

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IDENTITY, INC.		D Employer identification number ** - ***0012
	Doing Business As		E Telephone number 301-963-5900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	414 E DIAMOND AVE		G Gross receipts \$ 5,027,060.
	City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20877-3018		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DIEGO URIBURU SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.IDENTITY-YOUTH.ORG		L Year of formation: 2006 M State of legal domicile: MD	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IDENTITY'S MISSION IS TO PROVIDE OPPORTUNITIES FOR LATINO YOUTH TO BELIEVE IN THEMSELVES AND REALIZE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	194
	7 a 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	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,909,563.	5,014,265.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	452.	391.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,100.	-11,793.
		3,938,115.	5,002,863.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	175,096.	204,071.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,430,498.	2,712,899.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 145,828.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,093,572.	1,787,028.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,699,166.	4,703,998.
19 Revenue less expenses. Subtract line 18 from line 12	238,949.	298,865.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,548,406.	3,066,716.
	22 Net assets or fund balances. Subtract line 21 from line 20	580,898.	800,343.
		1,967,508.	2,266,373.

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	Date			
	DIEGO URIBURU, EXECUTIVE DIRECTOR	12/30/14			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GLENN MILLER, CPA	<i>Glenn Miller</i>	12/19/14	<input type="checkbox"/>	P00086726
	Firm's name ▶ WEGNER CPAS, LLP	Firm's EIN ▶ ** - ***4031	Phone no. 608-274-4020		
	Firm's address ▶ 2110 LUANN LN	MADISON, WI 53713-3074			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No