

Form **990**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

**A For the 2016 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: **NC SOCIETY OF HISPANIC PROFESSIONALS, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **8450 CHAPEL HILL ROAD**  
 Room/suite \_\_\_\_\_  
 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:  
**MARCO A. ZARATE, M.S.**  
**1012 SUNNY BRAE CT**  
**APEX NC 27502**

**G** Gross receipts \$: **236,378**

**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)

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

**J** Website: **WWW.THENCSHP.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

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

**(c) Group exemption number** ▶

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROMOTE THE EDUCATION OF HISPANIC STUDENTS AT ALL SCHOLASTIC LEVELS.</b>			
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	5
	6 Total number of volunteers (estimate if necessary)		6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
7b 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)		139,066	225,329
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,040	8,494
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		332	1,289
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,387	1,266
			192,825	236,378
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,240	36,000
	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)		87,454	151,171
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		7,213	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		70,368	67,443
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		193,062	254,614
19 Revenue less expenses. Subtract line 18 from line 12		-237	-18,236	
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)		140,045	117,910
	22 Net assets or fund balances. Subtract line 21 from line 20		3,899	0
		136,146	117,910	

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**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: *Marco A. Zarate* Date: **04/07/17**

**MARCO A. ZARATE, M.S.** **PRESIDENT**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **SHELTON M. ENNIS, CPA** Preparer's signature: *SHELTON M. ENNIS, CPA* Date: **03/27/17** 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)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes  No