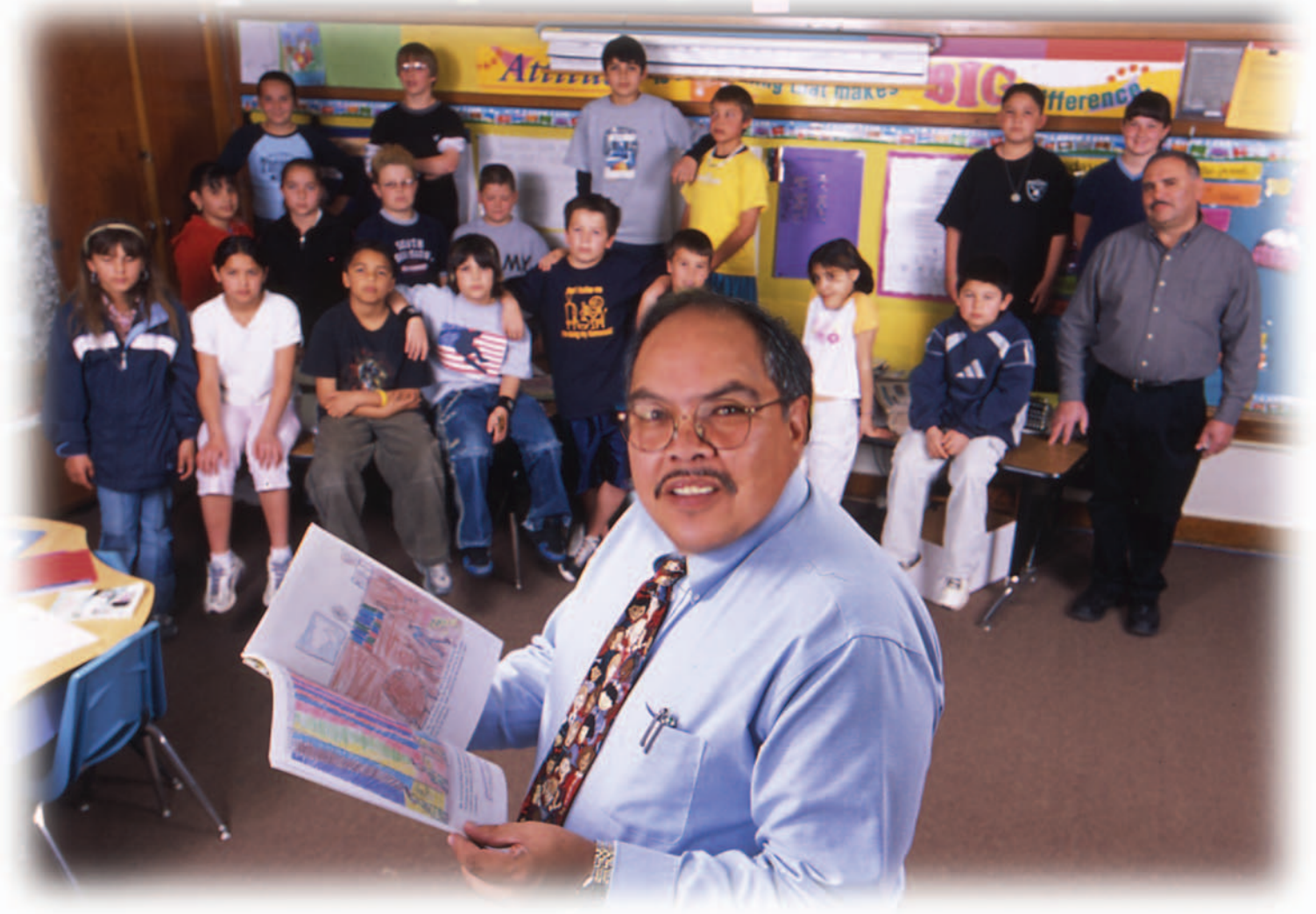
Del Norte Elementary Principal Jerry LeBlanc and fourth graders show off their published story about helping aliens from another planet solve their bullying problems

“The Bully-Proofing Your School program has really changed the climate here at our school,” said Jerry LeBlanc, Principal of Del Norte Elementary School “We

have integrated concepts from the program into every aspect of schooling – reading, writing, math, social studies, art and even music.” LeBlanc notes that a

spring music concert at the school was based solely on bullying prevention, featuring such songs as “I Like You Just the Way You Are,” “You Raise Me Up” and “Lean on Me.”

INITIATIVE



“As a parent myself, I want to send my boy off in the morning with the assurance that he’s going to come home undamaged physically and emotionally. I want the moms

and dads that send us their babies to have the same assurances,” said LeBlanc. “I know that bruises of the heart can last a lifetime.” One of 45 grantees under this new initiative,

the Del Norte School District will expand its bullying prevention efforts beyond elementary and secondary schools to high schools to “create a caring community.”

COLORADO AFTERSCHO



“Many of us throughout the state – urban, rural and remote communities – have been operating after-school activities for preschoolers through 12th graders for years,” said Katie Williams, Director of the Intergenerational Learning Center with Adams

County School District 14. “While we’ve provided some terrific care and learning opportunities, we haven’t had the benefit of talking to each other or exploring best practices. Nor have we been available to assist communities that are interested in starting new

after-school programs. Now we have the ability to connect through the Colorado AfterSchool Network.”

In addition to overseeing after-school activities for nearly 1,200 children in eight Adams County schools, Williams also serves on the Colorado AfterSchool

OL NETWORK

IDENTIFYING NEEDS

According to the U.S. Department of Education, 69% of married-couple families with school-age children have both parents working outside the home, and 75% of single-parents with school-age children work outside the home. The gap between parents' work schedules and children's school schedules is leaving an estimated 7 to 15 million children without parental supervision during the after-school hours of 3 to 6 p.m. This is especially troubling as research shows that much of the risky behavior that youth engage in – sexual activity, drug and alcohol use, and juvenile crime – occurs during the after-school hours.

CRAFTING SOLUTIONS

Together, several organizations developed the new Colorado AfterSchool Network to increase the quality

and success of all after-school programming in the state. The Network's efforts are designed to better coordinate after-school resources, share best practices, foster and strengthen partnerships, and to inform policymakers about issues impacting the after-school arena. In addition to providing support for the Network's start-up, The Colorado Trust has also undertaken a statewide needs and resource assessment to determine what's available and what's needed in after-school programming in Colorado. The Network receives additional support from the Charles Stewart Mott Foundation, and partners include the Colorado Department of Education, Denver Mayor's Office for Education and Children, First Data/Western Union Foundation, Colorado Association of Community Educators and the Colorado Alliance for Quality School-Age Programs. The Colorado Foundation for Families and Children serves as the fiscal sponsor and coordinating agent.

Students in Commerce City's Kearney

Middle School after-school program,
like young people across the state, are benefiting
from the new Colorado AfterSchool Network

Network's steering committee. She notes that the new statewide network is already strengthening after-school care by providing information on relevant policies, legislation and best practices. Additionally, says Williams, "my front line staff finds the website

(www.coloradoafterschoolnetwork.org) particularly useful for project ideas, talking to care providers through the on-line forum and learning about professional development opportunities." In the past, after-school providers "didn't have the strength, leadership

or knowledge to connect with each other, legislators, agencies, school districts or nonprofits," said Williams. "Now we have tremendous potential."

IMMIGRANT INTEGRATION

IDENTIFYING NEEDS

Colorado's immigrant population has increased 160% over the past decade, now comprising 8.6% of the state's total population, with demographic projections showing that our population will continue to grow more diverse. Newcomers bring many strengths: strong family values, cultural richness and a strong ethic of work and perseverance. At the same time, new immigrants and refugees face a number of challenges such as language barriers, accessing health care, finding employment, learning how to be engaged in and help with their children's schooling and accessing legal services, among others.

CRAFTING SOLUTIONS

The Colorado Trust first began its Supporting Immigrant and Refugee Families Initiative in 2001

with a focus on providing support to Colorado organizations that serve immigrant and refugee populations. While these immigrant-based organizations are trusted by immigrants and refugees themselves and provide them with much-needed assistance, increasingly, immigrant integration is being viewed as a two-way street that involves adaptation not only on the part of immigrants themselves, but also on the part of the community where they now live. Under the new four-and-a-half year (2004-2009), \$6.4 million Immigrant Integration phase of this initiative, 10 grantee communities have brought together broad community coalitions to participate in this effort, including health care providers, educators, business people, law enforcement, libraries, local government, faith-based organizations, immigrant-serving organizations and immigrants themselves.

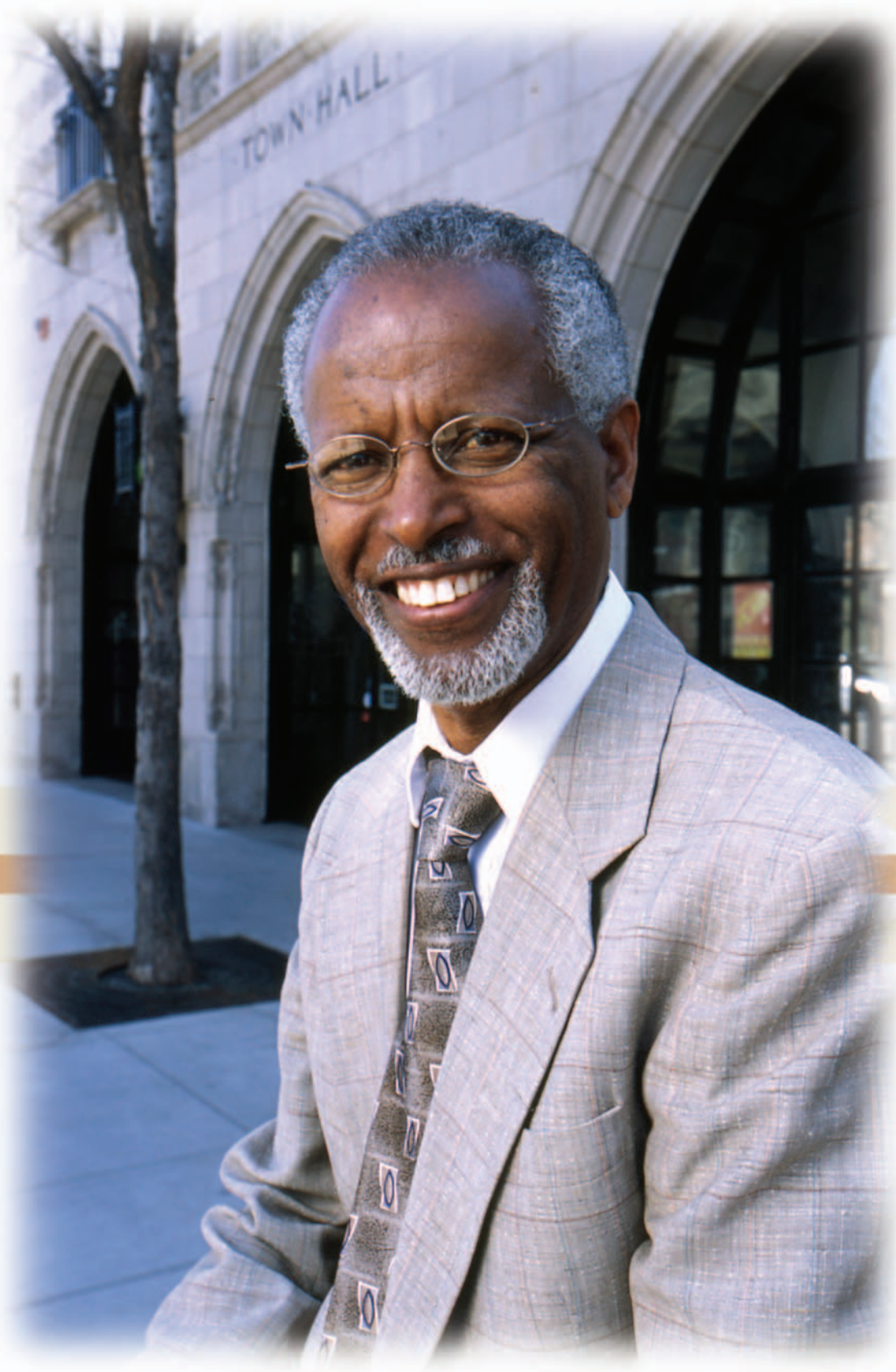
Tsegey Hailu came to Colorado in 1981 as a refugee fleeing civil war in Ethiopia. He remembers the disorientation he experienced in his first days here: "I didn't know where to go, who to contact, how to get a job or what bus to take. Those practical things are the most challenging issues at first."

Trained as a geologist and fluent in English, Tsegey found work fairly quickly and has worked and

volunteered his time in many ways ever since. Now a Protection Specialist with the U.S. Environmental Protection Agency, Tsegey has given back to his home country and other developing nations by lending his professional expertise to help provide low-cost water and sanitation solutions. In his Colorado home, Tsegey helped the City of Denver develop a sister-city relationship with

Axum, Ethiopia, has brought Ethiopian folk singers and dancers to the Littleton Town Hall Center for performances, and has worked with other now-established refugees to ensure there are sponsors to help ease the initial concerns of new immigrants and refugees. Tsegey is also participating in The Trust's Immigrant Integration effort in Littleton, one of the 10 grantee communities.

ON



Tsegaye Hailu, who immigrated to Colorado from Ethiopia,
is participating in The Trust's immigrant integration
effort in Littleton, one of 10 grantee communities

FINDINGS - EVALUATION

Colorado LINK

IDENTIFYING NEEDS

Suicide is the leading cause of death among Colorado youth, with a much larger proportion of youth contemplating or attempting suicide. Ninety percent of adolescents who die as a result of suicide have suffered from an associated psychiatric disorder, especially clinical depression and substance abuse. While suicide prevention resources are available across Colorado, stakeholders have characterized these resources as “minimally adequate” to meet the needs of those at risk for suicide-related behaviors.

CRAFTING SOLUTIONS

The Colorado Trust’s first suicide prevention and treatment effort began in 2000 with support to Colorado LINK. Managed by the Mental Health Association of Colorado, this teen suicide prevention project served youth in Denver’s North and East High Schools and at Urban Peak, a shelter for homeless youth. The project incorporated education, screening and treatment in a comprehensive strategy for suicide prevention, and was funded by The Colorado Trust through March 2004. In 2003, The Trust began its Preventing Suicide in Colorado Initiative.

EVALUATING EFFECTIVENESS

The evaluation, conducted by OMNI Institute, indicates that Colorado LINK made a difference in the youth-serving settings where it was implemented. This initiative and evaluation was a pilot effort to determine the effectiveness of a comprehensive model of suicide prevention (i.e., education, screening and treatment), particularly with regard to serving diverse youth populations.

The educational component reached a broad base of students, providing information about Colorado LINK and how to access screening and treatment services. Students attending the information sessions consistently reported statistically significant changes in the areas of knowledge and help-seeking behaviors. In addition, the vast majority felt that the educational component made it easier to ask for help.

Screening and treatment offered in the schools served primarily Latino youth, as was intended, and a substantial proportion spoke Spanish as a first language. This suggests that the program implemented culturally responsive prevention strategies. And, while the nearly 200 students who were screened represent a small proportion of the overall student population, the screening activities reached a substantial number of youth who presented suicidal behaviors and risk factors.

A relatively small number of youth received treatment, though nearly all had limited access to mental health services. This was particularly true for Latino and Spanish-speaking youth who are not only underserved in terms of mental health services, but also for whom many programs fail to develop appropriate practices. Moreover, evaluation results suggest that settings that serve high-risk youth may utilize suicide prevention strategies to accomplish a number of positive outcomes (e.g., transition off the streets, treatment of suicidal behavior, substance abuse and depression). While the evaluation findings of this pilot program are positive as a whole, an evaluation with a comparison group would be needed to determine if this comprehensive approach is better than what is more commonly offered – education and screening only.

The Colorado LINK: Teen Suicide Prevention

Evaluation Report is available at www.coloradotrust.org.

S COMPLETED IN 2004

Palliative Care

IDENTIFYING NEEDS

While medical advances are helping people to live longer lives, and medical technology can help to prolong a dying patient's life, medicine alone cannot adequately address myriad end-of-life issues such as pain management and overall quality of life. In the late 1990s, The Colorado Trust learned that in many Colorado communities, patients had little or no access to hospice and palliative care services, health care professionals were not adequately trained in pain management or palliative care, and patients tended to die in hospitals and nursing homes, instead of at home with their families. Palliative care advocates began calling for the U.S. health care system to address such issues as pain relief and psychological and spiritual guidance for dying patients – practices commonly used in Europe and Australia.

CRAFTING SOLUTIONS

From July 2000 to December 2003, The Colorado Trust implemented a \$3.7 million Palliative Care Initiative to stimulate the development of comprehensive palliative care networks across Colorado. These networks joined together palliative care service providers to address the complex and changing medical, social and spiritual needs of patients and their families. Network participants ranged from hospitals, hospices, nursing homes, mental health centers, faith communities and other cultural and civic organizations. Centura Health Care System managed this initiative, working with eight grantees to develop or improve palliative care networks in rural and urban communities, including Alamosa, Conejos, Costilla, Denver, Eagle, Garfield, Larimer, Mesa, Mineral, Montrose, Pitkin, Pueblo, Rio Grande and Saguache counties.

EVALUATING EFFECTIVENESS

An independent evaluation of this initiative, conducted by the National Research Center, was completed in 2004. The evaluation sought to determine which factors led to more positive experiences for palliative care patients and their families, if the networks of providers improved end-of-life care and whether strong networks resulted in better outcomes.

While this initiative was structured to provide services via networks, and the evaluation of this initiative found that palliative care networks can be considered a promising approach for improving end-of-life care, we learned that good palliative care services can be provided in a variety of settings; collaboratives are by no means necessary to the provision of high quality palliative care.

The evaluation showed that patients and their families were generally satisfied with the care provided. It also found that the networks met the needs of the vast majority of patients and caregivers involved in this effort, providing better end-of-life care than what is generally observed in the U.S. At the same time, patient and caregiver ratings of quality of care did not significantly improve over the three-year course of the initiative – perhaps because, even with its inadequacies, Colorado provides better end-of-life care than most states.

The Palliative Care Evaluation Report is available at www.coloradotrust.org.

GRANTMAKING IN 2004

Total Grants Paid in 2004: \$13.8 million

GOAL ONE:

ADVANCE ACCESSIBLE &
AFFORDABLE HEALTH CARE

Promote Health and Prevent Disease Initiatives

COLORADO HEALTHY PEOPLE 2010

Total commitment (2002–2007): \$8.9 million

Distributed in 2004: \$2,535,349

Metropolitan Denver Area

Coordinating Agency: Tri-County Health Department

Community Grantees:

- Broomfield Health and Human Services
- Commerce City Community Health Services
- Consortium for Older Adult Wellness
- Denver Museum of Nature and Science
- Denver Osteopathic Foundation
- Rocky Mountain Poison and Drug Center
- St. Anthony Central Hospital

Southeastern Colorado

Coordinating Agency: Southeast Colorado Area Health Education Center

Community Grantees:

- Bent County Nursing
- Cheyenne County Public Health
- CSU Extension: Lamar Office – Healthy, Wealthy & Wise Campaign
- Parkview School-Based Wellness Center
- Penrose-St. Francis Health Foundation – Health Learning Center
- St. Mary Corwin Hospital
- Teller County Public Health
- University of Southern Colorado

Southwestern Colorado

Coordinating Agency: Colorado Foundation for Families and Children

Community Grantees:

- Columbine NP Clinic
- Hilltop Community Resources (Be4 Babies)
- Hinsdale County Public Health
- Marillac Clinic
- Planned Parenthood of the Rocky Mountains – Cortez Health Center
- San Juan Basin Health Department
- Spanish Peaks Regional Health Center

Northeastern Colorado

Coordinating Agency: Rural Solutions

Community Grantees:

- Baby Bear Hugs
- Centennial Board of Cooperative Educational Services
- Centennial Mental Health Center
- Island Grove Regional Treatment Center
- North Colorado Psychcare
- North Range Behavioral Health
- Northeast Colorado Health Department
- Rural Communities Resource Center
- Wray School District

Northwestern Colorado

Coordinating Agency: United Way of Larimer County

Community Grantees:

- Colorado State University – Happy Feet Healthy Eats
- CSU Cooperative Extension – Rx Health
- Consortium for Older Adult Wellness
- Estes Park Salud Foundation
- Full Circle of Lake County
- Girl Scouts – Mountain Prairie Council & Chipeta Council
- Memorial Hospital – Craig
- Partners of Larimer County
- Health District of Northern Larimer County
- Rocky Mountain Youth Corps

COLORADO IMMUNIZATION

Children

Total commitment (1996–2004): \$3.3 million

Distributed in 2004: \$373,795

Grantee: Colorado Children's Immunization Coalition

Adults

Total commitment (2001–2004): \$536,835

Distributed in 2004: \$100,917

Grantee: Visiting Nurse Association

Strengthen Delivery of Health Care Services Initiatives

COLORADO HEALTH INSTITUTE

Total commitment (2002–2007): \$2 million

Distributed in 2004: \$370,000

HEALTH PROFESSIONS

Total commitment (2000–2008): \$10.2 million

Distributed in 2004: \$100,000

Innovative Grant Program

** Initiative approved in 2004; grantees selected in 2005*

- Adams State College/Trinidad State Junior College
- Aims Community College Foundation
- Arapahoe Community College Foundation, Inc.
- Colorado Community Health Network
- Delta County Memorial Hospital Foundation
- Denver Health Foundation
- Front Range Community College Foundation
- Heart of the Rockies Regional Medical Center Foundation
- Kiowa County Hospital District
- Kremmling Memorial Hospital District
- Mesa State College
- Morgan Community College
- North Range Behavioral Health
- Otero Junior College
- Pueblo Community College
- Red Rocks Community College
- Shalom Park
- Southeastern Colorado Area Health Education Center
- Commission on Family Medicine
- University of Colorado, School of Dentistry
- University of Colorado at Denver and the Health Sciences Center, School of Medicine
- University of Colorado, School of Pharmacy

Colorado Rural Outreach Program

Administered by: Colorado Rural Health Center

Grantee: Colorado Medical Society

IMPROVE THE QUALITY OF PATIENT CARE

Total commitment (2004–2008): \$5.1 million

Distributed in 2004: \$260,533

Comprehensive Clinical Guidelines

Grantee: Colorado Clinical Guidelines Collaborative

100k Lives Campaign/Institute for Healthcare Improvement

** Initiative approved in 2005*

Address the Needs of the Medically Underserved Initiative

COMMUNITY VOICES

Total commitment (1998–2004): \$1.8 million

Distributed in 2004: \$5,000

Evaluator: University of Colorado Health Sciences Center

GOAL TWO:

PROVIDE RESOURCES TO
STRENGTHEN FAMILIES

Address the Needs of Children and Youth Initiatives

AFTER-SCHOOL

Total commitment (2000–2005): \$11 million

Distributed in 2004: \$2,165,231

Coordinating Agencies:

- Colorado Foundation for Families and Children
- Colorado Springs Assets for Youth
- Montrose Memorial Hospital/Teaching Prevention Promoting Inclusion

Community Grantees:

- Adams 12 Five-Star Schools
- Archuleta County Education Center
- Asian Pacific Development Center
- Aspen Ballet Company and School
- Black Canyon Boys and Girls Club
- Boys and Girls Club of Pueblo County and Lower Arkansas Valley
- Cañon City Metro Park and Recreation
- City of Cripple Creek Park and Recreation
- City of Longmont – Division of Youth Services
- Colorado State University Cooperative Extension
- Community Health Education Services – Jammin' in Northeast Denver
- Cross Community Coalition
- Dolores County Broadcast Network
- Durango Latino Education Coalition
- Escuela Tlatelolco
- Estes Valley Recreation and Park District
- Grand Futures Prevention Coalition
- Jewish Community Center of Denver
- La Plata Family Centers Coalition
- Lake County School District
- Mercy Housing Southwest
- Mesa County Department of Human Services After-School Programs
- Metro Black Church Initiative
- Mi Amigo – Valle de Sol
- Mile High United Way
- Park County RE-2 School District
- Pikes Peak YMCA
- Plateau School District RE-5
- St. Andrew Avelino Youth Guild
- University of Denver Bridge Project
- Ute Mountain Ute Tribe

ASSETS FOR COLORADO YOUTH

Total commitment (1997–2005): \$10 million

Distributed in 2004: \$7,000

BULLYING PREVENTION

Total commitment (2005–2008): \$8.6 million

Distributed in 2004: \$3,308

Coordinating Agencies:

- Colorado Foundation for Families and Children
- Colorado Springs Assets for Youth

Community Grantees:

- African Community Center
- Aspen Center for Integrative Health
- Boulder Valley School District
- Boys & Girls Club/Girls Inc. of Pueblo County & Lower Arkansas Valley
- Boys & Girls Clubs of Metro Denver
- Brush Public Schools RE-2 (J)
- Buffalo RE-4 School District
- Calhan School District RJ-1
- Centennial Middle School
- Colorado Council for Community and Justice
- Community Challenge School
- The Conflict Center
- The Council
- Crested Butte Community School
- Cripple Creek – Victor School District RE-1
- Del Norte School District C-7
- Denver Public School District – Office of Safe and Drug Free Schools and Communities
- Ellicott School District #22
- Englewood Schools
- Envision Creative Support for People with Developmental Disabilities
- Falcon School District #49
- Front Range Center for Assault Prevention
- Girl Scouts – Mile Hi Council
- Girl Scouts – Mountain Prairie Council
- Jewish Family Service of Colorado
- KIDPOWER of Colorado Springs
- Lake County School District R-1
- Lowry Family Center at the Community College of Aurora
- Mercy Housing
- Mountain Resource Center
- Mountain Valley School District RE-1
- Park County School District RE-2
- Partners of Huerfano/Las Animas Counties
- Peak to Peak Charter Schools, Inc.
- Poudre School District
- Project PAVE
- Pueblo School District 60 – Project Respect
- San Luis Valley Victim Offender Reconciliation Program
- San Miguel Resource Center
- Smart Girl Inc.
- Stevens Elementary School
- Summit School District

- University of Denver Bridge Project
- Walsh School District RE-1
- Youth Unlimited, d/b/a Boys and Girls Club of Chaffee County

COLORADO AFTER-SCHOOL NETWORK

Total commitment (2004–2007): \$300,000

Distributed in 2004: \$40,723

Coordinating Agency: Colorado Foundation for Families and Children

HOME VISITATION/INVEST IN KIDS

Total commitment (1993–2007): \$11.9 million

Distributed in 2004: \$370,876

Coordinating Agency: Invest in Kids

SAFE COMMUNITIES~SAFE SCHOOLS

Total commitment (1999–2005): \$3.5 million

Distributed in 2004: \$278,740

Coordinating Agency: Center for the Study and Prevention of Violence

Community Grantees:

- Central High School
- Del Norte School District C-7
- Gunnison School District RE-1J
- Hayden School District RE-1
- Huron Middle School
- Lake County School District RE-1
- Lincoln Junior High School
- Mesa County District #51
- Montrose County District RE-1J – Columbine Middle School
- Mountain Valley School District RE-1
- Ranum High School
- Rose Hill Elementary School
- Sheridan School District
- Summit School District RE-1
- Vivian Elementary School
- West Valley Alternative High School
- William Smith High School

SAFE2TELL HOTLINE

Total commitment (2003–2006): \$375,000

Distributed in 2004: \$55,250

QUALISTAR EARLY LEARNING

(Formerly Educare Colorado)

Total commitment (1998–2007): \$10.4 million

Distributed in 2004: \$1,846,365

Advance Quality Mental Health Care Initiatives

PREVENTING SUICIDE IN COLORADO

Total commitment (2002–2006): \$3.1 million

Distributed in 2004: \$723,304

Coordinating Agency: The University of Colorado-Denver, in partnership with the Mental Health Association of Colorado

Community Grantees:

- Colorado West Regional Mental Health
- Jefferson Center for Mental Health
- Mental Health Corporation of Denver
- Mesa County Suicide Prevention Coalition
- Midwestern Colorado Mental Health Center
- The Piñon Project
- Rural Solutions
- Southeast Mental Health Services
- Suicide Education and Support Services
- Suicide Prevention Partnership Pikes Peak Region

Challenge Grants:

- Suicide Prevention Coalition of Colorado
- Pueblo Suicide Prevention Center

SUPPORTING IMMIGRANT AND REFUGEE FAMILIES

Total commitment (2000–2009): \$13.6 million

Distributed in 2004: \$1,590,039

Coordinating Agency: Spring Institute for Intercultural Learning

Community Grantees (2002–2005):

- A.F. Williams Family Medicine Center
- Asian Pacific Development Center
- Adult Education Center of Durango/La Plata Unity Coalition
- Boulder County Immigrant Collaborative
- Catholic Charities Northern
- Catholic Charities Pueblo
- Colorado West Regional Mental Health Center
- Family Ties West
- Family Tree/Muslim Family Services
- Focus Points Family Resource Center
- Jewish Family Service
- Rural Communities Resource Center
- Summit County Family Resource Center

Immigrant Integration Community Grantees (2004–2009):

- Aspen to Parachute region
- Boulder County
- El Paso County
- Gunnison County
- Lake County
- City of Littleton
- Mesa County
- Morgan County
- Pueblo County
- Summit County

Serve the Aging Initiative

PALLIATIVE CARE

Total Commitment (2000–2005): \$3.7 million

Distributed in 2004: \$30,975

General scanning, research and development of initiatives; regional grantee conferences and initiative dissemination

Distributed in 2004: \$210,541

SPECIAL PROJECTS

THE COLORADO TRUST FELLOWS PROGRAM

Total commitment (1995–2005): \$2.5 million

Distributed in 2004: \$274,924

Coordinating Agency: Regis University

COLORADO CHILDREN'S CAMPAIGN: \$50,000

HOMELESS PREVENTION ACTIVITIES PROGRAM: \$7,905

MEMORIAL CONTRIBUTIONS: \$5,000

FUNDING OF AFFINITY ORGANIZATIONS:

- Colorado Association of Funders: **\$1,900**
- Conference of Southwest Foundations: **\$4,000**
- Council on Foundations: **\$34,600**
- Grantmakers Concerned With Immigrants and Refugees: **\$7,000**
- Grantmakers for Education: **\$2,000**
- Grantmakers for Effective Organizations: **\$5,000**
- Grantmakers in Aging: **\$3,000**
- Grantmakers in Health: **\$12,600**

Other Distributions in 2004

In addition to its grantmaking, The Colorado Trust makes other distributions to support charitable purposes. As a result of its historical relationship with both the Colorado Episcopal Foundation and the Presbytery of Denver, The Trust makes annual distributions to these churches for charitable activities of their choice. The foundation also matches contributions to charitable organizations made by members of the Board of Trustees and staff, and makes directed contributions to charitable organizations designated by Trustees and Officers of The Trust. In 2004, such contributions were made to 193 nonprofit organizations.

COLORADO EPISCOPAL FOUNDATION

Distributed in 2004: \$769,402

PRESBYTERY OF DENVER

Distributed in 2004: \$769,402

TRUSTEE/EMPLOYEE MATCHING CONTRIBUTIONS

Distributed in 2004: \$108,503

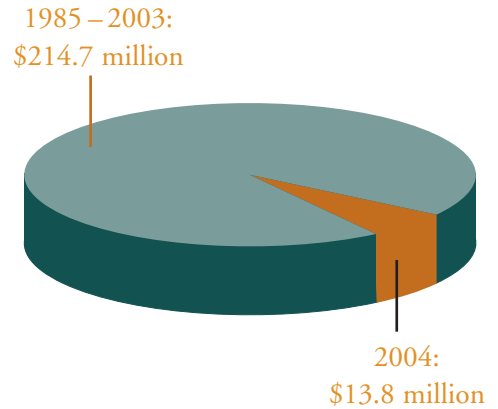
DIRECTED CONTRIBUTIONS

Distributed in 2004: \$722,500

Additionally, The Colorado Trust provides office space to Colorado's nonprofit community at its Sherman Street property at a reduced rental rate.

FINANCIALS

TOTAL GRANTMAKING
Since the Colorado Trust was founded in 1985
\$228.5 million



THE COLORADO TRUST STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2004 AND 2003

ASSETS:

	<u>2004</u>	<u>2003</u>
Cash and cash equivalents	\$339,308	\$1,825
Accounts receivable	-	2,013
Interest and dividends receivable	568,161	645,990
Prepaid and other expenses	5,962	17,259
Investments	434,288,240	400,858,653
Other assets	234,378	347,632
Cash held in custody for others	103,443	111,827
Property and equipment:		
Building improvements	1,459,083	1,453,504
Machinery and equipment	345,089	379,853
Furniture and fixtures	323,402	311,444
	<u>2,127,574</u>	<u>2,144,801</u>
Accumulated depreciation	(919,112)	(860,931)
Property and equipment, net	1,208,462	1,283,870
Investments held in trust	570,715	445,558
TOTAL ASSETS	<u><u>\$437,318,669</u></u>	<u><u>\$403,714,627</u></u>

LIABILITIES & NET ASSETS:

Accounts payable and accrued expenses	\$52,246	\$69,210
Other accrued liabilities	271,871	161,076
Cash held in custody for others	103,443	111,827
Grants payable	14,222,511	15,091,419
Deferred compensation	570,715	445,558
Accrued excise tax payable	161,100	51,240
Deferred excise tax liability	1,150,101	731,497
TOTAL LIABILITIES	<u><u>16,531,987</u></u>	<u><u>16,661,827</u></u>
Net assets - Unrestricted	<u>420,786,682</u>	<u>387,052,800</u>
TOTAL LIABILITIES & NET ASSETS	<u><u>\$437,318,669</u></u>	<u><u>\$403,714,627</u></u>

THE COLORADO TRUST
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2004 AND 2003

REVENUES, GAINS & SUPPORT:	2004	2003
Interest and dividend income, net of direct investment management fees of \$1,073,532 and \$860,080, respectively	\$6,004,181	\$4,936,569
Net realized and unrealized gain on investments	42,731,173	77,295,760
Income from real estate activities	1,318,414	2,506,111
Other investment income – Sherman Street Properties, Inc.	436,746	876,731
Other income	370,359	78,027
TOTAL REVENUES, GAINS & SUPPORT	\$50,860,873	\$85,693,198
EXPENSES:		
Program services:		
Strengthening Families Initiatives	\$6,609,417	\$929,150
Accessible and Affordable Health Care Initiatives	3,453,565	563,702
Other grant expense	2,904,992	2,915,833
Grant administration	1,621,393	1,667,244
TOTAL PROGRAM SERVICES	14,589,367*	6,075,929
Management and general	1,499,662	1,602,336
Excise tax expense	1,037,962	833,516
TOTAL EXPENSES	\$17,126,991	\$8,511,781
Change in Net Assets	33,733,882	77,181,417
Net Assets at Beginning of Year	387,052,800	309,871,383
NET ASSETS AT END OF YEAR	\$420,786,682	\$387,052,800

FINANCIAL GOAL: The Colorado Trust strives to conduct its financial affairs according to the highest ethical standards, and to maintain or increase the real value of Trust investments in perpetuity to serve the needs of the people of Colorado today and into the future.

**Accrual method; actual cash payments for 2004 grants totaled \$13,845,682*

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Soo-Jin Yoon

Evaluation Officer

A special thank you and farewell to Jean Merrick. Jean, who was with The Colorado Trust since it was founded in 1985, retired as Senior Vice President in 2004. She played a central role in the development of The Trust's initiative-based grantmaking strategy and was a resource for foundations all over the country interested in the initiative style of grantmaking. She also was instrumental in advancing evaluation as an integral component of Trust initiatives.

“The Colorado Trust” is registered as a trademark in the U.S. Patent and Trademark Office.

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