

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 black lung benefit trust or private foundation)

2010
Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending

B Check if applicable:

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

ASSOC OF DONOR RELATIONS PROFESSIONLS INC
C/O LISA HONAN 200 EGGERS HALL
SYRACUSE, NY 13244-1020

D Employer/Identification Number
59-3780288

E Telephone number
(315) 443-5056

G Gross receipts \$ 242,528.

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

H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

H(c) Group exemption number

F Name and address of principal officer:
Same As C Above

501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation Trust Association Other

L Year of Formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Business League For Donor Relations Professionals

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h).....		3
9 Program service revenue (Part VIII, line 2g).....	110,883.	4
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	2,016.	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-18,039.	5
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	94,860.	6
7a Total unrelated business revenue from Part VIII, column (C), line 12.....		7a
7b Net unrelated business taxable income from Form 990-I, line 34.....		7b

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Expenses	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
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).....		
16a Professional fundraising fees (Part IX, column (A), line 11e).....		
17 Total fundraising expenses (Part IX, column (D), line 25) <u> </u>		38,914.
18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		38,914.
19 Revenue less expenses. Subtract line 18 from line 12.....		55,946.
20 Total assets (Part X, line 16).....		
21 Total liabilities (Part X, line 26).....		
22 Net assets or fund balances. Subtract line 21 from line 20.....	315,693.	371,639.

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.

Signature of officer Date
Type or print name and title:

Print/Type preparer's name Frank Squadrillo, Jr. Preparer's signature Frank Squadrillo, Jr. Date
Firm's name Kruth Stein Squadrillo Liberman & Silverman
Firm's address 401 N. Salina St PO Box 6545
Syracuse, NY 13217-6545
Firm's EIN N/A Phone no. (315) 475-7213
Check if self-employed PTIN N/A