

Form **990**
(Rev. January 2020)
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8450 CHAPEL HILL ROAD, STE 209

City or town, state or province, country, and ZIP or foreign postal code
CARY NC 27513

D Employer identification number
56-2131090

E Telephone number
919-467-8424

F Name and address of principal officer:
ELDA MCGRATH, M. ED.
300 EDINBURGH RD
CARY NC 27511

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

G Gross receipts\$ **316,602**

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

J Website: ▶ **WWW.THENCSPH.ORG** **H(c) Group exemption number** ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1999** **M State of legal domicile:** **NC**

Part I Summary

Activities & Governance	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 <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)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2019 (Part VII, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	175	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 39	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	318,196	312,970
	9	Program service revenue (Part VIII, line 2g)	890	2,508
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,284	1,124
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,370	316,602
	Expenses	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	192,930
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,731		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65,796	70,257
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	286,976	324,906	
19	Revenue less expenses. Subtract line 18 from line 12	34,394	-8,304	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	185,209	179,118
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	185,209	179,118

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: **RODOLFO RUIZ, B.S.** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **SHELTON M. ENNIS, CPA** Preparer's signature: **SHELTON M. ENNIS, CPA** Date: **07/02/20** Check if self-employed PTIN: **P00746975**

Firm's name: **JOYCE AND COMPANY, CPA** Firm's EIN: **56-2202813**

Firm's address: **104 BRADY CT CARY, NC 27511** Phone no.: **919-466-0946**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)