Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

A	A For the 2014 calendar year, or tax year beginning $07/01/14$, and ending $06/30/15$													
В	Check if	applicable: C Name of organization Rocky Mountain SER/ Jobs for		D Employer	identification number									
	Address	change Progress Inc												
П	Name ch	Doing business as	0.000000											
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone										
H	Initial retu	3555 Pecos Street City or town, state or province, country, and ZIP or foreign postal code												
Ш	terminated	ed I		_	00 570 401									
П	Amended	Denver CO 80211 return F Name and address of principal officer:	1	G Gross reco	eipts \$ 20,578,491									
ī	Application		H(a) Is this a gr	oup return for s	ubordinates? Yes X No									
	тфриодио	CIII I WILLIAM	LIGHT A		H H									
		3555 Pecos Street	H(b) Are all sul		(see instructions)									
_		Denver CO 80211		allacii a iisi.	(see instructions)									
<u> </u>		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_											
J	Website: ► WWW.rmser.org													
Salaran Control	24444422242		Year of formation: 1	980	M State of legal domicile: CO									
F	art I	Summary												
	1	Briefly describe the organization's mission or most significant activities:												
9		See Schedule O												
nan														
Governance		· · · · · · · · · · · · · · · · · · ·												
G		Check this box ▶ if the organization discontinued its operations or disposed of more than 2												
ංජ	3	Number of voting members of the governing body (Part VI, line 1a)		3	4									
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4									
Ž		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	672									
Act		Total number of volunteers (estimate if necessary)		. 6	0									
	7a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0									
	b	Net unrelated business taxable income from Form 990-T, line 34			0									
			Prior Ye		Current Year									
je je	8 (Contributions and grants (Part VIII, line 1h)	19,03		19,717,593									
Revenue	9 1	Program service revenue (Part VIII, line 2g)	66	8,369	860,418									
Zev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		121	480									
Deline.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	2 222	0									
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,70	3,823	20,578,491									
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10 10		0									
S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,40	9,607	14,086,226									
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0									
Expenses	b b	Total fundraising expenses (Part IX, column (D), line 25) ► 40 , 7 / 0												
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,465	6,535,024									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,36		20,621,250									
. 10	19	Revenue less expenses. Subtract line 18 from line 12		3,751	-42,759									
Net Assets or Fund Balances		Telel consts (Del V. P. a. 40)	Beginning of Cu		End of Year									
Sse	20	Total assets (Part X, line 16)		0,788	6,948,585									
nd/	21	Total liabilities (Part X, line 26)		4,201 6,587	3,404,757									
		Net assets or fund balances. Subtract line 21 from line 20	3,36	0,307	3,543,828									
	art II	Signature Block												
tri	nder per	nalties of perjury, Toeclare that I have examined this return, including accompanying schedules and staten ect, and complete, Declaration of proparer (other than officer) is based on all information of which preparer	nents, and to the b	est of my kn	lowledge and belief, it is									
	30, 00110	Support of the suppor	Thas arry knowled	gc.	Molu									
C:~		Signature of officer		Date*	110/14									
Sig			E 17		ee:									
Here Christopher W. Hall Chief Executive Officer														
		Type or print name and title	10-10-103	1 2 2	T Drivi									
Paid	4	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN									
		Jennifer Maliar, C.P.A.		self-em										
	Only	Firm's name Comiskey & Company, P.C.		Firm's EIN	84-0936730									
use	Only	7900 E Union Ave Ste 150			202 222 22=									
		Firm's address Denver, CO 80237		Phone no.	303-830-2255									
May	the IR	RS discuss this return with the preparer shown above? (see instructions)			X Yes No									

	n 990 (2014) ROCKY MOUNTAIN SER/ JOBS FOF 84-0826906	Page 2
Pa	Statement of Program Service Accomplishments	X
4	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> 🕰 </u>
	See Schedule O	
_	,	
	······································	***************************************
	· · · · · · · · · · · · · · · · · · ·	***************************************
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
a a r f p o t e f b	The Rocky Mountain SER workforce division provides vocational, eand on the job training to low-income adults and youth; dislocated and migrant/seasonal farmworkers. The Rocky Mountain SER workfor receives a majority of its funding from the Department of Labor rederally funded program designed to increase occupational skill participants and to improve the quality of that area's work-force overall goal of Rocky Mountain SER workforce division is to prove training activities that will give participants opportunities to employed full-time and to retain employment for up to 6 months a from the program with an average 6 months earnings of \$15,000 or petween July 2014 and June 2015, Rocky Mountain SER provided wor	ed workers ce division (DOL), a levels of e. The ide become fter exit higher kforce
a Tif T G o s	(Code:) (Expenses \$ 19,264,229 including grants of \$) (Revenue \$ Provide Head Start for pre-school children and related family sure ctivities. Rocky Mountain SER served 2,916 children from July 2 June 2015, with an average of 131 days of care and instruction powerful goal of Rocky Mountain SER's Colorado Head Start production resulting in a higher level of competence and school resulting in a higher level of competence and school resulting objectives are in place to ensure that the overall goal is achieved: improving skills of teaching staff and using controlled to enhance early childhood education experiences; strengt that the communication amongst all departments; improving the track student and family outcomes through the use of computer software	014 through er student. gram is to income eadiness. program hild egthening ing of
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
) (interesting distance of the control of the contr	

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	***************************************	***************************************
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	*	,
	*	
	Other program applies /Deposite in Schodule O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$,
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 20,285,286	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	v	
2	complete Schedule A	1_	X	32
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
J	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		₹.
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	.		v
5	***************************************	4		X
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_		3.00
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Х
٠	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			ж
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-1		-22
Ŭ				Х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		A
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
, ,	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	200000	86768486	180ans
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	tali kesijak	9 5 9 5 Left (1)	166969. S
-	complete Cabadyte D. Bart VIII	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	. 112		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Ð	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		***************************************	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
. ا	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disculatified persons? If "Ves " complete Schedule I. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3/23	dalijeko	169020
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]	l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
25-	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		\ . .	
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u> </u>	X
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Port VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 "	t	 **
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 58 Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 672 Statements, filed for the calendar year ending with or within the year covered by this return 2a if at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a За X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Ŧ 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g **7**g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ь 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities h 11 Section 501(c)(12) organizations, Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Ç Did the organization receive any payments for indoor tanning services during the tax year? X 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? Х 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Rocky Mountain SER/ Jobs for Progre 3555 Pecos Street CO 80211 Denver 303-480-9394

Form 990 (201	4) Rocky Mountain SER/ Jobs for	84-0826906	Page 7
Part VII	Compensation of Officers, Directors, Trustees,	Key Employees, Highest Compensated	
	Independent Contractors		
	Check if Schedule O contains a response or note t	to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highes	t Compensated Employees	
1a Complete the organization's to the complete the comple	nis table for all persons required to be listed. Report compensati ax year.	on for the calendar year ending with or within the	
	f the organization's current officers, directors, trustees (whether Enter -0- in columns (D), (E), and (F) if no compensation was p		of
List all of	f the organization's current key employees, if any. See instruction	ons for definition of "key employee."	
who received re	organization's five current highest compensated employees (oth eportable compensation (Box 5 of Form W-2 and/or Box 7 of Ford and any related organizations.		∍)
	the organization's former officers, key employees, and highest		

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle îcer a	Pos chack ass pe	rson i directo	than on a Highest compensated employee	ın ,	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rosa Lee Vigil		\vdash								
Chair	2.00 0.00	x						0	0	0
(2) Larry Simms	0.00			<u> </u>						<u> </u>
(-,)	2.00									
Vice Chair	0.00	X						0	0	0
(3) John Padilla										
	2.00							_	_	
Director	0.00	X	_	<u> </u>	ļ			0	0	0
(4) Dr. Eglantina Ma	2.00									
Secretary	0.00	X						o	o	0
(5) Kathy Cordova	0.00					\vdash				<u> </u>
(0,	2.00									
Treasurer	0.00	X						0	0	0
(6) Christopher Hall										
	40.00				ĺ					
CEO	0.00	ļ	ļ	X		ļ		143,476	0	<u> </u>
(7) Lance Vieira	40.00									
	0.00					x		125,188	o	0
(8)								120/200		<u> </u>
(9)										
(10)										, , , , , , , , , , , , , , , , , , , ,
(11)										
									·	

(A) Name and title	(B) Average hours per week (list any	(d bo	o not x, unk	Pos check ess pe	C) ition more irson i	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-211099-MISC)	from the organization and related organizations
(12)				_						
(13)						┢				
(14)										
(15)										
									į	
(16)		_								
(17)										
(18)				<u> </u>						
	,									
(19)										
1b Sub-total							▶	268,664		
c Total from continuation s d Total (add lines 1b and 1c							>	268,664		
2 Total number of individuals	(including but not li	mite	d to						\$100,000 of	
reportable compensation from 3 Did the organization list any				trust	ee. I	kev e	mpl	ovee, or highest compensa	ated	Yes No
employee on line 1a? If "Yo 4 For any individual listed on organization and related on	line 1a, is the sum	of re	eport	able	com	pens	satio	n and other compensation		3 X
individual 5 Did any person listed on lir								•		4 X
for services rendered to the	e organization? If "Y	es."	com	plete	Sch	nedu	e J	for such person	iridividua)	5 X
Section B. Independent Contra 1 Complete this table for you		คกรล	ted i	nder	end	ent o	ontr	ractors that received more t	than \$100,000 of	
compensation from the org	anization. Report co							lar year ending with or with	in the organization's tax yea	
Name	(A) and business address							Descript	(B) ion of services	(C) Compensation
2 Total number of independe	nt contractors (inclu	ding	but	not I	imite	d to	thos	se listed above) who		
received more than \$100,0	uu of compensation	tron	n the	org	aniz	ation			0	179000000000000000000000000000000000000

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded from tax (B) Related or exempt business under sections 512-514 tunction revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 19,274,668 1e Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 442,925 1f g Noncash contributions included in lines 1a-1f: 19,717,593 h Total. Add lines 1a-1f Revenue Busn, Code 2a Colorado Preschool 860,418 860,418 Service Program 9 f All other program service revenue 860,418 g Total. Add lines 2a-2f..... Investment income (including dividends, interest, and other similar amounts) 180 180 > Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other sales of assets 300 other than inventory b Less: cost or other basis & sales exos 300 c Gain or (loss) d Net gain or (loss) 300 300 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscelianeous Revenue 11a,,,,, d All other revenue e Total. Add lines 11a-11d 20,578,491 12 Total revenue. See instructions. 860,898

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			,	,,,,
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments, See Part iV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,937,970	9,939,390	998,580	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,685,573	1,500,452	185,121	
10	Payroll taxes	1,462,683	1,368,595	94,088	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
ď					
8	Professional fundraising services, See Part IV, line 17				
f	Investment management fees				
g		000 006	0 010 060	1 000 440	
	(A) amount, list line 11g expenses on Schedule O.)	938,926	2,819,368	-1,880,442	
12					
13	Office expenses				
14	Information technology				
15	Royalties	077 000	060 015	17 000	
16	Occupancy	977,898 220,607	960,815	17,083	
17	Travel	220,007	145,072	75,535	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183,443	35,895	147,548	
20	Interest	103,443	33,693	147,340	
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	• • • • • • • • • • • • • • • • • • • •				
24	Other expenses. Itemize expenses not covered		\$5000000000000000000000000000000000000	gibi a digara da da kabasa ka sing sing sing si	
47	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	7	1,544,671	1,512,571	32,100	
b	Depreciation	544,104	288,862	255,242	
c	Participant Support	376,009	376,009	<u> </u>	
d	Education & Training	365,390	339,576	25,814	
	All other expenses	1,383,976	998,681	344,525	40,770
25	Total functional expenses. Add lines 1 through 24e	20,621,250	20,285,286	295,194	40,770
26	Joint costs. Complete this line only if the				-20,,70
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				-
	following SOP 98-2 (ASC 958-720)				

ait	X Balance Sheet	to to one line in this Dark V	TO COLOR TO CONTROL OF THE COLOR OF THE COLO		
	Check if Schedule O contains a response or no	e to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		183,858	1	839,390
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net	711,452	3	558,388	
4	Accounts receivable, net	0 205			
5	Loans and other receivables from current and former		1541117 2541417		
İ	trustees, key employees, and highest compensated e				
	Complete Part II of Schedule L		5		
6		in	100.000		
	4958(f)(1)), persons described in section 4958(c)(3)(B	and			
	sponsoring organizations of section 501(c)(9) voluntar				
	organizations (see instructions), Complete Part II of S			6	
7			47,410	7	32,827
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or	T 1		148 (148 (148 (148 (148 (148 (148 (148 (
	other basis. Complete Part VI of Schedule D	10a 14,459,0	65		
b	Less: accumulated depreciation	10b 8,942,5	85 5,934,681	10c	5,516,480
11	Investments—publicly traded securities		11		
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11			13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		4,182	15	1,500
16	Total assets. Add lines 1 through 15 (must equal line	34)	6,890,788	16	6,948,585
17	Accounts payable and accrued expenses		512,858	17	737,752
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
22	Loans and other payables to current and former office				
22	trustees, key employees, highest compensated emplo	yees, and			
	disqualified persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated th	ird parties		23	
24	Unsecured notes and loans payable to unrelated third	parties	2,791,343	24	2,667,005
25	Other liabilities (including federal income tax, payables	s to related third			
	parties, and other liabilities not included on lines 17-24	4). Complete Part X			
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		3,304,201	26	3,404,757
	Organizations that follow SFAS 117 (ASC 958), che				
	complete lines 27 through 29, and lines 33 and 34.				
27				27	3,543,828
28	Temporarily restricted net assets		28		
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 9				
1	complete lines 30 through 34.		1470		
30	Capital stock or trust principal, or current funds		30		
31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income,	or other funds		32	
33			3,586,587	33	
34	Total liabilities and net assets/fund balances		6,890,788	34	6,948,585

P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,5	78,4	491
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,6	21,2	250
3	Revenue less expenses. Subtract line 2 from line 1	3	_	42,7	759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,5	86,5	587
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10	3.5	43,8	828
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			2000000	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	30939233	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		50/25	V 600000	53 B B B B B B B B B B B B B B B B B B B
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Was the experience frame in the formation and the description of the contract		2b	x	0.00000
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• • • • • • •			00888080
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		e/kirela:	3 97(55),53	Mary Jany
Ū	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in		<u>ZL</u>		65636343
	Schedule O.				
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1194040	avijiki.
Jd	the Single Audit Act and OMB Circular A-133?		a =	x	
h	***************************************	• • • • • • •	3a	1	 -
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Rocky Mountain SER/ Jobs for

OMB No. 1545-0047
2014

Open to Public Inspection

Employer identification number

Progress Inc 84-0826906 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,113,360	18,884,774	20,897,080	19,035,333	19,717	,593	97,648,140
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	19,113,360	18,884,774	20,897,080	19,035,333	19,717	,593	97,648,140
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						95992	97,648,140
	tion B. Total Support	<u> </u>						3,,,0,,0,2,2,0
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	1	(f) Total
7	Amounts from line 4	19,113,360	18,884,774	20,897,080	19,035,333	19,717		97,648,140
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89	,	40				250
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							97,648,390
12	Gross receipts from related activities, etc.	(see instructions)					12	860,598
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							▶ □
Sec	tion C. Computation of Public S	upport Percen	tage					
14	Public support percentage for 2014 (line 6	, column (f) divided	l by line 11, colum	ın (f))			14	100.00 %
15	Public support percentage from 2013 Scho	edule A, Part II, line	e 14				15	100.00%
16a	33 1/3% support test-2014. If the organ							
	box and stop here. The organization qual	ifies as a publicly :	supported organiza	ation				▶ X
b	33 1/3% support test-2013. If the organ			3 or 16a, and line 1	15 is 33 1/3% or m	ore,		
	check this box and stop here. The organi	zation qualifies as	a publicly supporte	ed organization				▶□
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test,	check this box an	id stop here. Expl	ain in		
	Part VI how the organization meets the "fa organization							▶ □
b	10%-facts-and-circumstances test201	3. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line		•••••
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization m	eets the "facts-and	-circumstances" te	st. The organization	on qualifies as a p	ublicly		. —
								▶ ∐
18	Private foundation. If the organization did instructions							▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				·				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
500	line 6.) tion B. Total Support								
	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(4) 2012	(~) 2044	(D. Takal		
9	Amounts from line 6	(4) 2010	(B) 2011	(6) 2012	(d) 2013	(e) 2014	(f) Total		
10a									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for the organization, check this box and stop here	_		_					
Sec	tion C. Computation of Public Su						<u></u>		
15	Public support percentage for 2014 (line 8,			on (f))		15	%		
16	Public support percentage from 2013 Sche	edule A. Part III. lir	ne 15	···· v//	• • • • • • • • • • • • • • • • • • • •	16			
	tion D. Computation of Investme	nt Income Pe	rcentage				70		
17	Investment income percentage for 2014 (li			3, column (f))		17	%		
18	Investment income percentage from 2013	Schedule A, Part	III, line 17			18			
19a	33 1/3% support tests—2014. If the organ	nization did not ch	eck the box on lin	e 14, and line 15 is	more than 33 1/3	3%, and line			
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a publ	licly supported org	anization	>		
b	33 1/3% support tests—2013. If the organ								
	line 18 is not more than 33 1/3%, check thi						🏲 🔲		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vac	NI-
H9368	Yes	No
1		
		55 SA - 5 A SA S
2		
3a		
3b		
3с	8508680808	
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4a	Vetavica (kaj	69899668966
4b		
4c		
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5a	desperators and	200 1/10 42 14 4 2.01
Arradar Market		
5b		
<u>5c</u>	a distribution distribution in	
<u>6</u>		40,655,40
7	50.410/44	
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9a		
1000		
9b		
9c	atiya serike.	
10a		
	REPORTED IN	MARKET !
10b	1	

<u>Pa</u>	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization,	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_	\$6550.00500.005	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			STATE OF
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	non de san escar	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sooti	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	:\		
	The organization supported a governmental entity. Describe in Fait VI flow you supported a government entity (see instruct	ions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1652		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	141.454 A. 141.15	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	51 5112 41	
3	Parent of Supported Organizations. Answer (a) and (b) below.		Service.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		F 1 2 1 10
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		757 STATE	a de será
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			4	

Schedule A (Form 990 or 990-EZ) 2014 Rocky Mountain SER/ Jobs fo	17	84-0826	906 Bass 4
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			906 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
other Type III non-functionally integrated supporting organizations must complete Section			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(В) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1000000 1000000		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	3.5		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

5

6

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2014 Rocky Mountain S tV Type III Non-Functionally Integrated 509(a)(3		84-0826	906 Page 1
	ion D - Distributions		telonio (continuos)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions,			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		T	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			ASS 350 (\$30) (\$40) (\$40) (\$50) (\$40) (\$40) (\$50)
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		situdiae naconties nastrinocons escussos atresposa	
	Applied to 2014 distributable amount			Military (also to refer to many and a few to the constitutions)
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section			
4	D, line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	The of the Control of the Agent and the Control of		8340.08800300000000000000000000000000000
5	Remaining underdistributions for years prior to 2014, if		and the grade take where every and read the presidence of the control of the cont	
~	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			The second of the number of the number of the second of th
6	g and and and and and an an an an and and			1
6	and 4b from line 1 (if amount greater than zero, see		· 集 等的复数形式的复数形式 的复数大型 化二氯甲基酚 医二氯甲基酚 化二氯甲基酚 化二氯甲基酚	
6	and 4b from line 1 (if amount greater than zero, see instructions).			
6 7	and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j			

Schedule A (Form 990 or 990-EZ) 2014

Breakdown of line 7:

d Excess from 2013 . . . e Excess from 2014 . . .

Schedule A (F	orm 990 or 990-EZ)	2014	Rocky	Mountain	SER/	Jobs	for		84-0826906	Page 8
Part VI	Supplemental Part III, line 12	Info	rmation. F	rovide the exp	olanations	required	d by Par	t II, line 10;	Part II, line 17a or	17b; and
	ran m, me 12	/130	complete	this part for a	iriy addilic	Jilai II II OI	mauon.	(See mand	cuons.)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Rocky Mountain SER/ Jobs for Progress Inc 84-0826906 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply), Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2014 Rocky Mot	<u>intain S</u>	ER/ J	Jobs	for		84-08269	06			Pa	ge 2
Part III Organizations Maintaining	Collections	of Art	, Histo	rical T	reasures,	or Other Sim	lar As	sets (continu		
3 Using the organization's acquisition, accessing collection items (check all that apply):	on, and other re	cords, ch	eck any	of the fol	lowing that a	re a significant us	e of its				
a Public exhibition	di	Loar	or exch	nange pro	ograms						
b Scholarly research	e				-	,					
c Preservation for future generations		I				***************************************					
4 Provide a description of the organization's co	ollections and ex	xplain hov	v they fu	rther the	organization's	s exempt purpose	in Part				
XIII.		•	•		·						
5 During the year, did the organization solicit of	or receive donat	ions of ar	t, historic	cal treasu	res, or other	similar					
assets to be sold to raise funds rather than									Yes	П	No
Part IV Escrow and Custodial Ar				*							**
Complete if the organization	answered "	Yes" to	Form 9	90, Pai	rt IV, line 9	, or reported a	n amo	ount on	Form		
990, Part X, line 21.						•					
1a Is the organization an agent, trustee, custod	an or other inte	mediary	for contr	ibutions o	or other asse	ts not					
included on Form 990, Part X?									Yes	П	No
b If "Yes," explain the arrangement in Part XIII	and complete t	he followi	ng table:	:							
									Amount		
c Beginning balance							1c				
d Additions during the year				*********			1d				
e Distributions during the year							1e				
f Ending balance							1f				
2a Did the organization include an amount on F	orm 990, Part X	(, line 21,	for escr	ow or cu	stodial accou	nt liability?			Yes		No
b If "Yes," explain the arrangement in Part XIII.											
Part V Endowment Funds.										1	**
Complete if the organization	answered "	Yes" to	Form 9	90, Pai	rt IV, line 1	0.					
	(a) Current year		(b) Prior	year	(c) Two yes	ars back (d) T	nee years	back	(e) Four y	ears b	ack
1a Beginning of year balance											
b Contributions											
c Net investment earnings, gains, and											
losses											
d Grants or scholarships											
e Other expenditures for facilities and											
programs											
f Administrative expenses											
g End of year balance											
2 Provide the estimated percentage of the curr		lance (lin	e 1g, co	lumn (a))	held as:						
a Board designated or quasi-endowment	%										
b Permanent endowment ▶ %											
c Temporarily restricted endowment ▶	%										
The percentages in lines 2a, 2b, and 2c show	ıld equal 100%.										
3a Are there endowment funds not in the posse	ssion of the org	anization	that are	held and	l administered	i for the			_		
organization by:										es	No
(i) unrelated organizations		· • · · · · · · · · · ·							3a(i)		
(ii) related organizations									3a(ii)		
b If "Yes" to 3a(ii), are the related organizations	s listed as requi	red on Sc	chedule l	R?			.,.,		3b		
4 Describe in Part XIII the intended uses of the		endowme	ent funds	i.							
Part VI Land, Buildings, and Equi											
Complete if the organization								<u>art X,</u>			
Description of property	(a) Cost or			(b) Cost or		(c) Accumula			(d) Book v	alue	
	(investi	ment)		(oth		depreciation					
1a Land					92,173			4	$\frac{2,19}{2,00}$		
b Buildings					14,199	3,133			2,38		
c Leasehold improvements					22,116	2,707				4,4	
d Equipment	<u> </u>			4, د	30,577	3,101	,626	1	32	8,9	51
e Other	1		I					1			

5,516,480

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

investments-Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) . . .(B) ...(C) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4) (5)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2)(3)(4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25, (a) Description of liability 1. (b) Book value (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

173	Complete if the organization answered "Yes" to Form 990, Part IV	-	turn.	
1	Total revenue, gains, and other support per audited financial statements		1	22,258,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	MERCEN	22/230/000
а		a		
b				
c		- I		
d		d 49,500		
e			2e	1,679,569
3	Subtract line 2e from line 1		3	20,578,491
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		(80) (8)	
а	Investment expenses not included on Form 990, Part VIII, line 7b	a		
b				
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,578,491
Pa	Reconciliation of Expenses per Audited Financial Statements		Return.	•
4	Complete if the organization answered "Yes" to Form 990, Part IV			22 204 021
1	Total expenses and losses per audited financial statements		1	22,304,921
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2:	1 620 060		
a	***************************************			
b	Other bases			
d	· · · · · · · · · · · · · · · · · · ·			
	V		2e	1,683,671
3	Add lines 2a through 2d Subtract line 2e from line 1	***************************************	3	20,621,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			20,021,200
	Investment expenses not included on Form 990, Part VIII, line 7b	a		
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,621,250
	art XIII Supplemental Information.		·	
2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a art X - FIN 48 Footnote	additional information,		
P	art X - FIN 48 Footnote			
T	he Organization is a 501 (c) 3 entity and is	exempt from fe	edera	l and
S	tatement income taxes under the applicable pr	covisions of the	ne Ir	nternal
Re	evenue Code and the Colorado Income Tax Act o	of 1864 (as ame	ended	l). The
0:	rganization did not report any unrelated busi	ness income ta	ж as	of June
3	0, 2015. Information returns for fiscal years	prior to 2012	are	no longer
St	ubject to audit by taxing authorities.	***************************************		***************************************
Pa	art XI, Line 2d - Revenue Amounts Included in			
C	ongolidated Entity Traces	غ		40 F00
	onsolidated Entity Income) 	49,500
Pa	art XII, Line 2d - Expense Amounts Included i	n Financials -	- Oth	ler
Co	onsolidated Reconciling Difference	\$	5	53,602
	······ ·			

Schedule D (Fo	orm 990) 2014	Rocky	Mountain	SER/	Jobs	for	84-0826906	Page 5
Part XIII	Supplement	al Inform	Mountain nation (continue	ed)				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspectory Mountain SER / John For

Open to Public Inspection

Name of the organization Rocky Mountain SER/ Jobs for

Progress Inc

84-0826906

Form 990 - Organization's Mission

Satisfying Colorado's diverse employment, training and educational needs this statement reflects Rocky Mountain SER's overall program philosophy, which is to assist those individual who face the most serious barriers to education and employment.

Form 990, Part III, Line 4a - First Accomplishment services to 346 participants through its workforce offices throughout Colorado. Services provided to participants included core, intensive and training services. Core services include intake, enrollment, assessment, planning, counseling and testing of participants in need. Intensive services include individualized employment plan an deferrals to work, participants which lack work experience can be placed into a work experience activity to gain job skills necessary to compete in the labor market, training services include vocational classroom training in which the DOL program can provide financial tuition assistance to those participants who receive training at local community colleges or private institutions. Participants can also participate in on the job training with local employers, and employers receive reimbursement of up to 50% of the hourly wage, the varying lengths of training days are directly determined by differing vocational training requirements. Participants can also receive supportive services from the programs to assist with transportation, clothing, tools, equipment and licensing fees, andsupportive services are available in all phases of the program including core, intensive and training. Rocky Mountain SER workforce division

Name of the organization

Rocky Mountain SER/ Jobs for

Employer identification number

84-0826906

competed for the workforce investment funds in both the Southeast and South Central region and was awarded the funding by the Colorado Department of Labor and Employment for one year to provide services in those areas. Rocky Mountain SER also is the grantee for the United States Department of Labor and Employment for the entire state of Colorado under DOL and was awarded the 167 national farmworker jobs program grant again to provide employment and training services to migrant/seasonal farmworkers throughout Colorado.

Form 990, Part III, Line 4b - Second Accomplishment

the new employee orientation process and improving staff knowledge of Rocky

Mountain SER Head Start; strengthening the ongoing monitoring procedures

utilized by managers; ensuring individualization activities are occurring

within each classroom through more frequent observations by the education

manager; improving student medical and dental treatment rates; improving

the management of facilities and transportation services; continuing to

implement and strengthen student transportation systems; and establishing

and sustaining community partnerships.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The form 990 is completed by the organization's CPA's subsequent to the audited financial statement being approved by the Board of Directors. The completed form 990 is provided to the CEO and the Board of Directors. The CPA's review the form 990 with the CEO who then reviews the form 990 with the Board of Directors. Changes/corrections are made by the CPA's based on the direction of the CEO and Board of Directors, if applicable. Once changes/corrections have been completed the form 990 is reviewed a second time by the CEO who then approves the form 990 on behalf of the Board of

Name of the organization Employer identification number Rocky Mountain SER/ Jobs for 84-0826906

Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy For the conflict of interest policy, Rocky Mountain SER requires that employees protect company information and avoid outside activities or relationships which do or could adversely influence employee decisions or actions on the job. Conflict of interest situations, which could arise while moonlighting for a competitor of the organization, holding financial interest in a competing organization or being self-employed in an occupation which competes with Rocky Mountain SER, or ownership, partnership, or personal involvement in supplier companies or distribution outlets related to company business. If employees have any questions whether a situation is a conflict of interest, they must discuss the matter with their immediate supervisor. If it remains unresolved, they must refer the matter to the human resource director for a final determination.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Rocky Mountain SER has a compensation philosophy for pay increase for administration as approved by the Board of Directors. The philosophy is documented in a plan with administrative guidelines. It is Rocky Mountain SER's belief that design and administration compensation has a significant impact on the job satisfaction, productivity, labor turnover and consequently the organization's missions and goals. Pay increases may be granted if determined appropriate by management and/or Board of Directors. The total and department amounts available for such wage increases, if any, will be determined solely by management and /or Board of Directors, based upon the company's financial condition. Compensation philosophy: As a non-

Employer Identification number

Rocky Mountain SER/ Jobs for

84-0826906

profit services organization, at Rocky Mountain SER we recognize that our employees are our most important asset and our principle source of competitive advantage. To achieve our corporate objectives, we must attract, retain and motivate the most highly qualified and capable work force. We reward employees who demonstrate capability and produce results which support our organization's goals and objectives, within our ability to pay. We utilize performance-based pay plans, in addition to our base pay programs. These plans may vary for one job group to another. All plans are intended to reward employees who achieve and exceed targets for their formal written goals. In addition to cash compensation opportunities, Rocky Mountain SER provides compensation benefits programs which addresses our employees' health and welfare, and capital accumulation needs or concerns. All programs are contributory in nature and designed in a very flexible manner to enable employees to select the coverage most consistent with their needs and circumstances. Matching contributions by Rocky Mountain SER to our 401K plan will be contingent upon the achievement of all established financial targets. Merit will be distributed for each diversion in a range of 2% below expectations, 4% meets expectations, 6% exceeds expectations. Anything over 6% will need the approval of the CEO. Cost of living adjustments are also taken into consideration for compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

See CEO , ED, or top management official for explanation on process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Rocky Mountain SER's form 990 is available via the organization and

www.guidestar.org. Rocky Mountain SER's governing documents, conflict of

Page 3 of 4

Name of the organization	Employer identification number
Rocky Mountain SER/ Jobs for	84-0826906
interest policy and financial statements are available to	
request.	
	•••••••••••••••••••••••••••••••••••••••
	Page 4 of 4

SCHEDULE R (Form 990)	Related Orga	Related Organizations and Unrelated Partnerships	d Unrelated	Partnerships			OMB No. 1545-0047
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.	on answered "Yes" on Form 99 ■ Attach to Form 990.	on Form 990, Part Form 990.	IV, line 33, 34, 35b,	36, or 37.		2014 4
Department of the Treasury Internal Revenue Service	▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	dule R (Form 990) a	nd its instructions	is at www.irs.gov/f	огт1990.		Open to Public Inspection
Name of the organization	Rocky Mountain SER/ Jobs for Progress Inc	and the state of t	The second secon			Employer identificatio	Employer identification number 84-0826906
Part I Identifi	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	organization answ	ered "Yes" on F	om 990, Part IV	, line 33.		
Мат	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state		(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)				(farm			Annia
		:					
(2)							
		•		<u></u>		• ***	
(3)							
		-	·				
(4)	1787.7797.77						
		-:					
(5)							
		*					
Part II Identifi	Identification of Related Tax-Exempt Organizations Cone or more related tax-exempt organizations during the t	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had e tax year.	janization answ	ered "Yes" on Fo	m 990, Part IV	, line 34 because	it had
	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicale (state	(d) Exempt Code section	(e) Public charity status	Direct	(g) on 512(b rolled en
,	*		or foreign country)		(if section 501(c)(3))	entity	Yes No
(1) Kocky Mnt Commun. 3555 Pecos Street Denver	Community Development Cor Street 27-1299973 CO 80211					N/A	×
(2)			Management of the Control of the Con				
(3)							
(4)							
(2)							
For Paperwork Reductic DAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA					Sched	Schedule R (Form 990) 2014

Page 2 Schedule R (Form 990) 2014 (k) Percentage ownership (I) Section 512(b)(13) controlled entity? Yes No 0) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. Ξ (f)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h) Dispro-portionale alloc.? Yes No (g) Share of end-of-year assets Share of total (f) Share of total income Type of entity (С сот, S сот, or trust) (e)
Predominant
income (retated,
unretated,
excluded from
tax under
sections 512-514) (d)
Direct controlling entity 84-0826906 (d)

Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Schedule R (Form 990) 2014 Rocky Mountain SER/ Jobs for Primary activity Primary activity e (a)Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV ₽ Ξ 3 3 3 E 8 3 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				.; 22, 21			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	d in Parts II, III, or IV of this schedule.			TO THE PROPERTY OF THE PROPERT	Yes	SS No	0
1 During the tax year, did the organizat	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations listed i	n Parts II–IV?			(E) (E)	Į.
a Receipt of (i) interest, (ii) annuities, (i	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				12	×	
b Gift, grant, or capital contribution to related organization(s)	elated organization(s)	-			1p	×	
c Giff, grant, or capital contribution fron	Giff, grant, or capital contribution from related organization(s).				10	×	ه.د
d Loans or loan guarantees to or for related organization(s)					1d X		
e Loans or loan guarantees by related	Loans or loan guarantees by related organization(s)				- 1	×	
f Dividends from related organization(s	Dividends from related organization(s)				1€	×	.
g Sale of assets to related organization(s)					1g	×	
h Purchase of assets from related organization(s)					4	×	L
i Exchange of assets with related organization(s)	nization(s)				' =	×	<u></u>
j Lease of facilities, equipment, or other assets to related organization(s)	r assets to related organization(s)				; <u>-</u>		İ
			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				8.3
k Lease of facilities, equipment, or other assets from related organization(s)	r assets from related organization(s)				*	×	
I Performance of services or members	Performance of services or membership or fundraising solicitations for related organization(s)				1	×	
m Performance of services or members	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	x	ارا
n Sharing of facilities, equipment, mallin	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-lu	×	ارا
 Sharing of paid employees with related organization(s) 					10	×	ا مرو
) >	
p reimbursement paid to related organization(s) for expenses	Izalion(s) for expenses				d ,	د	ا
y nemiousement para by related organization(s) for expenses					4 □		
r Other transfer of cash or property to related organization(s)	related organization(s)				1	×	ار
s Other transfer of cash or property from related organization(s)	***************************************				1s	×	ار
2 If the answer to any of the above is "	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	s line, including covered n	elationships and transactio	n thresholds.			
	(a)	(a)	<u> </u>	(q)			
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	unt involved		
(1) Rocky Mnt	Mnt Community Development Cor	ď	32,827	FMV of note receivable	ivable		
(2) Rocky Mnt	Community Development Cor	¥	49,500	Related Rental E	Expense		l
(3)							
(4)							
(5)							1
(9)							
				***************************************	***************************************	***************************************	***************************************

Schedule R (Form 990) 2014

84-0826906

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) Name, address, and EIN of entity Primary acti	'₹	(c) Legal	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disorportionate	(i) (i) Code V—1181	0)	(k) Pemenlane
		domicite (state or foreign	income (related, umelated, excluded from tax under	section 501(c)(3) organizations?	Ħ	end-of-year assets	allocations?	8 C	managing	
		country)	S	Yes No			Yes No		Yes No	1 -
(1)										
(2)										
(3)										
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(9)										
147										
(2)										
(8)								7		
(6)										
(10)										
(11)										
								Sched	ule R (Form	Schedule R (Form 990) 2014

Schedule R (F	Form 990) 2014	Rocky	Mountain	SER/	Jobs	for		84-08269	906		Page 5
Part VII	Suppleme	ntal Inforn	n <mark>ation</mark> rmation for res				chedule R	(see instruct	ions).		
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