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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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CONROY BUILDING ASSOCIATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 141 SOUTH CENTER SUITE 200. City or town, state or country, and ZIP + 4: CASPER, WY 82601

D Employer identification number: 83-0330585. E Telephone number: (307) 265-3800. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual Other (specify)

I Website: N/A

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

J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(12) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 63,751

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 63,751). Rows 10-17: Expenses (Total expenses: 69,048). Rows 18-21: Net Assets (End of year: 72,442).

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	6	<b>22</b> 153
<b>23</b> Land and buildings . . . . .	78,412	<b>23</b> 72,289
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	78,418	<b>25</b> 72,442
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	679	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	77,739	<b>27</b> 72,442

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

To provide for the operation, maintenance, preservation, and architectural control of condominium units

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> Providing for the operation, maintenance, preservation and architectural control of condominium units and common area within ConRoy Building Condominium (Grants \$ 0) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for amounts, dates, and locations.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (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.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section containing signature of officer (Leo Riley) and date (2011-05-23).

Paid Preparer's Use Only section containing preparer's signature, date, firm's name (Leo Riley & Co CPA's), EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**  
CONROY BUILDING ASSOCIATION

**Employer identification number**

83-0330585

Identifier	Return Reference	Explanation
Other Expenses	Form 990-EZ, Part I, Line 16	Description Insurance Amount 4,782 Description Janitorial Amount 1,911 Description Taxes and Other Fees Amount 227 Description Depreciation Amount 6,123 Description Supplies Amount 8 Description Bank Charges Amount 40 Total to Form 990-EZ, line 16 13,091

Identifier	Return Reference	Explanation
Other Liabilities	Form 990-EZ, Part II, Line 26	Description Due to Related Party Beg of Year Amount 679 End of Year Amount 0

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** CONROY BUILDING ASSOCIATION

**EIN:** 83-0330585

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 83-0330585

**Name:** CONROY BUILDING ASSOCIATION

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
John Trotter 141 S Center Suite 500 Casper, WY 82601	President 0 00	0	0	0
Leo A Riley 141 S Center Suite 100 Casper, WY 82601	Treasurer 10 00	0	0	0
Judith A Studer 141 S Center Suite 302 Casper, WY 82601	Secretary 0 00	0	0	0
William S Bon 141 S Center Suite 500 Casper, WY 82601	Director 0 00	0	0	0
Cameron Walker 141 S Center Suite 500 Casper, WY 82601	Director 0 00	0	0	0
Bill B Brauer 141 S Center Suite 500 Casper, WY 82601	Director 0 00	0	0	0