

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008
Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **DENVERWORKS, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2828 NORTH SPEER BLVD. #103
 City or town, state or country, and ZIP + 4
DENVER CO 80211

D Employer identification number: **84-1349649**

E Telephone number: **303-433-0300**

G Gross receipts \$: **422,753**

F Name and address of principal officer:
 H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.DENVERWORKS.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1996**

M State of legal domicile: **CO**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE BELOW

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of employees (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	98
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	328,732	384,610
9 Program service revenue (Part VIII, line 2g)	2,900	2,200
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,162	6,544
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,537	29,399
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	339,331	422,753
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	215,416	273,738
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) 40,008		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	129,347	129,606
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	344,763	403,344
19 Revenue less expenses. Subtract line 18 from line 12	-5,432	19,409
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	184,020	204,448
21 Total liabilities (Part X, line 26)	32,390	33,409
22 Net assets or fund balances. Subtract line 21 from line 20	151,630	171,039

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Charles W. Poysti* Date: **5/28/09**
 Type or print name and title: **CHARLES W. POYSTI, CPA**

Paid Preparer's Use Only
 Preparer's signature: **CHARLES W. POYSTI, CPA** Date: **5/20/09** Check if self-employed:
 Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **POYSTI & ADAMS, LLC**
400 S COLORADO BLVD STE 690
DENVER, CO 80246
 EIN: _____ Phone no.: **303-733-3796**