DLN: 93493123005039 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable NATIONAL BLACK DATA PROCESSING ASSOCIATES INC □ Address change 23-2323458 % Nate Bolden ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 9500 Arena Drive Ste 106 ☐ Amended return ☐ Application pending (301) 584-3135 City or town, state or province, country, and ZIP or foreign postal code Upper Marlboro, MD  $\,$  20774  $\,$ G Gross receipts \$ 539,963 Name and address of principal officer H(a) Is this a group return for MICHAEL WULF ☐Yes ☑No subordinates? 9500 Arena Drive Ste 106 H(b) Are all subordinates Upper Marlboro, MD 20744 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www bdpa org L Year of formation 1983 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities Membership organization for professionals and aspiring students in the STEM and digital technology fields Activities & Governance 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) . 4 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . . 6 19 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 218,077 177,626 Ravenua 278,317 356,879 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,903 5,458 504,297 539,963 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 35,000 22,250 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 517,931 388,263 410,513 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 552,931 Revenue less expenses Subtract line 18 from line 12 . -48,634 129,450 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 25,372 105,608 21 Total liabilities (Part X, line 26) . 222,673 173,457 22 Net assets or fund balances Subtract line 21 from line 20 . -197,301 -67,849 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 2019-05-03 Signature of officer Sign Here NATE BOLDEN Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	Form	990 (2018)					Page <b>2</b>
1 Birefly describe the organization's mission Weimburship organization for diverse professionals and aspiring students in the STEM and digital technology fields focused on providing innovative professional and technical development programs  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	Pa	t III Stateme	ent of Program Service	Accomplishments			
Membership organization for diverse professionals and aspiring students in the STEM and digital technology fields focused on providing innovative professional and technical development programs  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Check If S	chedule O contains a respons	e or note to any line in th	ıs Part III		🗆
the prior Form 990 or 990-EZ?	1	Briefly describe th	he organization's mission				
the prior Form 990 or 990-EZ?				nd aspiring students in the	STEM and digita	l technology fields focused on	providing innovative
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organizat	non undertake any significant	program services during	the year which w	ere not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services or control of "Yes" of services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section \$01(c)(3) and \$01(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a { (Code		the prior Form 99	90 or 990-EZ?				☐ Yes ☑ No
services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 319,796 including grants of \$ ) (Revenue \$ 356,879)  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )		If "Yes," describe	these new services on Scheo	lule O			
Secribe these changes on Schedule O   Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported      Code	3	Did the organizat	ion cease conducting, or mak	e significant changes in h	ow it conducts, a	ny program	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code							☐ Yes ☑ No
4d Code (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Describe the orga Section 501(c)(3)	anization's program service ac and 501(c)(4) organizations	complishments for each of are required to report the			
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )	4a	(Code	) (Expenses \$	319,796 including gra	ants of \$	) (Revenue \$	356,879 )
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		•		,		, ( +	,,
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code	) (Expenses \$	ıncludıng gra	ants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code	) (Expenses \$	ıncluding gra	ants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )							
	4d		•	•	\ / /	Revenue ¢	)
	4e			319,796	7.0	Trevellae y	

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Pai	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🥞	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II 2	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III 💆	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX or X as applicable	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total			No

9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No

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20b

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Yes

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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Part V

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1b

Yes

Yes

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Νo

No

Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\cdot$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V

All Form 990 filers are required to complete Schedule O

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Nο

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	ĺ
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent			

b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶The Organization 9500 Arena Drive Ste 106 Upper Marlboro, MD 20774 (301) 584-3135

16a

16b

Nο

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

<b>(A)</b> Name and Title	(B) Average hours per week (list any bokes		ne b	ox, ι ın of	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
1) MICHAEL WULF  Natl VP of Operations	7 000			х				0	0	0
2) TERRY MORRIS				×				0	0	0
3) RICO SINGLETON /P of Strategy	10 00			х				0	24,000	0
4) NATHANIEL BOLDEN  P of Finance	7 000			х				0	0	0
5) CHAD WHITE West Regional Director		Х						0	0	0
6) KAREN LIBSCOMB /P of Member Services	7 000			x				0	0	0
7) EARL PACE JR Founder			х					0	0	0
8) SHONDRIA SEATON National Secretary				х				0	0	0

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Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t che unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations

	ग		# Cd		

1b Sub-Total												
Total number of individuals (including but not limited to those listed above) who recoved more than #100,000												

c ·	1b Sub-Total												
q.	「otal (add lines 1b and 1c) . . .	<u> </u>	<u> </u>	<u> </u>			<b>&gt;</b>			24,00	00		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►													
												Yes	No
_											1		

		<u> </u>	<u>1</u> '		<u> </u>								
c T	1b Sub-Total												
d٦	Total (add lines 1b and 1c)	<u> </u>		<u></u>			▶				24,000		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶													
												Yes N	10

th Sub-Total														
d Total (add lines 1b and 1c)														
											_		Yes	No

					1			'							
Ь	Sub-Total		<del></del>	$\overline{\cdot}$			<u></u> ▶[		,						
c 1	otal from continuation sheets to Pa	art VII <b>, Section</b>	Α.				▶ _								
<u>d</u> 1	otal (add lines 1b and 1c)	<u> </u>	<u> </u>	<u> </u>	. •		<u> </u>				<u></u>	24	1,000		
!	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	) rec	eived m	ore thar	า \$10	00,000			
														Yes	No
3	Did the organization list any <b>former</b> of	•							-						
	line 1a? If "Yes," complete Schedule 3	I for such indivi	dual .		•	•		-			•		3		No
4	For any individual listed on line 15, is	the sum of rer	aortablo	comr	aanc	ation	n and	o+ho	r compo	ncation	from	a tha			

1b Sub-Total											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >											

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

5

(B)

Description of services

Νo

(C)

Compensation

Form **990** (2018)

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

# from the organization Report compensation for the calendar year ending with or within the organization's tax year

compensation from the organization >

5

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part			Revenue								rage <b>3</b>
		Check if Schedul	e O contains	a respo	nse or note to						<u> </u>
							<b>A)</b> revenue	( <b>B</b> ) Related exem functi	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<b>1</b> a	Federated campaig	ns	1a				reven	ue		512 - 514
ints ints		<b>b</b> Membership dues		<b>1</b> b	44,4	<del></del> 27					
Gifts, Grants illar Amounts		Fundraising events		1c							
fts, ⊑A⊵		d Related organizatio	ns	<b>1</b> d							
. Gi	•	e Government grants (co	ontributions)	1e		_					
ons Sir	1	F All other contributions, and similar amounts n		4.6	122.1	00					
Contributions, Gifts, Grants and Other Similar Amounts	١.	above  Noncash contribution		1f	133,1	<del></del>					
nti d	'		Jiis ilicidaea								
Cont		<b>h Total.</b> Add lines 1a	-1f		>		177,626				
пе					Busir	ness Code		070	356.0	70	
ven.	2a	National Conference				611710		356,879	356,8	79	
ı Çξ	b			_							+
rvic	С			_							
Š	d e										
Program Service Revenue	f	All other program se	rvice revenue								
ď	g	<b>Total.</b> Add lines 2a-2	2f		<b>&gt;</b>	356,879					
		Investment Income (II			nterest, and ot	her					
		imilar amounts) . Income from investm			ond proceeds	<b>-</b>					
						<b>▶</b>					
	_	6	(ı) Real		(II) Persona	al					
	ба	Gross rents									
	b	Less rental expenses									
	c	Rental income or									
	d	(loss)  Net rental income o	r (loss)								
	_	. Net rental income o	(i) Securit		(II) Other	<u> </u>					<del> </del>
	7a	Gross amount from sales of									
		assets other than inventory									
	ь	Less cost or									
		other basis and sales expenses									
		Gain or (loss)									
		Net gain or (loss) . Gross income from fi				<u> </u>					
ne		(not including \$		of							
Other Revenue		contributions reporte See Part IV, line 18		a							
Re		Less direct expense		ь							
her		: Net income or (loss) : Gross income from g			ents	<u> </u>					
ō	<b>-</b>	See Part IV, line 19	· · ·	-							
	h	Less direct expense		a b							
		: Net income or (loss)		L	es	 ▶					
	10a	Gross sales of invent									
		returns and anowant	.es	a							
	b	Less cost of goods s	sold	ь							
	С	Net income or (loss) Miscellaneous		invent		<u> </u>					
	11		Revenue		Business Co	de					
	b	,			•						
	c										
	-	All other revenue . Total. Add lines 11a		I			5,45	8	5,458		
		: <b>Total.</b> Add lines 11a : <b>Total revenue.</b> See			1	<u> </u>	5,45	8			
		iotai ievenue. 5ee	THE UCCIONS		• • •	<u> </u>	539,96	3	362,337		Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	22,250			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes				
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	8,060			
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	488			
13 Office expenses	13,826			
14 Information technology	1,773			
15 Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	14,410			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	319,796			
<b>20</b> Interest				
21 Payments to affiliates	15,675			
22 Depreciation, depletion, and amortization				
23 Insurance	3,065			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Subscriptions & Fees	11,170			
b				
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	410,513	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part IX	<u> </u>		<u> </u>
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		-269	1	53,833
	2	Savings and temporary cash investments	[		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[	25,641	4	49,651
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L		5		
ş	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		6	
Assets	7	Notes and loans receivable, net	-		7	
SA	8	Inventories for sale or use			8	2.12.
_	9	Prepaid expenses and deferred charges			9	2,124
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		<b>10</b> c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11		13	

14

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17 18

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27

28

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31

32

33

34

Assets or Fund Balances

Net

Liabilities 22 Intangible assets . . . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Grants payable . .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2018)

14 15 25.372 16 105.608 147,458 91,577 17 18 75.215 19 81.880 20 21 Loans and other payables to current and former officers, directors, trustees, 22 23 24 Other liabilities (including federal income tax, payables to related third parties, 25

222.673

-197.301

-197,301

25,372

26

27 28

29

30

31 32

33

34

Page **11** 

173.457

-67.849

-67,849

105,608

Form **990** (2018)

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			539,963
2	Total expenses (must equal Part IX, column (A), line 25)	2			410,513
3	Revenue less expenses Subtract line 2 from line 1	3			129,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-197,301
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-67,849
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

#### Additional Data

**Software ID:** 18007411 **Software Version:** ta18mefv1.0

fields

Form 990, Part III, Line 4a:

Form 990 (2018)

National BDPA Technology conference and member development programs intended to inform and educate professionals and aspiring students in the STEM and technology

**EIN:** 23-2323458

Name: NATIONAL BLACK DATA PROCESSING ASSOCIATES INC.

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

201

DLN: 93493123005039

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

or organizations exempt From income rax order section 30 f(c) and section 327

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• 8 • 8 • 8 • 8 • 8 • 8 • 8	Section 501(c) (other than section 5 Section 527 organizations Comple corganization answered "Yes" of Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then	rts I-A and C below 990-EZ, Part VI, III r section 501(h)) Counder section 501(h	ne 47 (Lobbying Activition omplete Part II-A Do not only) Complete Part II-B Do	es), then complete Part II-B o not complete Part II-A
Nar	me of the organization	·		Employer ide	entification number
NAT	IONAL BLACK DATA PROCESSING ASSO	CIATES INC			
D	Complete if the case		: F01/s\ :-	23-2323458	·!#!
1	Provide a description of the organ	nization is exempt under sect			
_	"political campaign activities")				
2 3	Political campaign activity expend	·		•	<b>»</b>
	Volunteer hours for political camp <b>t I-B Complete</b> if the orga	nization is exempt under sect	ion 501(c)(3)		
	-	<u> </u>			
1	•	ax incurred by the organization under			\$
2	•	ax incurred by organization managers		•	*
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	r this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b Par		nization is exempt under sect	ion 501(c), exc	ept section 501(c)(3	3).
1	Enter the amount directly expend	led by the filing organization for section	on 527 exempt func	tion activities	\$
2	Enter the amount of the filing org	anization's funds contributed to other	organizations for s	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	, line 17b	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) reach organization listed, enter the ar that were promptly and directly delive ee (PAC) If additional space is needed	mount paid from the ered to a separate p	e filing organization's fund political organization, such	ls Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
Eor D	anarwork Poduction Act Notice and	the instructions for Form 000 or 000-F7	<u> </u>	N FORME Calculation	 

e	Total exempt purpose expenditures (add lines 1c and					
f	Lobbying nontaxable amount Enter the amount from columns	n the following table in b	ooth			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g h i j	Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year?	)- - .h or line 1i, did the org				] Yes □ No
	(Some organizations that made a columns below. See t		ction do not h	ave to comple		ive
	Lobbying Expe	enditures During 4	-Year Averagi	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
<b>2</b> a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

expenditure next year?

Return Reference

Part IV

activity

1

(b)

Amount

(a)

No

Yes

<u>4</u>

#### Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions)

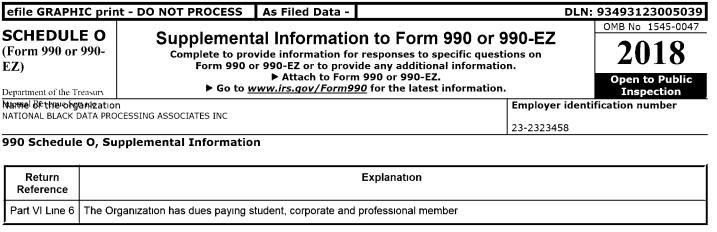
instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

DLN: 93493123005039 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number NATIONAL BLACK DATA PROCESSING ASSOCIATES INC. 23-2323458 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page <b>2</b>
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete if the orga	nızatıon answered "Yes'	on Form 990, Part IV, line 22	-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Student Scholarships	5	22,250			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informa	ntion. Provide the info	ormation required in F	Part I, line 2; Part III	, column (b); and any other a	dditional information.

Schedule I (Form 990) 2018



990 Schedule O, Supplemental Information

Return
Reference

Explanation

Reference	Explaination
Part VI Line	The general membership population in attendance at the annual conference

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Part VI Line elects the board members for bi-annual terms

990 Schedule O, Supplemental Information Return Explanation

Reference	·
Part VI Line	The annual 990 filing is presented to the National Executive Council for

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Part VI Line approval prior to filing and others upon request as needed 11b

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Reference	
Part VI Line	National BDPA makes documents available upon request in cases where

990 Schedule O, Supplemental Information Return Explanation Reference

Part VI Line It is deemed necessary SCHEDULE R

(Form 990)

Related

NATIONAL BLACK DATA PROCESSING ASSOCIATES INC

Department of the Treasury

Internal Revenue Service

Name of the organization

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493123005039

Open to Public Inspection

**Employer identification number** 

							23-2	323458				
Part I Identification of Disregarded Entities Complete if the	ne organ	ization answ	ered "Yes'	' on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		ctivity Legal dom or foreig		(d) Total income		(e) End-of-year asset		ssets (f) Ssets Direct cont entity		
Part II Identification of Related Tax-Exempt Organizations	Comple	ete if the org	anızatıon i	answered	"Yes" on F	orm 990	, Part I\	/, line 34 be	cause	ıt had one or r	nore	
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dom or foreigr	ıcıle (state	(d) Exempt Cod	e section	Public c	(e) harity status on 501(c)(3))	Dı	(f) rect controlling entity	Section (13) co	g) 512(b ntrolled
(1)BDPA Education & Technology Foundation 4423 Lehigh Road							509 A 2				Yes	No No
College Park, MD 20740 52-1806848									N/A			
											_	
											-	
											<del>                                     </del>	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	o.		Ca	t No 5013	:5Y		•		Sch	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization	(a)  Name, address, and EIN of related organization			(d) Direct controlling entity	Predominant Income(related unrelated, excluded from tax under sections 512-	total income				(I) Code V-UB amount in b 20 of Schedule K- (Form 1065	[ Gen ox mai pai	(j) eral or naging tner?		ntage
					514)			Yes	No		Yes	No	1	
											-			
											+			
											+			
IV Identification of Related Organ because it had one or more related						ızatıon ans	wered "Yes	" on F	orm 9	90, Part I\	/, line	34		
		s a corporation		st during th	(d) controlling Tyentity (Co	(e)	wered "Yes  (f) Share of total income	Share	orm 9  (g) e of end- year assets	-of- Perc	/, line (h) entage ership		(i) Section (13) con entit	512(b itrolle ty?
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h) entage		Section ( (13) con entit	512(b ntrolle
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h) entage		Section ( (13) con entit	512(b itrolle ty?
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h) entage		Section ( (13) con entit	512(b itrolle ty?
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h) entage		Section ( (13) con entit	512(b itrolle ty?

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			T
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<u> </u>	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No

•	Terrormance of services of membership of fundications for related organization(3).	1	1	1
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
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