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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)Open to Public  
Inspection

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

A For the 2008 calendar year, or tax year beginning

05/01, 2008, and ending

04/30, 2009

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization <b>CENTER OF EXCELLENCE PROPERTIES FUND</b>			D Employer identification number <b>26-1302567</b>	
	Doing Business As			E Telephone number <b>(435) 649-9090</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>PO BOX 100</b>			Room/suite	
	City or town, state or country, and ZIP + 4 <b>PARK CITY, UT 84060</b>			G Gross receipts \$ <b>NONE</b>	
	F Name and address of principal officer			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►	
J Website ► <b>WWW.USSA.ORG</b>					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation <b>2007</b>	M State of legal domicile <b>UT</b>

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
**OPERATES EXCLUSIVELY FOR THE BENEFIT OF SUPPORTING THE DEVELOPMENT, EDUCATION, TRAINING, AND COMPETITION OF ELITE NATIONAL, INTERNATIONAL, AND DEVELOPMENT ATHLETES IN SKIING AND SNOWBOARDING.**

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** **3**

5 Total number of employees (Part V, line 2a) . . . . . **5** **NONE**

6 Total number of volunteers (estimate if necessary) . . . . . **6** **NONE**

7a Total gross unrelated business revenue from Part VIII, line 12, column (A) . . . . . **7a**

b Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b**

Activities & Governance	Revenue	Expenses	Net Assets or Fund Balances	Prior Year		Current Year	
				2007	2008	2007	2008
	8 Contribution and grants (Part VIII, line 1h) . . . . .	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .				NONE	NONE
	9 Program service revenue (Part VIII, line 2g) . . . . .	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .				NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .				NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, &c., 9c, 10c, and 11e) . . . . .	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .				NONE	NONE
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	b Total fundraising expenses, Part IX, column (D), line 25 ► . . . . .				NONE	NONE
	13	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .				40,124.	113,325.
	14	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .				40,124.	113,325.
	15	19 Revenue less expenses Subtract line 18 from line 12 . . . . .				-40,124.	-113,325.
	16a						
	20						
	21						
	22						

Beginning of Year **23,443,140.** End of Year **25,531,204.**

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**Part III Statement of Program Service Accomplishments (see instructions)****1** Briefly describe the organization's mission

OPERATES EXCLUSIVELY FOR THE BENEFIT OF SUPPORTING THE DEVELOPMENT, EDUCATION, TRAINING, AND COMPETITION OF ELITE NATIONAL, INTERNATIONAL, AND DEVELOPMENT ATHLETES IN SKIING AND SNOWBOARDING.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes" describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code       ) (Expenses \$        including grants of \$       ) (Revenue \$       )

THE CENTER OF EXCELLENCE PROPERTIES FUND WAS FORMED TO SUPPORT THE DEVELOPMENT, EDUCATION, TRAINING, AND COMPETITION OF ELITE NATIONAL, INTERNATIONAL, AND DEVELOPMENT OF ATHLETES IN SKIING AND SNOWBOARDING. IT IS THE SOLE MEMBER OF CENTER OF EXCELLENCE PROPERTIES, LLC. LLC OWNS A TRAINING CENTER AND OFFICE BUILDING DESIGNED TO SUPPORT THE TRAINING AND DEVELOPMENT OF SUCH ATHLETES. USSA HAS ENTERED INTO A LONG-TERM LEASE TO UTILIZE THE FACILITY TO SUPPORT THE DEVELOPMENT, EDUCATION, TRAINING, AND COMPETITION OF ELITE ATHLETES IN SKIING AND SNOWBOARDING.

**4b** (Code       ) (Expenses \$        including grants of \$       ) (Revenue \$       )

**4c** (Code       ) (Expenses \$        including grants of \$       ) (Revenue \$       )

**4d** Other program services. (Describe in Schedule O)

(Expenses \$        including grants of \$       ) (Revenue \$       )

**4e** Total program service expenses ► \$        (*Must equal Part IX, Line 25, column (B).*)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 X	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c X	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II	25b X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III	26 X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV	27 X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X

Form 990 (2008)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	6
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	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)?	4a	X
b	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 and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )**
**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions		Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	3
b	Enter the number of voting members that are independent . . . . .	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	X

**Section B. Policies**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		Yes	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b	Other officers or key employees of the organization? . . . . .	15b	X
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CENTER\_OF\_EXCELLENCE\_PROP\_FUND PO BOX 100 PARK CITY, UT 84060  
435-649-9090

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

	Yes	No
3		X
4		X
5		V

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 1		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 5

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## Part VIII Statement of Revenue

26-1302567

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . .	1a	NONE		
	b Membership dues . . . . .	1b			
	c Fundraising events . . . . .	1c			
	d Related organizations . . . . .	1d			
	e Government grants (contributions) . . . . .	1e			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f			
	g Noncash contributions included in lines 1a-1f \$ . . . . .				
<b>h Total. Add lines 1a-1f . . . . .</b>		<b>NONE</b>			
Program Service Revenue		<b>Business Code</b>			
	2a . . . . .				
	b . . . . .				
	c . . . . .				
	d . . . . .				
	e . . . . .				
	f All other program service revenue . . . . .				
<b>g Total. Add lines 2a-2f . . . . .</b>		<b>NONE</b>			
3 Investment income (including dividends, interest, and other similar amounts) . . . . .			NONE		
4 Income from investment of tax-exempt bond proceeds . . . . .			NONE		
5 Royalties . . . . .			NONE		
6a Gross Rents . . . . .	(i) Real	(ii) Personal			
b Less rental expenses . . . . .					
c Rental income or (loss) . . . . .					
d Net rental income or (loss) . . . . .			<b>NONE</b>		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses . . . . .					
c Gain or (loss) . . . . .					
d Net gain or (loss) . . . . .			<b>NONE</b>		
8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from fundraising events . . . . .			<b>NONE</b>		
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .			<b>NONE</b>		
10a Gross sales of inventory, less returns and allowances . . . . .	a				
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory . . . . .			<b>NONE</b>		
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
11a . . . . .					
b . . . . .					
c . . . . .					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .		<b>NONE</b>			
<b>12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		<b>NONE</b>			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . . . .	NONE			
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	NONE			
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	110,812.		110,812.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	NONE			
23 Insurance . . . . .	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BANK FEES . . . . .	2,513.		2,513.	
b . . . . .				
c . . . . .				
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses Add lines 1 through 24f	113,325.		113,325.	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	171,393.	2	563,745.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment: cost basis . . . . .	10a 23,088,152		
	b Less accumulated depreciation Complete Part VI of Schedule D. . . . .	10b	7,406,730	10c 23,088,152
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities See Part IV, line 11 . . . . .	15,865,017.	12	1,879,307.
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	23,443,140.	16	25,531,204.
Liabilities	17 Accounts payable and accrued expenses . . . . .	21,758	17	80,967.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .	20,120,000.	20	20,120,000.
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties STMT- 2 . . . . .	65,000.	23	4,295,000.
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	3,276,506.	25	1,188,686.
	26 Total liabilities. Add lines 17 through 25 . . . . .	23,483,264.	26	25,684,653.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-40,124.	27	-153,449.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	-40,124.	33	-153,449.
	34 Total liabilities and net assets/fund balances . . . . .	23,443,140.	34	25,531,204.

## Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a		x
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	x	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	x	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a		x
b If "Yes," did the organization undergo the required audit or audits? . . . . .	3b		

Form 990 (2008)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

**Name of the organization**

**Employer identification number**

## CENTER OF EXCELLENCE PROPERTIES FUND

26-1302567

**Part I** **Reason for Public Charity Status (All organizations must complete this part) (see instructions)**

The organization is not a private foundation because it is. (Please check only one organization.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 e  a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other  
 f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 g If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box   
 h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 i (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  Yes  No  
 11g(i)  X

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h. Provide the following information about the organizations the organization supports:

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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**Schedule A (Form 990 or 990-EZ) 2008**

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (See instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities, loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

**Supplemental Financial Statements**

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

CENTER OF EXCELLENCE PROPERTIES FUND

Employer identification number

26-1302567

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
		<b>Held at the End of the Year</b>
a Total number of conservation easements . . . . .	2a	
b Total acreage restricted by conservation easements . . . . .	2b	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c	
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____		
4 Number of states where property subject to conservation easement is located ► _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ _____
(ii) Assets included in Form 990, Part X . . . . .	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ _____
b Assets included in Form 990, Part X . . . . .	► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	2,185,876.			
b Buildings . . . . .	20,902,276.			
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) . . . . . ►

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other <u>BOND INVESTMENTS</u>	1,879,307	FMV
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 12)</b>	► 1,879,307	
<b>Part VIII Investments - Program Related. See Form 990, Part X, line 13.</b>		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)</b>	►	

**Part IX Other Assets. See Form 990 Part X, line 15**

**Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) . . . . .**

**Part X Other Liabilities. See Form 990, Part X, line 25**

(a) Description of liability	(b) Amount	
Federal income taxes		
INTERCOMPANY PAYABLE	1,188,686	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	NONE
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	113,325.
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3	-113,325.
4	Net unrealized gains (losses) on investments . . . . .	4	
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV) . . . . .	8	
9	Total adjustments (net) Add lines 4-8 . . . . .	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 . . . . .	10	-113,325.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	113,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	113,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . .	5	113,325.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

PART XII LINE 2D

PART XII LINE 2D

INTEREST EXPENSE SHOWN ON 990 PART IX LINE 20

PART XIII LINE 2D

PART XIII LINE 2D

INTEREST EXPENSE SHOWN ON 990 PART IX LINE 20

**SCHEDULE K**  
(Form 990)

OMB No. 1545-0047  
**2008.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTER OF EXCELLENCE PROPERTIES FUND**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

**Supplemental Information on Tax-Exempt Bonds**

► Line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

Employer identification number

26-1302567

**Part I Bond Issues (Required for 2008)**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
A	PARK CITY	87-6000260	70024RAA3	12/18/2007	20,120,000.	FINANCE NEW FACILITY CONSTRUCTION	Yes	No
B							X	X
C								
D								
E								

**Part II Proceeds (Optional for 2008)**

	A	B	C	D	E
1	Total proceeds of issue				
2	Gross proceeds in reserve funds				
3	Proceeds in refunding or defeasance escrows				
4	Other unspent proceeds				
5	Issuance costs from proceeds				
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds				
8	Year of substantial completion				
9	Were the bonds issued as part of a current refunding issue?				
10	Were the bonds issued as part of an advance refunding issue?				
11	Has the final allocation of proceeds been made?				
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?				

**Part III Private Business Use (Optional for 2008)**

	A	B	C	D	E
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▲ .....	.....	%	.....	%	.....	%	.....	%	.....	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▲ .....	.....	%	.....	%	.....	%	.....	%	.....	
<b>6</b> Total of lines 4 and 5 .....	.....	%	.....	%	.....	%	.....	%	.....	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>Part IV Arbitrage (Optional for 2008)</b>										
	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate been filed with respect to the bond issue? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>2</b> Is the bond issue a variable rate issue? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>b</b> Name of provider .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>c</b> Term of hedge .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>4a</b> Were gross proceeds invested in a GIC? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>b</b> Name of provider .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>c</b> Term of GIC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>6</b> Did the bond issue qualify for an exception to rebate? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**CENTER OF EXCELLENCE PROPERTIES FUND**

Employer identification number

**26-1302567**

FORM 990 REVIEW

PART VI, SECTION A, 10

THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE MANAGEMENT GROUP. THE ORGANIZATION'S CFO AND CONTROLLER WORK CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM ENGAGED TO PREPARE THE RETURN. THE FINAL FORM 990 IS ALSO REVIEWED BY THE MANAGEMENT GROUP PRIOR TO BEING PROVIDED TO THE BOARD OF DIRECTORS.

Name of the organization

CENTER OF EXCELLENCE PROPERTIES FUND

Employer identification number

26-1302567POLICY COMPLIANCEPART VI, SECTION B, 12CTHE EXECUTIVE COMMITTEE IS CHARGED WITH MONITORING PROPOSED OR ONGOINGTRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL ORACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUALCONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY ANDBUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAYPOSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS. THECONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED EACH YEAR BY ALLMEMBERS OF THE BOARD.

**Schedule O (Form 990) 2008**

Name of the organization

CENTER OF EXCELLENCE PROPERTIES FUND

**Employer identification number**

26-1302567

## COMPENSATION REVIEW

PART VI. SECTION B. 15B.

THE BOARD APPOINTS A COMPENSATION COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER OR KEY EMPLOYEE. THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION EACH YEAR AND A COMPENSATION STUDY IS PERFORMED AS NEEDED. THE MOST RECENT COMPENSATION STUDY UPDATE WAS MADE IN 2008.

Name of the organization

CENTER OF EXCELLENCE PROPERTIES FUND

Employer identification number

26-1302567

DISCLOSURE OF DOCUMENTSPART VI, SECTION C, 19THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ANDFINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.THESE DOCUMENTS ARE ALSO AVAILABLE FOR INSPECTION FROM THE ORGANIZATION'SWEBSITE.

## Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Name of the organization \_\_\_\_\_

CENTRAL OF EUROPE

Part I Identification of Disregarded Entities

## Part II Identification of Related Tax-Exempt Organizations

[A]	Name, address, and EIN of related organization	[B]	Primary activity	[C]	Legal domicile (state or foreign country)	[D]	Exempt Code section	[E]	Public charity status (if section 501(c)(3))	[F]
UNITED STATES SKIING FOUNDATION	84-0976802	PARK CITY, UT 84060	SUPPORT ATHL.	CO	501(C) (3)	11 (A)	N/A			
P.O. BOX 100	UNITED STATES SKI ASSOCIATION	87-0480724	PARK CITY, UT 84060	SUPPORT ATHL.	UT	501(C) (3)	9	N/A		
P.O. BOX 100	USSA INVESTMENT FUND	20-3899237	PARK CITY, UT 84060	SUPPORT ATHL.	UT	501(C) (3)	11 (B)	N/A		
P.O. BOX 100	UNITED STATES SKI TEAM FOUNDATION	84-6030639	PARK CITY, UT 84060	SUPPORT ATHL.	CO	501(C) (3)	11 (A)	N/A		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

## Identification of Related Organizations Taxable as a Partnership

### Part III

## Part IV Identification of Related Organizations Available as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
UNITED STATES SKI TEAM, INC. P.O. BOX 100 PARK CITY, UT 84060	84-0678334	SUPPORT ATHLETES	CO	C CORP			
USSA ENTERPRISES, INC. P.O. BOX 100 PARK CITY, UT 84060	84-0676112	SUPPORT COACHES	UT	C CORP			

## Part V Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to other organization(s) . . . . .
- c Gift, grant, or capital contribution from other organization(s) . . . . .
- d Loans or loan guarantees to or for other organization(s) . . . . .
- e Loans or loan guarantees by other organization(s) . . . . .
- f Sale of assets to other organization(s) . . . . .
- g Purchase of assets from other organization(s) . . . . .
- h Exchange of assets . . . . .
- i Lease of facilities, equipment, or other assets to other organization(s) . . . . .
- j Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n Sharing of paid employees . . . . .
- o Reimbursement paid to other organization for expenses . . . . .
- p Reimbursement paid by other organization for expenses . . . . .
- q Other transfer of cash or property to other organization(s) . . . . .
- r Other transfer of cash or property from other organization(s) . . . . .

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) UNITED STATES SKI ASSOCIATION	E	26,786.752
(2)		
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2008

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES COMPENSATION
JACOBSEN CONSTRUCTION PO BOX 27608 SALT LAKE CITY, UT 84127	CONSTRUCTION COSTS 12,936,047.
CACHE VALLEY ELECTRIC COMPANY PO BOX 405 LOGAN, UT 84323	CONSTRUCTION COSTS 221,893.
WPA 475 N FREEDOM BLVD PROVO, UT 84601	CONSTRUCTION COSTS 168,423.
S3 US INC 6415 N BUSINESS PARK LOOP RD STE K PARK CITY, UT 84098	CONSTRUCTION COSTS 155,871.
MILL CREEK CONSULTING 3017 E KEMPNER RD SALT LAKE CITY, UT 84109	CONSTRUCTION COSTS 150,000.
TOTAL COMPENSATION	
	13,632,234.

STATEMENT 1

## FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: COMMERCIAL TERM LOAN  
ORIGINAL AMOUNT: 65,000.  
INTEREST RATE: 6.250000  
DATE OF NOTE: 05/01/2010  
MATURITY DATE: 04/30/2014  
REPAYMENT TERMS: BEARING INTEREST PAYABLE ANNUALLY FROM 2010 - 2014

BEGINNING BALANCE DUE ..... 65,000.  
ENDING BALANCE DUE ..... 4,295,000.  
-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 65,000.  
=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 4,295,000.  
=====

STATEMENT 2

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
UNITED STATES SKI ASSOCIATION	87-0480724	09	X	X	X	NONE
TOTAL AMOUNT OF SUPPORT						NONE

STATEMENT 3

94838T 2363

V08-8.1 2362442

36

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>CENTER OF EXCELLENCE PROPERTIES FUND</b> Number, street, and room or suite no. If a P O box, see instructions <b>PO BOX 100</b> City, town or post office, state, and ZIP code For a foreign address, see instructions <b>PARK CITY, UT 84060</b>	Employer identification number <b>26-1302567</b> For IRS use only
--	---	---

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► CENTER OF EXCELLENCE PROP FUND Telephone No ► 435 649-9090 FAX No ► 435 647-2613
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)        If this is for the whole group, check this box   If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 03/15/2010
- 5 For calendar year       , or other tax year beginning 05/01/2008, and ending 04/30/2009
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <u>NONE</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <u>NONE</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <u>NONE</u>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►	Title ►	Date ►
KPMG LLP 15 W. SOUTH TEMPLE, SUITE 1500 SALT LAKE CITY, UT 84101		

Form 8868 (Rev 4-2009)

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