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Form 990-EZ

Department of the Treasury Internal Revenue Service

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

		r the 2010 calendar year, or tax year beginning $\operatorname{Apr} \ 01$, 2010, and ending			Mar 31,2011			
B Ch	ieck if oplicabl	C Name of organization, number and street, city, town, state, and ZIP code	D Employer identification number					
\Box		Please use IRS	1					
Na	me ch	ange label or	83-0215485					
Н	tıal retu	print or	E Telephone number					
Н	rminat	See	307-856-4782					
H		greturn Instruct PO Box 846	F Group Exemption					
1	plication							
			Number •					
		ting Method	H Check▶X if the organization is not					
		e: ►	required to attach Schedule B					
		empt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527	(Form 990, 990-EZ, or 990-PF)					
KCh								
		990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see in	struct	ions) E	But if the organization chooses			
		return, be sure to file a complete return						
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if						
		s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	178,727.			
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See	the in	structio	ons for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I			X			
	1	Contributions, gifts, grants, and similar amounts received		1	· · · · · · · · · · · · · · · · · · ·			
	2	Program service revenue including government fees and contracts		2	178,443.			
	3	Membership dues and assessments		3				
	4	Investment income		4	284.			
	5	a Gross amount from sale of assets other than inventory 5a		VSC Tu				
		b Less cost or other basis and sales expenses 5b						
	1	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
e	6	Gaming and fundraising events						
ē		a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a						
Revenue	1	b Gross income from fundraising events (not including \$ of contribu						
-	'		luons					
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)						
	Ι.							
	1	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6d	;)	6d				
	1	a Gross sales of inventory, less returns and allowances 7a						
		b Less cost of goods sold						
	'	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c				
	8	Other revenue (describe in Schedule O)	٠	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	178,727.			
		Grants and similar amounts paid (list in Schedule O) RECEIVED		10				
	11	benefits paid to or for members .		11				
Ses	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 1 1 5 2011 0 0 0 0 0 0 0 0 0		12	53,722.			
Expenses	13	Professional fees and other payments to independent contractors		13	475.			
Ϋ́	14	Occupancy, rent, utilities, and maintenance		14	34,728.			
ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O)		15				
	16	Other expenses (describe in Schedule O)		16	79,762.			
	17	Total expenses. Add lines 10 through 16	•	17	168,687.			
·^	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,040.			
šets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						
Net Assets		end-of-year figure reported on prior year's return)			316,772.			
	20	Other changes in net assets or fund balances (explain in Schadule O)	i	19 20	320,772.			
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	326,812.			
For P		work Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)			
		in the state of the sale of the sal			· VIIII V V V ~ L.L. (2010)			

	Balance Sheets. (see the instructions for P	•				-		
	Check if the organization used Schedule O to re					<u> </u>		
	(See the instructions for F	art II)		ning of ye		(B) End of year		
	Cash, savings, and investments			$\frac{0,801}{7,172}$		12,025.		
	Land and buildings		$\frac{7,172}{2,000}$		255,129.			
	Other assets (describe in Schedule O)		9,889		120,658.			
	Total assets		<u> </u>	7,862		387,812.		
	Total liabilities (describe in Schedule O)			1,090		61,000.		
	Net assets or fund balances (line 27 of column (B) mu			6,772	. 27	326,812.		
Pa	rt III Statement of Program Service Acco	•		nt III)				
	Check if the organization used Schedule O to re				۔ ا	Expenses		
	at is the organization's primary exempt purpose? ${\sf Seni}$					quired for section 501(c)(3) 501(c)(4) organizations and		
	cribe what was achieved in carrying out the organization		In a clear and concise manner,			section 4947(a)(1) trusts,		
	cribe the services provided, the number of persons benefit				e optio	onal for others)		
	Apartment building for low i							
	direction of the US Departme		g and Urba	n	.			
	Development Twenty seven apa	rtments			.			
	(Grants \$) If this amount include	les foreign grants, check	here	•	28a	168,687.		
29								
					.			
	(Grants \$) If this amount include	les foreign grants, check	here	•	29a	1		
30								
					1			
	(Grants \$) If this amount include	es foreign grants, check	here	•	30a	1		
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount include	es foreign grants, check	here	▶ □	31a			
32	Total program service expenses (add lines 28a throug	h 31a)		>	32	168,687.		
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees. List each	one even if not comp	ensated (s	ee the	instructions for Part IV)		
	Check if the organization used Schedule O to re-	spond to any question in	this Part IV	·				
		(b) Title & average	(c) Compensation	(d) Cont	ributions			
	(a) Name and address			(d) Cont	ributions	ans account and		
 Ke		(b) Title & average hours per week	(c) Compensation (If not paid,	(d) Cont	ributions enefit pla	ans account and		
Ke	(a) Name and address	(b) Title & average hours per week devoted to position President	(c) Compensation (If not paid,	(d) Cont	ributions enefit pla	ans account and		
	(a) Name and address nneth Weber	(b) Title & average hours per week devoted to position President	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
	(a) Name and address nneth Weber Riverton WY 82501	(b) Title & average hours per week devoted to position President 5 Vice pres	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
Le	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik	(b) Title & average hours per week devoted to position President 5 Vice pres	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
Le	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
Le El	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
Le El	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube Riverton WY 82501	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas 1 Director	(c) Compensation (If not paid, enter -0)	(d) Cont	ributions enefit pla	ans account and		
Le El Jo	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube Riverton WY 82501 an Gunnison Riverton WY 82501	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas 1 Director	(c) Compensation (If not paid, enter -0) 0	(d) Cont	ributions enefit pla	ans account and		
Le El Jo	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube Riverton WY 82501 an Gunnison Riverton WY 82501 arles Wright	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas Director 1 Director	(c) Compensation (If not paid, enter -0) 0	(d) Cont	ributions enefit pla	ans account and		
Le El Jo Ch	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube Riverton WY 82501 an Gunnison Riverton WY 82501 arles Wright Riverton WY 82501	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas 1 Director Director 1	(c) Compensation (If not paid, enter -0) O O	(d) Cont	ributions enefit pla	ans account and		
Le El Jo Ch	(a) Name and address nneth Weber Riverton WY 82501 wis Maulik Riverton WY 82501 len Strube Riverton WY 82501 an Gunnison Riverton WY 82501 arles Wright Riverton WY 82501 aig Skaggs	(b) Title & average hours per week devoted to position President 5 Vice pres 1 Sec/Treas 1 Director 1 Director 1 Director	(c) Compensation (If not paid, enter -0) O O	(d) Cont	ributions enefit pla	ans account and		
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Pai	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	-		
			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 in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	-		
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			- V
	(see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	25-		X
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	36		Х
07 -	If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	30	i	1 22
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a U	37b		x
b	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1 21 0 1		1
38 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		l x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1000		
39	Section 501(c)(7) organizations Enter	1	-	
а	Initiation fees and capital contributions included on line 9		(
b	Gross receipts, included on line 9, for public use of club facilities 39b		/	<u>,</u>
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	Trans.	e Maga)
	section 4911▶ , section 4912 ▶ , section 4955 ▶		. 精常	1 E 14
b		1		
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			1
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization		× 3	2:1
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	27 14	. 64	Property and the
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by		1	in the
	the organization			د رئي
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		- 1988 - 21	A .
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42a		7-85	6-4	782
	Located at ▶ PO Box 847 WY Riverton ZIP+4 ▶ 825	, O T		
b		1	V	I NI a
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	Yes	No X
	account)?	42b		_A
	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		3 1 3 °	200
	and Financial Accounts.		ر از	2
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Para Series	X
·	If "Yes," enter the name of the foreign country	ا تعتا		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
75	and enter the amount of tax-exempt interest received or accrued during the tax year > 43			L_,
	and office the amount of the exempt mission of account of the first of			
		[Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			its.
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		6	B 35
	of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			≥ 14:1
	explanation in Schedule O	44d		
		990-E	EZ (2	2010)

Form 990-E2 (2010)	Riverton Seni	tor Housing I	.nc	83-02	15485	Page 4
						Yes No
45 Is any related of	organization a controlled en	itity of the organization w	ithin the meaning of sec	ction 512(b)(13)?	45	X
a Did the organiz	ation receive any payment	from or engage in any tra	ansaction with a control	lled entity within the meanin	g of _	
section 512(b)((13)? If "Yes," Form 990 and	d Schedule R must be co	impleted instead of For	m 990-EZ	45a	X
46 Did the organiz	ation engage, directly or in-	directly, in political camp	aign activities on behalf	f of or in opposition to		•
	public office? If "Yes," com		-		46	X
			4947(a)(1) nonexe	empt charitable trust	s only. Al	l section
501(c)((3) organizations and sectio	n 4947(a)(1) nonexempt	charitable trústs must a	answer questions 47 - 49b	•	
and 52	, and complete the tables for if the organization used Sc	or lines 50 and 51	ny guartian in this Dad	M		П
Check	ii the organization used Sc	nedule O to respond to a	iny question in this Fait	VI	1	Yes No
47 Did the organiz	ation engage in lobbying a	atuutioo? If "Voo." aamala	sto Cabadula C. Dort II		47	X
-				hadula C		X
-	tion a school as described i				48	X
	ation make any transfers to	•	ne related organization	,	49a	
	e related organization a se	•			49b	X
•	•		, , ,	n officers, directors, trustees	and key em	ployees) wh
each received i	more than \$100,000 of com	pensation from the orgai	nization If there is none	e, enter "None "	,	
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and ad	ldress of each employee	hours per week		employee benefit plans &	accour	nt and
paid mor	e than \$100,000	devoted to position		deferred compensation	other all	owances
None						_
	.	1			Ì	
-						
		1				
		1				
		1				
					 	
-		+				
					<u> </u>	
		1				
	m the organization. If there ddress of each independen		an \$100,000	(b) Type of service	(c) Compe	ensation
110116						
None				-		
					•	
			400.000			
	other independent contracto	•				
.	ion complete Schedule A? I		3) organizations and 49	47(a)(1) nonexempt	П	E3
charitable trusts r	nust attach a completed Sc	chedule A			Yes	X No
Under penalties of perjury, I	declare that I have examined this re-	turn, including accompanying sch	nedules and statements, and to	the best of my knowledge and belief	, it is true,	
correct, and complete Decla	aration of preparer (other than officer	r) is based on all information of w	hich preparer has any knowled	ge		
Sign	Luneth	Shale		17/12/1	' '/	
Here Sig	nature of officer			Date		
1 Ke	enneth Webber		Presider	nt		
Typ	e or print name and title					
Print/Ty	pe preparer's name	Preparer's sign	nati⁄are [Date Check	if PTIN	
	A Harrison	1 100 /	7/1	7/08/2011 self-employe	1	218769
Preparer's Firm's nam	. 01:461	Moore & Co C	PA		83-023	
Jse Only	▶205 South B			Phone no		
address	Riverton WY	-		307-85	6-9214	
May the IRS discuss t	this return with the preparer		ructions	1 30 7 83	▶ X Yes	No
BCA	rotain with the preparet	US990E		<u>···</u>	Form 990-E	
		039900	-t-T		, Juli 730-E	~~~ (ZVIU)

Name: Riverton Senior Housing Inc

ID: 83-0215485

Description: Other expenses

Туре	Amount
Advertising	665.
Office expenses	890.
Management fee	12,090.
Administrative Rent Fee Unit	6,676.
Telephone	1,906.
Supplies	1,978.
Contracts	6,139.
Depreciation	31,927.
Mortgage Insurance	196.
Property Insurance	6,126.
Payroll Taxes	6,539.
Bond Insurance	142.
License	25.
Mortgage Interest	4,463.
	1,103.
Total	79,762.

Name: Riverton Senior Housing Inc	ID: 83-0215485			
Description: Other Assets				
Туре	Amount			
Prepaid Mortgage Insurance Escrow Accounts	2,069.			
Escrow Accounts	2,069. 118,589.			

S I WARRED TO THE STATE OF THE				
W				
Total	120,658.			
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Detail Sheet

Name: Riverton Senior Housing Inc	ID: 83-0215485
Description: Other Liabilities	
Туре	Amount
Accounts Payable	3,833.
Accrued Payroll Taxes Payable	3,833. 973.
Cenant Deposits in Trust	7 347
Accounts Payable Accrued Payroll Taxes Payable Tenant Deposits in Trust Mortgage Payable	7,347. 48,847.
ortgage rayable	40,047.
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<u>, va la la</u>	
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Total	61,000.
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