Form 990

Return of Organization Exempt From Income Tax

A For the 2019 calendar year, or tax year beginning [insert] and ending [insert]

C Name of organization: NORTH CAROLINA SOCIETY OF HISPANIC PROFESSIONALS, INC

D Employer identification number: 56-2131090

E Telephone number: 919-467-8424

F Name and address of principal officer:

EIDA MCGRAITH, M. ED.
300 EDINBURGH RD
CARY NC 27511

G Gross receipts: 316,602

H Are this a group return for subsidiaries? Yes

I Are all subordinates included? Yes

J Website: WWW.THENCSPH.ORG

K Form of organization: Corporation

L Year of formation: 1999

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: PROMOTE THE EDUCATION OF HISPANIC STUDENTS AT ALL SCHOLASTIC LEVELS.

2 Check this box 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): 11

4 Number of independent voting members of the governing body (Part VI, line 1b): 11

Rainbow

5 Total number of individuals employed in calendar year 2019: 175

6 Total number of volunteers (estimate if necessary): 0

7a Total unrelated business revenue from Part VIII, column (c), line 12: 0

7b Net unrelated business taxable income from Part VIII, column (D), line 12: 0

8 Contributions and grants (Part VIII, line 1h): 318,196

9 Program service revenue (Part VIII, line 2g): 312,970

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): 2,284

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8a, 9c, 10c, and 11e): 0

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12): 321,370

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3): 38,000

14 Benefits paid to or for members (Part IX, column (A), line 4): 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10): 183,180

16 Professional fundraising fees (Part IX, column (A), line 11e): 0

17 Total fundraising expenses (Part IX, column (D), line 25): 16,731

18 Other expenses (Part IX, column (A), lines 11e–11d, 11f–24e): 0

19 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25): 286,976

20 Revenue less expenses. Subtract line 18 from line 12: 34,394

21 Total assets (Part X, line 16): 185,209

22 Total liabilities (Part X, line 26): 179,118

Part II Signatures

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: RODOLFO RUIZ, B.S.
TREASURER

Date:

Preparer

Preparer’s name: SHELTON M. ENNIS, CPA
Preparer’s signature: SHELTON M. ENNIS, CPA
Preparer’s phone number: 919-466-0946
Preparer’s address: 104 BRADY CT
CARY, NC 27511

Preparer’s signature: J A Y C O N E Y & C O M P A N Y, CPA
Preparer’s phone number: 919-466-0946
Preparer’s address: 104 BRADY CT
CARY, NC 27511

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DAA