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Part II Balance Sheets

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

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Table with 3 columns: Description, Amount, and Expense Code. Rows include 28a, 29a, 30a, 31a, and 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances.

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 questions 33-45b with Yes/No columns and input fields for amounts and dates.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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
47		
48		
49a		
49b		

47 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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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"

(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

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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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	***** Signature of officer	2012-05-24 Date		
	Leo Riley Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <input checked="" type="checkbox"/> Leo A Riley	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P01327479
	Firm's name (or yours if self-employed), address, and ZIP + 4	Leo Riley & Co CPA's 141 S Center St Ste 200 Casper, WY 826012519	EIN <input checked="" type="checkbox"/> 83-0320414 Phone no <input checked="" type="checkbox"/> (307) 265-3800	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Data

Software ID:

Software Version:

EIN: 83-0330585

Name: CONROY BUILDING ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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
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

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

2011

**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 8,583 Description Janitorial Amount 1,819 Description Taxes and Other Fees Amount 238 Description Depreciation Amount 6,482 Description Bank Charges Amount 5 Total to Form 990-EZ, line 16 17,127

**TY 2011 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.