

2006

Open to Public Inspection

Form 990-EZ

Short Form 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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning Jan 1, 2006, and ending Dec 31, 2006

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: Association of Domestic Relations Professionals
Number and street (or P.O. box, if mail is not delivered to street address): 6066 Dev office, Parkville, CO
City or town, state or country, and ZIP + 4: HANCOCK NH 03755

D Employer identification number: 59-3780258
E Telephone number: (603) 258-6353
F Group Exemption Number

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

G Accounting method: Cash
Other (specify)

I Website: www.ADRP.net

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(6)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (total 83,480.66) and expenses (total 20,152.02).

Part II Balance Sheets

(See page 51 of the instructions.)

Table with 7 rows for Balance Sheets. Includes handwritten entries for total assets (60,536.00) and net assets (123,824.66).

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Non-Profit Business Leases</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>N/A</u>
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>N/A</u>
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>N/A</u>
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <u>N/A</u>
32	Total program service expenses (add lines 28a through 31a)	32 <u>N/A</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
<u>ROSE DALBA, Director of P.R. UNIVERSITY OF CHICAGO 5801 S. Ellis Ave, Suite 602 CHICAGO IL 60637</u>	<u>PRESIDENT</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>ROBERTA O'HARA 330 Alexander St Office of Stew. Princeton University Princeton NJ 08540</u>	<u>TREASURER</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		<input checked="" type="checkbox"/>
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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 (4) organizations. 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 an explanation . . .

	Yes	No
40b		
40c	HLA	
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ NJ

42a The books are in care of ▶ LISA HOVAN, 2007 TREASURER Telephone no. ▶ (315) 443-2580
Located at ▶ Syracuse University, Div Office, Lm 100, 820 Cortright, ZIP + 4 ▶ 13244-5090

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)? . . .

	Yes	No
42b		X
42c		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**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: B. O'HARA Date: 2/1/07

Type or print name and title: ROBERTA O'HARA TREASURER (2006)

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: () _____

Form 990-EZ, Part 1, Line 16
Other Expenses Statement

Other expenses (describe)

INSURANCE	1,554.00
WEB DESIGN/MAINTENANCE	9,948.69
CONSULTANT (WEB)	6,235.04
PHONE	897.53
MISC (TRAVEL, POSTAGE, ETC)	1,056.76

Total 20,192.02

Form 990-EZ, Part 1, Line 6
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Donors	Gross Receipts	Less Contribs	Gross Revenue	Less Direct Expenses	Net Income (Loss)
INTERNATIONAL CONFERENCE CONFERENCE	74,325.00	0	74,325.00	75,069.32	744.32
Total	74,325	0	74,325	75,069.32	744.32