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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A **For the 2005 calendar year, or tax year beginning** , 2005, **and ending** , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization: NATIONAL BLACK DATA PROCESSING ASSO

Number and street (or P O box if mail is not delivered to street address): 9500 ARENA DRIVE — Room/suite: 350

City or town, state or country, and ZIP + 4: LARGO, MD 20774

D **Employer identification number**: 23-2323458

E **Telephone number**: (301) 322-3434

F **Accounting method:** ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

G **Website.** ▶

J **Organization type** (check only one) ▶ ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

I *Group Exemption Number* ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,268,799

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	57,448		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 57,448 noncash $)			1d	57,448
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	991,941
3	Membership dues and assessments			3	219,410
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other	
8a	Gross amount from sales of assets other than inventory		8a		
b	Less cost or other basis and sales expenses		8b		
c	Gain or (loss) (attach schedule)		8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ _____ of contributions reported on line 1a)		9a		
b	Less direct expenses other than fundraising expenses		9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c
10a	Gross sales of inventory, less returns and allowances		10a		
b	Less cost of goods sold		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c
11	Other revenue (from Part VII, line 103)				11
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 1,268,799
13	Program services (from line 44, column (B))				13 641,724
14	Management and general (from line 44, column (C))				14 556,549
15	Fundraising (from line 44, column (D))				15
16	Payments to affiliates (attach schedule)				16
17	**Total expenses** (add lines 16 and 44, column (A))				17 1,198,273
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18 70,526
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 309,053
20	Other changes in net assets or fund balances (attach explanation)				20
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 379,579

Expenses

Net Assets

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2005)

EEA

910-24

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	84,196		84,196	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	39,141	29,924	9,217	
34	Telephone	34	13,506	1,284	12,222	
35	Postage and shipping	35	23,163	19,549	3,614	
36	Occupancy	36	117,985	90,144	27,841	
37	Equipment rental and maintenance	37	21,315	8,476	12,839	
38	Printing and publications	38	8,944	6,772	2,172	
39	Travel	39	100,287	30,531	69,756	
40	Conferences, conventions, and meetings	40	458,665	316,872	141,793	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	4,690		4,690	
43	Other expenses not covered above (itemize)					
a	CHAPTER SPONSORSHIP	43a	117,893	54,949	62,944	
b	BANK AND CREDIT CARD FEES	43b	12,014		12,014	
c	ADMINISTRATION	43c	24,382		24,382	
d	PROFESSIONAL SERVICE/DEVELO	43d	49,148	25,843	23,305	
e	MARKETING & PLANNING	43e	76,477	33,380	43,097	
f	INSURANCE	43f	4,012		4,012	
g	DUES & SUBSCRIPTIONS	43g	42,455	24,000	18,455	
44	**Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,198,273	641,724	556,549	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ _____, **(ii)** the amount allocated to Program services $ _____, **(iii)** the amount allocated to Management and general $ _____, and **(iv)** the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶MEMBER FOCUSED ORGANIZATION

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	NATIONAL TECHNOLOGY CONFERENCE TO PROMOTE DATA PROCESSING KNOWLEDGE AND CAREER (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	641,724
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	641,724

Part IV Balance Sheets (See the instructions)

					(A) Beginning of year		(B) End of year
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing			269,438	45	360,314
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	95,553			
	b	Less allowance for doubtful accounts	47b		70,967	47c	95,553
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51 a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule)				56	
	57 a	Land, buildings, and equipment basis	57a	38,495			
	b	Less accumulated depreciation (attach schedule)	57b	26,767	16,418	57c	11,728
	58	Other assets (describe ▶)				58	
	59	**Total assets** (must equal line 74) Add lines 45 through 58			356,823	59	467,595
Liabilities	60	Accounts payable and accrued expenses			25,647	60	21,221
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ DUE TO AFFILIATES)			22,123	65	66,795
	66	**Total liabilities.** Add lines 60 through 65			47,770	66	88,016
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			309,053	67	379,579
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			309,053	73	379,579
	74	**Total liabilities and net assets / fund balances.** Add lines 66 and 73			356,823	74	467,595

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
(See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	1,268,799
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,268,799
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	**Total revenue** (Part I, line 12). Add lines c and d ▶		e	1,268,799

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,198,273
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,198,273
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶		e	1,198,273

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attached statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 50			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) *during the year*, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	0	0	0	0

Part VI Other Information (See the instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ BDPA EDUCATION TECHNOLOGY FOUNDATION and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		

Part VI Other Information (continued)

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c 219,410			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 1			
91 a	The books are in care of ▶ BDPA NATIONAL OFFICE STE 350 Telephone no ▶ 301-322-3434 Located at ▶ 9500 ARENA DR LARGO MARYLAND ZIP + 4 ▶ 20774			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a CONFERENCE INCOME					717,179
b PROGRAM SERVICES					274,762
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					219,410
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1,211,351
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					1,211,351

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	NATIONAL INFORMATION TECHNOLOGY CONFERENCE
93B	MEMBERSHIP PROGRAMS AND EVENTS AT NATIONAL CONFERENCE
94	DUES TO SUPPORT VARIOUS MEMBERSHIP SERVICES AND PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b)**, file Form 8870 **and** Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: Yvette Graham Date: 8/11/10

Type or print name and title: Yvette Graham, National President

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☒	Preparer's SSN or PTIN (See Gen Inst W)
	08-09-2010		578-11-7002

Firm's name (or yours if self-employed) address, and ZIP + 4: ULYSIS CONSULTING CPA, 1364 OLD BRIDGE ROAD SUITE 101, WOODBRIDGE VA 22192

EIN ▶ 57-8117002

Phone no ▶ 703-497-5804

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

NATIONAL BLACK DATA PROCESSING ASSO

Employer identification number

23-2323458

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services . . . . . ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over $50,000 for other services . . . . . ▶		

Statement Summary

2005

Form 990 - Part V
List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return: NATIONAL BLACK DATA PROCESSING ASSO

Identifying Number: 23-2323458

(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
BROOKS BAKER 9500 ARENA DR LARGO MD 20774	VP MEMBERSHIP 20	0	0	0
DOUG ASH 9500 ARENA DR LARGO MD 20774	DIRECTOR 10	0	0	0
EARL PACE JR 9500 ARENA DR LARGO MD 20774	FOUNDER 15	0	0	0
GINA BILLINGS 9500 ARENA DR LARGO MD 20774	VICE PRESIDEN 25	0	0	0
MILT HAYNES 9500 ARENA DR LARGO MD 20774	PAST PRESIDEN 10	0	0	0
RICK GIRAUDY 9500 ARENA DR LARGO MD 20774	TREASURER 20	0	0	0
TAMMY WILKINS 9500 ARENA DR LARGO MD 20774	VP PLANNING 20	0	0	0
TYRONE TABORN 9500 ARENA DR LARGO MD 20774	DIRECTOR 10	0	0	0
VERCILLA BROWN 9500 ARENA DR LARGO MD 20774	EXEC DIRECTOR 40	0	0	0
WAYNE HICKS 9500 ARENA DR LARGO MD 20774	PRESIDENT 40	0	0	0
WENDY WONSLEY 9500 ARENA DR LARGO MD 20774	VP MEMBERSHIP 20	0	0	0
WILL BUNDY 9500 ARENA DR LARGO MD 20774	DIRECTOR 10	0	0	0