

## Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

86-0251142

### SEDONA-OAK CREEK AIRPORT AUTHORITY

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>6,561,781</u>
<b>Revenue</b>		
Contributions	<u>1,068,205</u>	
Program service revenue		
Investment income	<u>11,839</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>1,631,185</u>	
<b>Total revenue</b>		<u>2,711,229</u>
<b>Expenses</b>		
Program services	<u>1,877,693</u>	
Management and general	<u>320,914</u>	
Fundraising		
<b>Total expenses</b>		<u>2,198,607</u>
<b>Excess / (deficit)</b>		<u>512,622</u>
Changes		<u>-2,764</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>7,071,639</u>

**Reconciliation of Revenue**

Total revenue per financial statements	<u>2,711,229</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>2,711,229</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>2,201,371</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>2</u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>2,198,607</u>

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>7,481,341</u>	<u>8,033,848</u>	
Liabilities	<u>919,560</u>	<u>962,209</u>	
Net assets	<u>6,561,781</u>	<u>7,071,639</u>	<u>509,858</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 05/15/18

Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning . . . . . 2017, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2017**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Employer identification number

**86-0251142**

Name and title of officer

**HAROLD IDELL**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,711,229</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **GUEST, SCHUTTE & COSPER, CPAS, LLP** to enter my PIN **07450** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } **07/03/18**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**86490944790**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } Date } **06/21/18**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning** , **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b></p> Doing business as <b>DBA SEDONA AIRPORT ADMINISTRATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>235 AIR TERMINAL DR #1</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>SEDONA AZ 86336</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>86-0251142</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>928-282-4487</b></p> <b>G</b> Gross receipts \$ <b>3,492,189</b>
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<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>HAROLD IDELL</b> <b>235 AIR TERMINAL DR #1</b> <b>SEDONA AZ 86336</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.SEDONAAIRPORT.ORG</b> <b>H(c)</b> Group exemption number <b>u</b>
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1970</b>	<b>M</b> State of legal domicile: <b>AZ</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>SEE SCHEDULE O</b></p>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> / <b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> / <b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> / <b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> / <b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> / <b>0</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> / <b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>286,109</b> / Current Year: <b>1,068,205</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-30,224</b> / <b>11,839</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,308,415</b> / <b>1,631,185</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,564,300</b> / <b>2,711,229</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>538,654</b> / <b>729,232</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>838,027</b> / <b>1,469,375</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,376,681</b> / <b>2,198,607</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>187,619</b> / <b>512,622</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>7,481,341</b> / End of Year: <b>8,033,848</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>919,560</b> / <b>962,209</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>6,561,781</b> / <b>7,071,639</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>HAROLD IDELL</b></p> Type or print name and title	Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVE COSPER</b>	Preparer's signature Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00065852</b>
	Firm's name } <b>GUEST, SCHUTTE &amp; COSPER, CPAS, LLP</b> <b>603 N BEAVER ST.</b> Firm's address } <b>FLAGSTAFF, AZ 86001</b>	Firm's EIN } <b>86-0556567</b> Phone no. <b>928-774-7371</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **1,670,073** including grants of \$ ) (Revenue \$ )

**THE ORGANIZATION PROVIDED YEAR-ROUND AIRPORT FACILITIES FOR THE USE OF RESIDENTS OF SEDONA AND THE GREATER YAVAPAI COUNTY AREA OF THE STATE. BY DOING THIS, RESIDENTS OF THESE AREAS HAVE A MEANS OF TRAVEL IN AND OUT OF THE AREA, WITHOUT OVER-BURDENING THE REST OF THE COUNTY'S SCARCE RESOURCES.**

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

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

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

(Expenses \$ **207,620** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 1,877,693**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<input checked="" type="checkbox"/>
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, 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		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**NELSON DURKEE 235 AIR TERMINAL DR AZ 86336 928-282-4487**  
**SEDONA**



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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>STEVE HEIN</b> ..... <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(2) <b>BILL DEGROFF</b> ..... <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(3) <b>ROY DANIELS</b> ..... <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(4) <b>GIORGIO CAGLIERO</b> ..... <b>PRESIDENT</b>	1.00 0.00			X			0	0	0	
(5) <b>PAM FAZZINI</b> ..... <b>VICE PRESIDENT</b>	1.00 0.00			X			0	0	0	
(6) <b>JIM BROCK</b> ..... <b>SECRETARY/TREASURER</b>	1.00 0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,068,205</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>824,721</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>1,068,205</b>				
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>11,839</b>			<b>11,839</b>
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>					
<b>5</b> Royalties		<b>u</b>					
<b>6a</b> Gross rents		(i) Real	<b>810,698</b>				
		(ii) Personal					
<b>b</b> Less: rental exps.							
<b>c</b> Rental inc. or (loss)		<b>810,698</b>					
<b>d</b> Net rental income or (loss)		<b>u</b>	<b>810,698</b>	<b>810,698</b>			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
<b>b</b> Less: cost or other basis & sales exps.							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)		<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>1,601,447</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>	<b>780,960</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	<b>820,487</b>	<b>820,487</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
	<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>2,711,229</b>	<b>1,631,185</b>	<b>0</b>	<b>11,839</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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,471	47,083	31,388	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	497,597	298,558	199,039	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	85,577	51,346	34,231	
10 Payroll taxes	67,587	40,553	27,034	
11 Fees for services (non-employees):				
a Management				
b Legal	705,534	705,534		
c Accounting	29,630	29,630		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,797	8,797		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	25,686	15,411	10,275	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	341,290	341,290		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OUTSIDE SERVICES</b>	56,848	56,848		
b <b>UTILITIES</b>	55,841	53,049	2,792	
c <b>CREDIT CARD FEES</b>	52,598	52,598		
d <b>EQUIPMENT RENTAL</b>	47,433	47,433		
e All other expenses	145,718	129,563	16,155	
25 Total functional expenses. Add lines 1 through 24e	2,198,607	1,877,693	320,914	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	196,837	1	93,637
	2	Savings and temporary cash investments	316,275	2	166,495
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,075	4	81,796
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	36,818	8	44,458
	9	Prepaid expenses and deferred charges	24,734	9	25,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,470,667		
	b	Less: accumulated depreciation	10b 2,612,467	10c 6,306,103	6,858,200
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	554,499	15	763,276
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,481,341	16	8,033,848	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	29,193	17	92,584
	18	Grants payable		18	
	19	Deferred revenue	809,817	19	782,210
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,550	25	87,415
	26	<b>Total liabilities.</b> Add lines 17 through 25	919,560	26	962,209
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	6,561,781	27	7,071,639
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	6,561,781	33	7,071,639	
34	<b>Total liabilities and net assets/fund balances</b>	7,481,341	34	8,033,848	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,711,229</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,198,607</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>512,622</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,561,781</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-2,764</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>7,071,639</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2017**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Employer identification number

**86-0251142**

**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: (For lines 1 through 12, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. 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
b 33 1/3% support test—2016. 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
17a 10%-facts-and-circumstances test—2017. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
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



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,104	2,067,237	1,381,532	286,109	1,068,205	4,865,187
<b>2</b> 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	2,307,532	2,360,229	1,974,061	1,878,346	2,412,145	10,932,313
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						15,797,500

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	840	491	675	2,064	11,839	15,909
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	840	491	675	2,064	11,839	15,909
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,370,476	4,427,957	3,356,268	2,166,519	3,492,189	15,813,409
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.90 %
<b>16</b> Public support percentage for 2016 Schedule A, Part III, line 15	<b>16</b>	99.96 %

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** 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
- b 33 1/3% support tests—2016.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b>  <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	<b>Employer identification number</b>  <b>86-0251142</b>
--	--

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SEDONA-OAK CREEK AIRPORT AUTHORITY	<b>Employer identification number</b> 86-0251142
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARIZONA DEPT OF TRANSPORTATION 2302 W DURANGO ST PHOENIX AZ 85009	\$ 824,721	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> SEDONA-OAK CREEK AIRPORT AUTHORITY	<b>Employer identification number</b> 86-0251142
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TAXIWAY IMPROVEMENTS	\$ 824,721	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number

86-0251142

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>19,353</b>		<b>19,353</b>
<b>b</b> Buildings .....		<b>4,813,137</b>	<b>1,766,497</b>	<b>3,046,640</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>90,563</b>	<b>45,796</b>	<b>44,767</b>
<b>e</b> Other .....		<b>4,547,614</b>	<b>800,174</b>	<b>3,747,440</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>6,858,200</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>CERTIFICATE OF DEPOSIT</b>	<b>511,689</b>
(2) <b>CERTIFICATE OF DEPOSIT</b>	<b>251,587</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>763,276</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>RENTAL SECURITY DEPOSITS</b>	<b>27,688</b>
(3) <b>ACCRUED PAYROLL</b>	<b>24,410</b>
(4) <b>ACCRUED COMPENSATED ABSENCES</b>	<b>16,537</b>
(5) <b>DEFERRED RENTAL INCOME</b>	<b>7,554</b>
(6) <b>PAYROLL TAXES PAYABLE</b>	<b>5,534</b>
(7) <b>OTHER LIABILITIES</b>	<b>5,301</b>
(8) <b>SALES TAXES PAYABLE</b>	<b>391</b>
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>87,415</b>

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>2,711,229</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,711,229</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,711,229</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>2,201,371</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>2,764</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>2,764</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,198,607</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,198,607</b>

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

<b>ROUNDING</b>	<b>\$ 2</b>
<b>BOOK / TAX DEPRECIATION DIFFERENCE</b>	<b>\$ 2,762</b>



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

**86-0251142**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>ADOT</b> )	<b>X</b>	<b>1</b>	<b>824,721</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**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 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Employer identification number

**86-0251142**

**FORM 990 - ORGANIZATION'S MISSION**

**THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO LESSEN THE  
BURDEN OF YAVAPAI COUNTY GOVERNMENT PURSUANT TO REG.**

**SECTION 1.501(C)(3)-1(D)(2) BY PROVIDING AIRPORT  
FACILITIES TO A RURAL AREA NOT SERVED BY EXISTING AIRPORT  
FACILITIES AND PROVIDING THESE SERVICES UNDER THE AUTHORITY  
AND SUPPORT OF FEDERAL, STATE AND LOCAL GOVERNMENT  
AGENCIES. THE ORGANIZATION IMPROVES THE PUBLIC WELFARE BY  
ESTABLISHING BETTER ACCESS BETWEEN THIS COMMUNITY AND THE  
SURROUNDING AREAS IN CONJUNCTION WITH THE NATIONAL SYSTEM  
OF AIRPORTS UNDER THE CONTROL OF THE FEDERAL AVIATION  
ADMINISTRATION. THE AIRPORT PROVIDES RESIDENTS WITH ACCESS  
TO OTHER LOCATIONS AND INCREASES VISTOR TRAFFIC TO THE  
AREA. THE INCREASE IN TOURISM PROVIDES SUPPORT TO THE LOCAL  
ECONOMY AND INCREASED EMPLOYMENT OPPORTUNITIES. THE AIRPORT  
HAS ALSO BEEN APPROVED BY LOCAL GOVERNMENT TO WORK WITH  
POLICE, FIRE, AND RESCUE AGENCIES IN PROVIDING HEALTH AND  
WELFARE SERVICES TO THE COMMUNITY.**

**FORM 990 - ADDITIONAL INFORMATION**

**SCHEDULE I, PART II, LINE 1 (1), COLUMN (H) - AIRPORT PUBLIC EVENT**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT  
THE ORGANIZATION PROVIDED YEAR-ROUND AIRPORT FACILITIES**

Name of the organization

Employer identification number

SEDONA-OAK CREEK AIRPORT AUTHORITY

86-0251142

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS AND GENERAL MANAGER FOR REVIEW AND COMMENTS, THEN REVIEWED AND SIGNED BY CFO BEFORE FILING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR TOP MANAGEMENT AND OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR TOP MANAGEMENT AND OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION ON SITE ANY TIME DURING BUSINESS HOURS. THIS POLICY IS ALSO POSTED ON THE WEBSITE OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING	\$	-2
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-2,762
TOTAL	\$	-2,764

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**  
**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2017**

Attachment Sequence No. **179**

Name(s) shown on return

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Identifying number

**86-0251142**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	341,290

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	341,290
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

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## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
9	TERMINAL BUILDING	7/01/90	640,816				640,816	40	MO S/L	419,734	12,817
10	WELL AND ACCESS ROAD	7/01/90	19,643				19,643	40	MO S/L	13,161	491
13	SMA LEASEHOLD IMPROVEMENTS	6/30/96	533,930				533,930	20	MO S/L	480,537	0
14	SAAS LEASEHOLDS	7/01/96	317,770				317,770	20	MO S/L	285,993	0
17	LEASEHOLD IMPROVEMENTS	6/30/95	139,342				139,342	5	MO S/L	111,473	0
19	COCONINO FENCE	3/08/96	5,350				5,350	20	MO S/L	5,083	0
23	ADOT GRANT#514 & 614-TAXILANES,	8/31/98	77,649				77,649	20	MO S/L	72,990	3,882
25	GRANT #716-DESIGN COSTS	4/15/99	7,692				7,692	20	MO S/L	6,904	384
26	GRANT 3-HELIPORT & TAXIWAYS	6/06/97	21,242				21,242	20	MO S/L	21,219	23
37	WATERLINE - HANGER	3/01/99	18,840				18,840	20	MO S/L	16,768	942
38	HANGAR CONSTRUCTION IN PROGRE	3/01/99	18,526				18,526	20	MO S/L	16,519	927
43	ADOT 514 ADDITION	11/01/99	1,824				1,824	20	MO S/L	1,637	91
44	ADOT 614 ADDITION	3/22/99	2,400				2,400	20	MO S/L	2,154	120
45	ADOT #9068 & 9094 TAXIWAY	10/27/99	54,163				54,163	20	MO S/L	48,205	2,708
47	TAXIWAY APRON	1/06/00	774				774	20	MO S/L	539	38
48	TAXIWAY	1/05/00	2,079				2,079	20	MO S/L	1,767	104
49	TAXIWAY	2/01/00	20,592				20,592	20	MO S/L	17,212	1,029
51	TAXIWAY	9/13/00	4,300				4,300	20	MO S/L	3,512	215
53	NEW PUMP/CORP HANGAR AREA	8/03/00	1,826				1,826	7	MO S/L	1,826	0
60	PAVING/BI-PLANE	1/26/00	5,000				5,000	20	MO S/L	4,200	250
62	NEW TELEPHONE LINES	4/26/00	6,140				6,140	20	MO S/L	5,204	306
75	RUNWAY ENGINEERING	3/01/01	299				299	20	MO S/L	238	15
76	RUNWAY ENGINEERING	5/03/01	2,464				2,464	20	MO S/L	1,965	123
77	RUNWAY ENGINEERING	6/11/01	1,932				1,932	20	MO S/L	1,541	97
80	NORTH RAMP	8/16/01	374				374	20	MO S/L	299	18
81	RUNWAY ENGINEERING	8/24/01	2,395				2,395	20	MO S/L	1,910	120
84	NORTH RAMP	10/25/01	256				256	20	MO S/L	204	13
85	RUNWAY ENGINEERING	10/25/01	2,053				2,053	20	MO S/L	1,638	102
88	RUNWAY ENGINEERING	12/10/01	1,443				1,443	20	MO S/L	1,151	72
89	NORTH RAMP	12/10/01	163				163	20	MO S/L	130	8
91	NORTH RAMP (E1157)	2/19/02	889				889	20	MO S/L	664	45
92	RUNWAY DESIGN	2/19/02	1,134				1,134	20	MO S/L	848	56
96	TAXIWAY (N514)	4/22/02	13,040				13,040	20	MO S/L	9,649	652
97	TAXIWAY (N716)	4/22/02	1,809				1,809	20	MO S/L	1,339	90
102	NORTH RAMP	11/13/02	2,385				2,385	20	MO S/L	1,783	119
103	BEACON	4/02/02	6,495				6,495	20	MO S/L	4,806	309
105	APRON OVERLAY	8/07/03	17,897				17,897	20	MO S/L	12,349	895
107	NORTH RAMP #3-04-0033-12	5/21/03	8,163				8,163	20	MO S/L	5,694	408
108	NORTH RAMP #E1157	7/29/03	2,541				2,541	20	MO S/L	1,772	127
112	NORTH RAMP	2/18/04	1,899				1,899	20	MO S/L	1,230	95
115	RUNWAY DESIGN	9/14/04	3,946				3,946	20	MO S/L	2,555	197
116	RUNWAY DESIGN	9/21/04	294				294	20	MO S/L	190	15
118	WELL PUMPS	1/10/05	7,614				7,614	7	MO S/L	7,614	0
120	RUNWAY CONSTRUCTION	12/31/05	53,702				53,702	20	MO S/L	31,684	2,685
123	MEMORIAL BENCH	11/20/06	3,000				3,000	39	MO S/L	785	61
127	CHEVY TRUCK	6/10/06	19,136				19,136	5	MO S/L	18,179	0
128	TAXIWAY REHAB DESIGN	12/22/06	4,992				4,992	20	MO S/L	2,733	250
129	RUNWAY CONSTRUCTION	7/27/06	3,112				3,112	20	MO S/L	1,681	155
131	FIRE PROTECTION SYSTEM	12/22/06	1,046				1,046	20	MO S/L	565	50
139	NEW GATE OPERATORS	1/25/07	6,870				6,870	7	MO S/L	6,527	0
142	PERIMETER ROAD DESIGN	4/03/07	3,228				3,228	7	MO S/L	3,228	0
143	TAXIWAY REHAB DESIGN	4/03/07	3,021				3,021	20	MO S/L	1,473	151
144	FIRE PROTECTION SYSTEM	4/03/07	5,514				5,514	20	MO S/L	2,702	262
145	FAA 15 MISC IMPROVEMENTS	6/27/07	32				32	20	MO S/L	16	1
146	TAXIWAY REHAB DESIGN	6/28/07	12				12	20	MO S/L	6	0
147	EPRIMETER ROAD DESIGN	7/03/07	1,020				1,020	20	MO S/L	507	51
148	TAXIWAY REHAB DESIGN	7/03/07	2,038				2,038	20	MO S/L	1,014	102
149	FIRE PROTECTION SYSTEM	7/03/07	1,170				1,170	20	MO S/L	573	56
150	TAXIWAY REHAB DESIGN	7/09/07	25				25	20	MO S/L	12	1
151	MEMORIAL BENCH	7/19/07	3,281				3,281	39	MO S/L	269	67
152	APRON A EXTENSION	7/18/07	790				790	20	MO S/L	372	40
153	FIRE PROTECTION SYSTEM	9/18/07	2,624				2,624	20	MO S/L	1,286	125
154	APRON A EXTENSION	11/14/07	4,550				4,550	20	MO S/L	2,085	228
155	TAXIWAY REHAB DESIGN	11/14/07	6,417				6,417	20	MO S/L	2,925	321
156	APRON A EXTENSION	12/10/07	3,842				3,842	20	MO S/L	1,745	192
157	TAXIWAY REHAB DESIGN	12/10/07	6,094				6,094	20	MO S/L	2,752	305
158	RUNWAY SAFETY AREA	12/10/07	2,976				2,976	20	MO S/L	1,352	149
159	Fire Protection Sys. Design	1/09/08	920				920	20	MO S/L	414	46

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
160	Apron A Extension	1/09/08	797				797	20	MO S/L	359	39
161	Taxiway Rehab Design	1/09/08	336				336	20	MO S/L	151	17
162	PERIMETER ROAD	1/09/08	456				456	20	MO S/L	205	23
163	AWOS DESIGN	1/09/08	769				769	7	MO S/L	769	0
164	RUNWAY SAFETY AREA	1/09/08	413				413	7	MO S/L	413	0
165	APRON A EXPANSION	1/04/08	760				760	20	MO S/L	342	38
166	TAXIWAY REHAB	2/01/08	4,637				4,637	20	MO S/L	2,056	231
167	APRON A EXPANSION	3/05/08	1,398				1,398	20	MO S/L	618	70
168	RUNWAY SAFETY AREA	4/02/08	5,802				5,802	7	MO S/L	5,802	0
169	RUNWAY SAFETY AREA	4/02/08	2,451				2,451	7	MO S/L	2,451	0
170	TAXIWAY REHAB	4/02/08	6,007				6,007	20	MO S/L	2,568	301
171	AWOS DESIGN	4/17/08	153				153	7	MO S/L	153	0
172	AWOS DESIGN	5/02/08	617				617	7	MO S/L	617	0
174	APRON A EXPANSION	5/01/08	405				405	20	MO S/L	175	21
175	TAXIWAY REHAB	5/22/08	2,946				2,946	20	MO S/L	1,235	147
176	APRON A EXPANSION	5/22/08	5,853				5,853	20	MO S/L	2,497	293
177	RUNWAY SAFETY AREA	5/22/08	16,410				16,410	20	MO S/L	7,043	820
178	TAXIWAY REHAB	7/15/08	818				818	20	MO S/L	347	41
179	Fire Protection Sys. Design	7/15/08	264				264	20	MO S/L	112	14
180	APRON A EXPANSION	7/15/08	449				449	20	MO S/L	191	22
181	RUNWAY SAFETY AREA	8/13/08	4,877				4,877	20	MO S/L	2,052	244
182	RUNWAY SAFETY AREA	8/21/08	797				797	20	MO S/L	332	40
183	STORAGE BUILDING FOR EQUIPMENT	9/04/08	6,955				6,955	20	MO S/L	2,852	278
185	Fire Protection Sys. Design	12/22/08	633				633	20	MO S/L	253	32
186	APRON A EXPANSION SW	12/22/08	689				689	20	MO S/L	276	34
187	TAXIWAY REHAB	12/22/08	949				949	20	MO S/L	373	48
188	HANGAR PAD EXTENSION	12/22/08	2,521				2,521	20	MO S/L	1,008	126
189	APRON A EXPANSION	12/22/08	5,281				5,281	20	MO S/L	2,099	264
190	RUNWAY SAFETY AREA	12/29/08	7,513				7,513	20	MO S/L	3,005	376
195	HP COLOR PRINTER CP2025n	12/03/09	299				299	5	MO S/L	284	0
196	MAKITA AIR COMPRESSOR	2/17/09	423				423	5	MO S/L	402	0
197	BRUSH CUTTERS (2)	5/12/09	1,199				1,199	5	MO S/L	1,139	0
198	STIHL MS 180 CHAINSAW	7/08/09	219				219	5	MO S/L	208	0
199	JETGO GPU	8/31/09	20,720				20,720	5	MO S/L	19,684	0
200	08 GMC SIERRA	1/13/09	14,264				14,264	5	MO S/L	13,550	0
201	LETTERING FOR GMC	1/16/09	383				383	5	MO S/L	364	0
202	TRAILER HITCH FOR GMC	1/28/09	272				272	5	MO S/L	261	0
203	BEDLINER FOR GMC	1/28/09	545				545	5	MO S/L	518	0
204	CHAINLINK FENCE W GATE	6/30/09	985				985	7	MO S/L	936	0
205	AWOS EQUIPMENT 2009	6/23/09	15,506				15,506	7	MO S/L	15,506	0
206	HANGAR EXCAVATION AND DRAINAGE	6/12/09	25,036				25,036	20	MO S/L	9,764	1,252
207	REFURBISH OVERLOOK BINS	7/08/09	2,244				2,244	7	MO S/L	2,244	0
208	TAXIWAY A REHAB	3/03/09	1,699				1,699	20	MO S/L	662	85
209	APRON A EXPANSION	6/08/09	119				119	20	MO S/L	47	6
210	TAXIWAY A IMPROVEMENT/EXTENS	8/25/09	145				145	20	MO S/L	56	8
211	HANGAR PAD EXT & IMPROVE	8/25/09	296				296	20	MO S/L	115	15
212	HANGAR PAD - EXTEND	8/25/09	354				354	20	MO S/L	138	18
213	SOUTHWEST APRON DESIGN	8/25/09	616				616	20	MO S/L	245	31
215	Taxiway A Rehab	7/09/09	1,197				1,197	20	MO S/L	227	60
216	FENCING, GROUNDSDSIDE, SAFETY ARE	7/01/14	7,145				7,145	15	MO S/L	1,112	455
217	RRA FIELD EQUIPMENT	7/01/14	1,100				1,100	3	MO S/L	871	174
218	HANGAR IMPROVEMENTS	7/01/14	5,526				5,526	15	MO S/L	875	350
219	TAXIWAY & OTHER IMPROVEMENTS	7/01/14	806				806	20	MO S/L	101	40
220	AIRPORT MASTER PLAN	7/01/14	15,417				15,417	20	MO S/L	1,927	771
231	TAXIWAY A EXTENSION	10/22/09	6				6	20	MO S/L	2	0
235	CABINETS & FIXTURES	2/18/10	11,818				11,818	15	MO S/L	5,357	749
242	CONFERENCE TELEPHONE	2/05/10	542				542	5	MO S/L	515	0
243	OFFICE CHAIRS (3)	2/28/10	381				381	5	MO S/L	362	0
244	OFFICE CHAIRS (2)	2/05/10	260				260	5	MO S/L	247	0
245	ELECTRICAL UPGRADE FBO	3/04/10	818				818	20	MO S/L	278	41
246	COFFEE SERVICE CABINETS	3/15/10	1,291				1,291	15	MO S/L	585	82
256	ADOT E8S20 - APRON RECONSTRUCTI	6/03/10	1,247				1,247	20	MO S/L	433	63
257	ADOT E8S22 - TAXIWAY IMPROVEME	6/03/10	404				404	20	MO S/L	137	21
258	BROTHER 2820 LASER FAX	6/09/10	142				142	3	MO S/L	135	0
260	MAIN GATE OPERATOR REHAB	7/01/10	1,506				1,506	7	MO S/L	1,431	0
262	AWOS POWER SUPPLY ASSEM	7/08/10	618				618	5	MO S/L	618	0
264	TERMINAL A/C FAN MOTOR	7/20/10	760				760	7	MO S/L	608	0
268	OVERLOOK LANDSCAPE IMPROVEME	8/18/10	800				800	10	MO S/L	544	80
269	FIRE PROTECTION E6S15	9/07/10	1,330				1,330	20	MO S/L	452	63
275	TAXIWAY "A" EXTENTION FAA19	1/04/10	214				214	20	MO S/L	73	10
276	PLATFORM LADDERS (2)	10/01/10	499				499	5	MO S/L	474	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
281	LAND	6/30/10	12,501				12,501	0 -- Land	0	0
283	PAPI SYSTEM ELECTRICAL UPG	12/23/10	1,125				1,125	7 MO S/L	1,093	32
287	APRON A EXPANSION 2009-1	3/30/09	1,450				1,450	20 MO S/L	565	73
288	TAXIWAY A REHAB 2009-2	5/19/09	59				59	20 MO S/L	23	3
289	TAXIWAY A REHAB 2009-3	5/26/09	59				59	20 MO S/L	23	3
290	APRON A EXPANSION 2009-3	6/17/09	794				794	20 MO S/L	309	40
291	APRON A EXPANSION 2009-4	8/25/09	608				608	20 MO S/L	237	31
293	DELL XPS 7100 COMP & MONITOR - A	2/17/11	1,293				1,293	5 MO S/L	1,229	0
294	DELL XPS 7100 COMP & MONITOR- OF	2/17/11	1,293				1,293	5 MO S/L	1,229	0
296	DIGITAL CCTV SYSTEM	6/03/11	2,321				2,321	5 MO S/L	2,205	0
297	COFFEE MAKER	9/11/11	688				688	5 MO S/L	653	0
298	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480				2,480	5 MO S/L	2,356	0
300	BEACON ROOM GATE & ELECTRONIC	1/12/11	3,504				3,504	7 MO S/L	2,903	425
301	RESTAURANT BUILDING	1/01/12	1,082,434				1,082,434	40 MO S/L	113,656	21,648
302	RESTAURANT MACH & EQUIP	1/01/12	111,659				111,659	20 MO S/L	26,798	5,304
303	LAND	12/31/11	4,881				4,881	0 -- Land	0	0
309	PAPI SYSTEM ELECTRICAL UPGRADE	1/17/11	1,600				1,600	7 MO S/L	1,360	229
310	PAPI SYSTEM ELECT UPGRADES- MO	6/20/11	3,665				3,665	7 MO S/L	3,115	524
311	HANGAR PAD EXTENTION	6/27/11	769				769	20 MO S/L	223	39
312	APRON A RECONSTRUCTION/EXPANS	6/27/11	2,039				2,039	20 MO S/L	607	102
313	TAXIWAY B7 DESIGN	9/08/11	1,570				1,570	20 MO S/L	467	78
314	NEW FURNACE & DUCT WORK	1/11/11	6,256				6,256	20 MO S/L	1,814	313
315	GRINDER PUMP FOR SEPTIC SYSTEM	5/17/11	1,228				1,228	20 MO S/L	319	49
316	RESTAURANT PLANNING & DESIGN	1/01/12	333,817				333,817	40 MO S/L	40,058	8,345
317	CONFERENCE ROOM CARPETING ANI	1/21/12	2,590				2,590	10 MO S/L	1,243	246
318	DELL T420 SERVER	8/19/12	4,022				4,022	5 MO S/L	3,821	0
320	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879				2,879	7 MO S/L	1,974	391
321	DIESEL FUEL TANK & EQUIPMENT	5/29/12	1,692				1,692	7 MO S/L	1,160	230
322	DIESEL & MOGAS TANK FLOW	7/01/12	928				928	7 MO S/L	637	126
323	DELINEATOR POSTS (30)	9/04/12	1,179				1,179	7 MO S/L	808	160
328	TERMINAL RESTROOM PLUMBING	4/30/12	1,237				1,237	15 MO S/L	330	82
329	AC UNIT REPLACED	7/13/12	1,800				1,800	10 MO S/L	756	144
330	AC UNIT REPLACED	7/19/12	2,000				2,000	10 MO S/L	840	160
331	AC UNIT REPLACED	12/22/12	685				685	10 MO S/L	288	55
332	STRUCTURE REPAIR	10/15/12	2,786				2,786	15 MO S/L	892	185
333	WATERLINE	10/16/12	4,500				4,500	20 MO S/L	1,080	225
334	RESURFACING/PARKING LOT IMPROV	10/31/12	14,972				14,972	20 MO S/L	3,593	749
335	PAVING/LARGE DRAINAGE	12/12/12	700				700	20 MO S/L	168	35
336	TRAILER MOUNTED SPRAYER	6/13/12	1,188				1,188	5 MO S/L	1,128	0
338	RESTAURANT STORAGE	12/17/12	8,575				8,575	20 MO S/L	2,058	429
339	MODULAR OFFICE BUILDING-AHA	12/31/12	57,372				57,372	20 MO S/L	13,769	2,869
340	BUILDING PERMIT	12/31/12	1,700				1,700	20 MO S/L	408	85
341	ADA RAMP DESIGN	12/31/12	250				250	10 MO S/L	123	25
342	FIRE SUPPRESSION SYSTEM	12/31/12	150				150	10 MO S/L	72	14
343	CABINETS & COUNTERTOPS	12/31/12	4,081				4,081	10 MO S/L	1,959	388
344	ADA RAMP MODULAR 1	12/31/12	10,715				10,715	10 MO S/L	4,929	964
345	FIRE SUPPRESSION SPRINKLER	12/31/12	4,956				4,956	10 MO S/L	2,379	471
346	MODULAR BLD AHA	12/31/12	694				694	20 MO S/L	146	28
347	MODULAR PERMIT REVIEW FEE	12/31/12	384				384	20 MO S/L	38	20
348	MODULAR OFFICE BUILDING-RR	12/31/12	55,481				55,481	20 MO S/L	10,541	2,774
349	WINDOWS	12/31/12	841				841	10 MO S/L	416	84
350	CABINETS & COUNTERTOPS	12/31/12	8,118				8,118	10 MO S/L	3,897	771
351	MODULAR COMPLEX INFRASTRUCTU	12/31/12	95,054				95,054	20 MO S/L	9,505	4,753
352	APRON A EXPANSION SW-FAA	1/01/12	744				744	20 MO S/L	178	38
353	TAXILANE B7 DESIGN	1/09/12	597				597	20 MO S/L	148	30
354	TAXIWAY SURFACE TRATMENT (10%	1/10/12	34,666				34,666	20 MO S/L	8,320	1,733
355	APRON A EXPANSION SW- FAA	3/19/12	75		X		71	20 MO S/L	18	4
356	APRON A EXPENSION SW-FAA	4/05/12	410				410	20 MO S/L	102	20
357	APRON A EXPANSION SW-FAA	4/24/12	5,482				5,482	20 MO S/L	1,357	274
358	APRON A EXPANSION SW-FAA	5/29/12	17,114				17,114	20 MO S/L	4,236	856
359	TAXIWAY GRADING/DRAINAGE	5/29/12	240				240	20 MO S/L	58	12
360	TAXIWAY GRADING/DRAINAGE	6/04/12	1,674				1,674	20 MO S/L	402	84
361	TAXILANE B7 DESIGN	6/11/12	1,572				1,572	20 MO S/L	389	79
362	APRON A EXPANSION SW-FAA	6/11/12	3,928				3,928	20 MO S/L	972	197
363	RUNWAY LIGHTS	6/15/12	810				810	20 MO S/L	200	41
364	TAXILANE B7 DESIGN	6/30/12	748				748	20 MO S/L	185	37
365	TAXIWAY GRADING/DRAINAGE	6/30/12	500				500	20 MO S/L	124	25
366	APRON A EXPANSION SW-FAA	7/09/12	977				977	20 MO S/L	242	49
367	TAXIWAY GRADING/DRAINAGE	7/30/12	1,297				1,297	20 MO S/L	311	65
368	TAXILANE B7 DESIGN	8/14/12	499				499	20 MO S/L	123	25
369	APRON A EXPANSION SW-FAA	8/14/12	126				126	20 MO S/L	31	7

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
370	APRON A EXPANSION SW-FAA	9/13/12	2,234			2,234	20 MO S/L	553	112
371	APRON A EXPANSION SW-FAA	10/03/12	118			118	20 MO S/L	29	6
372	TAXILANE B7 DESIGN	12/10/12	5,421			5,421	20 MO S/L	1,342	271
373	LAND	3/08/12	1,971			1,971	0 -- Land	0	0
374	WATER LINE & ALL WEATHER FAUCE	7/29/12	742			742	20 MO S/L	178	37
375	WATERLINE IMPROVEMENTS	7/29/12	2,295			2,295	20 MO S/L	551	114
376	ENVIRONMENTAL STUDY	9/30/12	792			792	20 MO S/L	190	40
377	SWPPP DEVELOPMENT	10/31/12	3,485			3,485	20 MO S/L	836	175
378	TERMINAL WATERLINE REPAIR & VA	11/20/12	1,838			1,838	20 MO S/L	441	92
379	WATERLINE BACKFLOW PREVENTER	11/29/12	829			829	20 MO S/L	199	41
380	ENVIRONMENTAL STUDY	11/30/12	4,322			4,322	20 MO S/L	1,037	216
381	GENERATOR ELECTRICAL TRANSFER S	12/06/12	963			963	7 MO S/L	578	110
382	FIELD GENERATOR	12/19/12	3,711			3,711	7 MO S/L	2,227	424
384	TERMINAL BLDG-CONCRETE	8/22/13	5,545			5,545	15 MO S/L	1,232	370
385	FENCING-PARKING LOT EXPANSION	6/03/13	4,603			4,603	15 MO S/L	1,100	306
386	FENCING-CHAIN LINK FENCING	7/16/13	4,676			4,676	15 MO S/L	1,065	312
387	SAA NEW RESTNT PLNG & DESIGN-OT	2/15/13	1,000			1,000	40 MO S/L	98	25
388	SAA NEW RESTNT PLN&DESIGN-RES1	2/15/13	2,790			2,790	40 MO S/L	273	70
389	MODULAR COMPLEX INFRA-MODULA	5/24/13	61,735			61,735	20 MO S/L	11,061	3,087
390	SAA LEASHOLD IMP-SWPPP DEV	12/02/13	3,429			3,429	20 MO S/L	529	171
391	SAA LEASEHOLD IMP-FURNACE	9/24/13	6,182			6,182	10 MO S/L	2,009	618
392	SAA MAINT EQP-WORKFORCE SCISSC	7/03/13	1,800			1,800	10 MO S/L	630	180
393	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415			415	5 MO S/L	284	83
398	HANGAR IMPROVEMENTS-FIRE EQUI	5/31/13	2,875			2,875	20 MO S/L	515	144
399	HANGAR IMPROVEMENTS-HANGAR I	10/11/13	15,600			15,600	20 MO S/L	2,535	780
400	TAXIWAY & OTHER IMPROVEMENTS-T	8/01/13	20,098			20,098	20 MO S/L	3,433	1,005
401	TAXIWAY & OTHER IMPRVMNTS-PAR	2/08/13	3,528			3,528	20 MO S/L	691	176
402	TAXIWAY & OTHER IMROVMNTS-ELF	7/30/13	4,003			4,003	20 MO S/L	684	200
403	RW3 EAST FENCE	12/31/15	5,445			5,445	20 MO S/L	272	273
404	AIRPORT MASTER PLAN	12/31/15	88,233			88,233	20 MO S/L	4,412	4,411
405	TAXIWAY RECONSTRUCTION PHASE	12/31/15	174,198			174,198	20 MO S/L	8,710	8,710
406	TAXIWAY RECONSTRUCTION PHASE	12/31/15	185,801			185,801	20 MO S/L	9,290	9,290
407	INFIELD DRAINAGE DESIGN	12/31/15	331,341			331,341	20 MO S/L	16,567	16,567
408	APRON A RECONSTRUCTION	12/31/15	303,021			303,021	20 MO S/L	15,151	15,151
409	CIP - RUNWAY CRACK SEAL	12/31/15	256,909			256,909	20 MO S/L	12,845	12,846
411	AIRPORT MASTER PLAN 2014	12/31/15	103,449			103,449	20 MO S/L	5,172	5,173
412	2014 TAXIWAY ADDITIONS	7/01/15	2,014,726			2,014,726	20 MO S/L	151,104	100,737
413	TAXIWAY RECONSTRUCTION PH II	12/31/15	198,581			198,581	20 MO S/L	9,929	9,929
414	TERMINAL FRONT WALKWAY	4/12/16	10,157			10,157	10 MO S/L	762	1,015
415	RESTAURANT AIRSIDE FENCING	3/21/16	5,002			5,002	20 MO S/L	188	250
416	NEW SOUTHWEST GATE	3/24/16	15,672			15,672	20 MO S/L	588	783
417	E3S2C: PARKING LOT DESIGN	5/31/16	2,064			2,064	20 MO S/L	60	103
418	PARKING KIOSK	10/31/16	9,308			9,308	3 MO S/L	517	3,103
419	SURVEILLANCE SYSTEM	12/21/16	23,363			23,363	10 MO S/L	0	2,336
420	3 FURNACE SYSTEMS FOR TERMINAL	12/21/16	19,223			19,223	10 MO S/L	0	1,922
421	ATM MACHINE	11/09/16	2,045			2,045	3 MO S/L	114	681
422	E7F2A#1 TERMINAL PARKING LOT	12/31/16	188,396			188,396	20 MO S/L	0	9,420
423	LAWN MOWER	6/30/16	3,280			3,280	3 MO S/L	547	1,093
424	PHASE 1 ELECTRICAL UPGRADE	2/18/00	21,800			21,800	20 MO S/L	1,090	1,090
425	KUBOTA CAB TR	6/27/16	40,921			40,921	5 MO S/L	4,092	8,184
426	PAPI #1 AND 2 - DESIGN PHASE	6/01/16	25,246			25,246	0 -- Memo	0	0
427	PAPI #3 - DESIGN PHASE	7/06/16	8,824			8,824	0 -- Memo	0	0
428	PAPI #4 - DESIGN PHASE	7/26/16	900			900	0 -- Memo	0	0
429	RUNWAY CRACK SEAL	7/26/16	54,276			54,276	10 MO S/L	2,261	5,428
430	PAPI #5 - DESIGN PHASE	9/29/16	13,960			13,960	0 -- Memo	0	0
431	PAPI #6 - DESIGN PHASE	9/29/16	2,550			2,550	0 -- Memo	0	0
432	PAPI #7 - DESIGN PHASE	11/23/16	7,234			7,234	0 -- Memo	0	0
433	OVERLOOK PARKING ENTRANCE	7/19/17	125			125	20 MO S/L	0	3
434	FUEL FARM RELOC	10/31/17	4,362			4,362	20 -- Memo	0	0
435	PARKING LOT ENGINEERING	12/20/17	9,683			9,683	20 MO S/L	0	0
436	OVERLON GUARD BUILDING	3/02/17	7,778			7,778	10 MO S/L	0	648
437	OVERLOOK ELECTRICAL	7/12/17	3,200			3,200	10 MO S/L	0	160
438	VENDING MACHINE & GUARD SHACK	7/17/17	10,440			10,440	10 MO S/L	0	435
439	AIRPORT MASTER PLAN	5/21/17	51,398			51,398	20 MO S/L	0	1,499
440	PARKING LOT-AIR TERMINAL DRIVE	5/21/17	409,932			409,932	20 MO S/L	0	11,956
441	AIRPORT WATER SYSTEM	8/15/17	5,400			5,400	10 MO S/L	0	225
442	OVERLOOK CAMERA	8/09/17	1,839			1,839	10 MO S/L	0	77
443	PARKING LOT CAMERAS	12/07/17	2,342			2,342	10 MO S/L	0	20
444	COMPUTER & PRINTER OPS MGR	6/01/17	1,292			1,292	5 MO S/L	0	151
445	DESK & HUTCH OPS MGR	6/01/17	732			732	5 MO S/L	0	85
446	FUEL FARM ENGINEERING PLANS	12/31/17	6,500			6,500	40 -- Memo	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
447	CATEGORICAL EXC FUEL FARM RELC	12/31/17	6,704			6,704	40 -- Memo	0	0
448	HANGAR DEVELOPM	12/31/17	2,784			2,784	40 -- Memo	0	0
449	PAPI #8A - DESIGN PHASE	12/31/17	5,016			5,016	0 -- Memo	0	0
450	PAPI #9 - DESIGN PHASE	12/31/17	1,971			1,971	0 -- Memo	0	0
451	RUNWAY CRACK SEAL	12/31/17	204,408			204,408	20 MO S/L	0	0
452	EMERGENCY PAPI PROJECT	12/31/17	144,929			144,929	0 -- Memo	0	0
453	PAPI CONSTRUCTION PROJECT	12/31/17	15,317			15,317	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>9,460,060</u>			<u>9,460,056</u>		<u>2,370,499</u>	<u>341,290</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,460,060</u>			<u>9,460,056</u>		<u>2,370,499</u>	<u>341,290</u>
	<b>Grand Totals</b>		9,460,060			9,460,056		2,370,499	341,290
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>9,460,060</u>			<u>9,460,056</u>		<u>2,370,499</u>	<u>341,290</u>



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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
<b>Prior MACRS:</b>								
216	FENCING, GROUND SIDE, SAFETY ARE	7/01/14	7,145	7,145	1,616	553	455	-98
217	RRA FIELD EQUIPMENT	7/01/14	1,100	1,100	1,019	81	174	93
218	HANGAR IMPROVEMENTS	7/01/14	5,526	5,526	1,274	425	350	-75
219	TAXIWAY & OTHER IMPROVEMENTS	7/01/14	806	806	142	50	40	-10
220	AIRPORT MASTER PLAN	7/01/14	15,417	15,417	2,721	952	771	-181
			<u>29,994</u>	<u>29,994</u>	<u>6,772</u>	<u>2,061</u>	<u>1,790</u>	<u>-271</u>
<b>Other Depreciation:</b>								
9	TERMINAL BUILDING	7/01/90	640,816	640,816	332,123	12,816	12,817	1
10	WELL AND ACCESS ROAD	7/01/90	19,643	19,643	10,198	393	491	98
13	SMA LEASEHOLD IMPROVEMENTS	6/30/96	533,930	533,930	533,930	0	0	0
14	SAAS LEASEHOLDS	7/01/96	317,770	317,770	317,770	0	0	0
17	LEASEHOLD IMPROVEMENTS	6/30/95	139,342	139,342	139,342	0	0	0
19	COCONINO FENCE	3/08/96	5,350	5,350	5,350	0	0	0
23	ADOT GRANT#514 & 614-TAXILANES,	8/31/98	77,649	77,649	70,401	3,883	3,882	-1
25	GRANT #716-DESIGN COSTS	4/15/99	7,692	7,692	6,827	385	384	-1
26	GRANT 3-HELIPORT & TAXIWAYS	6/06/97	21,242	21,242	20,777	465	23	-442
37	WATERLINE - HANGER	3/01/99	18,840	18,840	16,799	942	942	0
38	HANGAR CONSTRUCTION IN PROGRE	3/01/99	18,526	18,526	16,519	927	927	0
43	ADOT 514 ADDITION	11/01/99	1,824	1,824	1,566	91	91	0
44	ADOT 614 ADDITION	3/22/99	2,400	2,400	2,130	120	120	0
45	ADOT #9068 & 9094 TAXIWAY	10/27/99	54,163	54,163	45,948	2,709	2,708	-1
47	TAXIWAY APRON	1/06/00	774	774	658	38	38	0
48	TAXIWAY	1/05/00	2,079	2,079	1,767	104	104	0
49	TAXIWAY	2/01/00	20,592	20,592	17,212	1,029	1,029	0
51	TAXIWAY	9/13/00	4,300	4,300	3,512	215	215	0
53	NEW PUMP/CORP HANGAR AREA	8/03/00	1,826	1,826	1,826	0	0	0
60	PAVING/BI-PLANE	1/26/00	5,000	5,000	4,229	250	250	0
62	NEW TELEPHONE LINES	4/26/00	6,140	6,140	5,117	307	306	-1
75	RUNWAY ENGINEERING	3/01/01	299	299	237	15	15	0
76	RUNWAY ENGINEERING	5/03/01	2,464	2,464	1,930	123	123	0
77	RUNWAY ENGINEERING	6/11/01	1,932	1,932	1,506	96	97	1
80	NORTH RAMP	8/16/01	374	374	287	19	18	-1
81	RUNWAY ENGINEERING	8/24/01	2,395	2,395	1,836	120	120	0
84	NORTH RAMP	10/25/01	256	256	194	13	13	0
85	RUNWAY ENGINEERING	10/25/01	2,053	2,053	1,557	103	102	-1
88	RUNWAY ENGINEERING	12/10/01	1,443	1,443	1,088	73	72	-1
89	NORTH RAMP	12/10/01	163	163	123	8	8	0
91	NORTH RAMP (E1157)	2/19/02	889	889	659	45	45	0
92	RUNWAY DESIGN	2/19/02	1,134	1,134	841	57	56	-1
96	TAXIWAY (N514)	4/22/02	13,040	13,040	9,432	652	652	0
97	TAXIWAY (N716)	4/22/02	1,809	1,809	1,326	91	90	-1
102	NORTH RAMP	11/13/02	2,385	2,385	1,689	120	119	-1
103	BEACON	4/02/02	6,495	6,495	4,790	325	309	-16
105	APRON OVERLAY	8/07/03	17,897	17,897	11,827	895	895	0
107	NORTH RAMP #3-04-0033-12	5/21/03	8,163	8,163	5,524	408	408	0
108	NORTH RAMP #E1157	7/29/03	2,541	2,541	1,704	127	127	0
112	NORTH RAMP	2/18/04	1,899	1,899	1,219	95	95	0
115	RUNWAY DESIGN	9/14/04	3,946	3,946	2,433	198	197	-1
116	RUNWAY DESIGN	9/21/04	294	294	180	15	15	0
118	WELL PUMPS	1/10/05	7,614	7,614	7,614	0	0	0
120	RUNWAY CONSTRUCTION	12/31/05	53,702	53,702	28,999	2,685	2,685	0
123	MEMORIAL BENCH	11/20/06	3,000	3,000	776	77	61	-16
127	CHEVY TRUCK	6/10/06	19,136	19,136	19,136	0	0	0
128	TAXIWAY REHAB DESIGN	12/22/06	4,992	4,992	2,496	249	250	1
129	RUNWAY CONSTRUCTION	7/27/06	3,112	3,112	1,621	156	155	-1
131	FIRE PROTECTION SYSTEM	12/22/06	1,046	1,046	523	52	50	-2
139	NEW GATE OPERATORS	1/25/07	6,870	6,870	6,870	0	0	0
142	PERIMETER ROAD DESIGN	4/03/07	3,228	3,228	1,574	161	0	-161
143	TAXIWAY REHAB DESIGN	4/03/07	3,021	3,021	1,473	151	151	0
144	FIRE PROTECTION SYSTEM	4/03/07	5,514	5,514	2,688	276	262	-14
145	FAA 15 MISC IMPROVEMENTS	6/27/07	32	32	15	2	1	-1
146	TAXIWAY REHAB DESIGN	6/28/07	12	12	6	0	0	0
147	EPRIMETER ROAD DESIGN	7/03/07	1,020	1,020	485	51	51	0
148	TAXIWAY REHAB DESIGN	7/03/07	2,038	2,038	968	102	102	0
149	FIRE PROTECTION SYSTEM	7/03/07	1,170	1,170	556	58	56	-2
150	TAXIWAY REHAB DESIGN	7/09/07	25	25	12	1	1	0

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
151	MEMORIAL BENCH	7/19/07	3,281	3,281	792	84	67	-17
152	APRON A EXTENSION	7/18/07	790	790	372	40	40	0
153	FIRE PROTECTION SYSTEM	9/18/07	2,624	2,624	1,214	131	125	-6
154	APRON A EXTENSION	11/14/07	4,550	4,550	2,085	228	228	0
155	TAXIWAY REHAB DESIGN	11/14/07	6,417	6,417	2,925	321	321	0
156	APRON A EXTENSION	12/10/07	3,842	3,842	1,745	192	192	0
157	TAXIWAY REHAB DESIGN	12/10/07	6,094	6,094	2,752	305	305	0
158	RUNWAY SAFETY AREA	12/10/07	2,976	2,976	1,352	149	149	0
159	Fire Protection Sys. Design	1/09/08	920	920	414	46	46	0
160	Apron A Extension	1/09/08	797	797	359	39	39	0
161	Taxiway Rehab Design	1/09/08	336	336	151	17	17	0
162	PERIMETER ROAD	1/09/08	456	456	205	23	23	0
163	AWOS DESIGN	1/09/08	769	769	769	0	0	0
164	RUNWAY SAFETY AREA	1/09/08	413	413	413	0	0	0
165	APRON A EXPANSION	1/04/08	760	760	760	0	38	38
166	TAXIWAY REHAB	2/01/08	4,637	4,637	2,056	231	231	0
167	APRON A EXPANSION	3/05/08	1,398	1,398	618	70	70	0
168	RUNWAY SAFETY AREA	4/02/08	5,802	5,802	5,802	0	0	0
169	RUNWAY SAFETY AREA	4/02/08	2,451	2,451	2,451	0	0	0
170	TAXIWAY REHAB	4/02/08	6,007	6,007	2,568	301	301	0
171	AWOS DESIGN	4/17/08	153	153	153	0	0	0
172	AWOS DESIGN	5/02/08	617	617	617	0	0	0
174	APRON A EXPANSION	5/01/08	405	405	175	21	21	0
175	TAXIWAY REHAB	5/22/08	2,946	2,946	1,235	147	147	0
176	APRON A EXPANSION	5/22/08	5,853	5,853	2,497	293	293	0
177	RUNWAY SAFETY AREA	5/22/08	16,410	16,410	7,043	820	820	0
178	TAXIWAY REHAB	7/15/08	818	818	347	41	41	0
179	Fire Protection Sys. Design	7/15/08	264	264	112	14	14	0
180	APRON A EXPANSION	7/15/08	449	449	191	22	22	0
181	RUNWAY SAFETY AREA	8/13/08	4,877	4,877	2,052	244	244	0
182	RUNWAY SAFETY AREA	8/21/08	797	797	332	40	40	0
183	STORAGE BUILDING FOR EQUIPMENT	9/04/08	6,955	6,955	2,898	348	278	-70
185	Fire Protection Sys. Design	12/22/08	633	633	253	32	32	0
186	APRON A EXPANSION SW	12/22/08	689	689	276	34	34	0
187	TAXIWAY REHAB	12/22/08	949	949	373	48	48	0
188	HANGAR PAD EXTENSION	12/22/08	2,521	2,521	1,008	126	126	0
189	APRON A EXPANSION	12/22/08	5,281	5,281	2,099	264	264	0
190	RUNWAY SAFETY AREA	12/29/08	7,513	7,513	3,005	376	376	0
195	HP COLOR PRINTER CP2025n	12/03/09	299	299	299	0	0	0
196	MAKITA AIR COMPRESSOR	2/17/09	423	423	423	0	0	0
197	BRUSH CUTTERS (2)	5/12/09	1,199	1,199	1,199	0	0	0
198	STIHL MS 180 CHAINSAW	7/08/09	219	219	219	0	0	0
199	JETGO GPU	8/31/09	20,720	20,720	20,720	0	0	0
200	08 GMC SIERRA	1/13/09	14,264	14,264	14,264	0	0	0
201	LETTERING FOR GMC	1/16/09	383	383	383	0	0	0
202	TRAILER HITCH FOR GMC	1/28/09	272	272	272	0	0	0
203	BEDLINER FOR GMC	1/28/09	545	545	545	0	0	0
204	CHAINLINK FENCE W GATE	6/30/09	985	985	985	0	0	0
205	AWOS EQUIPMENT 2009	6/23/09	15,506	15,506	15,506	0	0	0
206	HANGAR EXCAVATION AND DRAINAGE	6/12/09	25,036	25,036	9,242	1,252	1,252	0
207	REFURBISH OVERLOOK BINOS	7/08/09	2,244	2,244	2,244	0	0	0
208	TAXIWAY A REHAB	3/03/09	1,699	1,699	665	85	85	0
209	APRON A EXPANSION	6/08/09	119	119	45	6	6	0
210	TAXIWAY A OMPROVEMENT/EXTENS	8/25/09	145	145	53	8	8	0
211	HANGAR PAD EXT & IMPROVE	8/25/09	296	296	109	14	15	1
212	HANGAR PAD - EXTEND	8/25/09	354	354	130	18	18	0
213	SOUTHWEST APRON DESIGN	8/25/09	616	616	235	31	31	0
215	Taxiway A Rehab	7/09/09	1,197	1,197	449	60	60	0
231	TAXIWAY A EXTENSION	10/22/09	6	6	2	0	0	0
235	CABINETS & FIXTURES	2/18/10	11,818	11,818	5,384	787	749	-38
242	CONFERENCE TELEPHONE	2/05/10	542	542	542	0	0	0
243	OFFICE CHAIRS (3)	2/28/10	381	381	381	0	0	0
244	OFFICE CHAIRS (2)	2/05/10	260	260	260	0	0	0
245	ELECTRICAL UPGRADE FBO	3/04/10	818	818	280	41	41	0
246	COFFEE SERVICE CABINETS	3/15/10	1,291	1,291	588	86	82	-4
256	ADOT E8S20 - APRON RECONSTRUCTI	6/03/10	214	214	70	11	63	52
257	ADOT E8S22 - TAXIWAY IMPROVEME	6/03/10	404	404	133	20	21	1
258	BROTHER 2820 LASER FAX	6/09/10	142	142	142	0	0	0
260	MAIN GATE OPERATOR REHAB	7/01/10	1,506	1,506	1,398	108	0	-108
262	AWOS POWER SUPPLY ASSEM	7/08/10	618	618	618	0	0	0
264	TERMINAL A/C FAN MOTOR	7/20/10	760	760	697	63	0	-63

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## AZ Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
268	OVERLOOK LANDSCAPE IMPROVEME	8/18/10	800	800	507	80	80	0
269	FIRE PROTECTION E6S15	9/07/10	1,330	1,330	421	67	63	-4
275	TAXIWAY "A" EXTENTION FAA19	1/04/10	214	214	75	10	10	0
276	PLATFORM LADDERS (2)	10/01/10	499	499	499	0	0	0
281	LAND	6/30/10	12,501	12,501	0	0	0	0
283	PAPI SYSTEM ELECTRICAL UPG	12/23/10	1,125	1,125	964	161	32	-129
287	APRON A EXPANSION 2009-1	3/30/09	1,450	1,450	571	72	73	1
288	TAXIWAY A REHAB 2009-2	5/19/09	59	59	22	3	3	0
289	TAXIWAY A REHAB 2009-3	5/26/09	59	59	22	3	3	0
290	APRON A EXPANSION 2009-3	6/17/09	794	794	303	39	40	1
291	APRON A EXPANSION 2009-4	8/25/09	608	608	224	31	31	0
293	DELL XPS 7100 COMP & MONITOR - A	2/17/11	1,293	1,293	1,293	0	0	0
294	DELL XPS 7100 COMP & MONITOR- OF	2/17/11	1,293	1,293	1,293	0	0	0
296	DIGITAL CCTV SYSTEM	6/03/11	2,321	2,321	2,321	0	0	0
297	COFFEE MAKER	9/11/11	688	688	688	0	0	0
298	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480	2,480	2,480	0	0	0
300	BEACON ROOM GATE & ELECTRONIC	1/12/11	3,504	3,504	3,003	501	425	-76
301	RESTAURANT BUILDING	1/01/12	1,082,434	1,082,434	129,892	27,061	21,648	-5,413
302	RESTAURANT MACH & EQUIP	1/01/12	111,659	111,659	27,636	5,583	5,304	-279
303	LAND	12/31/11	4,881	4,881	0	0	0	0
309	PAPI SYSTEM ELECTRICAL UPGRADE	1/17/11	1,600	1,600	1,352	229	229	0
310	PAPI SYSTEM ELECT UPGRADES- MO	6/20/11	3,665	3,665	2,880	523	524	1
311	HANGAR PAD EXTENTION	6/27/11	769	769	212	38	39	1
312	APRON A RECONSTRUCTION/EXPANS	6/27/11	2,039	2,039	561	102	102	0
313	TAXIWAY B7 DESIGN	9/08/11	1,570	1,570	419	78	78	0
314	NEW FURNACE & DUCT WORK	1/11/11	6,256	6,256	1,877	313	313	0
315	GRINDER PUMP FOR SEPTIC SYSTEM	5/17/11	1,228	1,228	343	61	49	-12
316	RESTAURANT PLANNING & DESIGN	1/01/12	333,817	333,817	40,058	8,345	8,345	0
317	CONFERENCE ROOM CARPETING ANI	1/21/12	2,590	2,590	1,274	259	246	-13
318	DELL T420 SERVER	8/19/12	4,022	4,022	3,486	536	0	-536
320	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879	2,879	1,919	412	391	-21
321	DIESEL FUEL TANK & EQUIPMENT	5/29/12	1,692	1,692	1,108	241	230	-11
322	DIESEL & MOGAS TANK FLOW	7/01/12	928	928	597	132	126	-6
323	DELINEATOR POSTS (30)	9/04/12	1,179	1,179	730	168	160	-8
328	TERMINAL RESTROOM PLUMBING	4/30/12	1,237	1,237	385	82	82	0
329	AC UNIT REPLACED	7/13/12	1,800	1,800	810	180	144	-36
330	AC UNIT REPLACED	7/19/12	2,000	2,000	883	200	160	-40
331	AC UNIT REPLACED	12/22/12	685	685	274	69	55	-14
332	STRUCTURE REPAIR	10/15/12	2,786	2,786	789	186	185	-1
333	WATERLINE	10/16/12	4,500	4,500	938	225	225	0
334	RESURFACING/PARKING LOT IMPROV	10/31/12	14,972	14,972	3,119	749	749	0
335	PAVING/LARGE DRAINAGE	12/12/12	700	700	143	35	35	0
336	TRAILER MOUNTED SPRAYER	6/13/12	1,188	1,188	1,089	99	0	-99
338	RESTAURANT STORAGE	12/17/12	8,575	8,575	858	428	429	1
339	MODULAR OFFICE BUILDING-AHA	12/31/12	57,372	57,372	5,737	2,869	2,869	0
340	BUILDING PERMIT	12/31/12	1,700	1,700	170	85	85	0
341	ADA RAMP DESIGN	12/31/12	250	250	50	25	25	0
342	FIRE SUPPRESSION SYSTEM	12/31/12	150	150	30	15	14	-1
343	CABINETS & COUNTERTOPS	12/31/12	4,081	4,081	816	408	388	-20
344	ADA RAMP MODULAR 1	12/31/12	10,715	10,715	2,143	1,072	964	-108
345	FIRE SUPPRESSION SPRINKLER	12/31/12	4,956	4,956	991	496	471	-25
346	MODULAR BLD AHA	12/31/12	694	694	69	35	28	-7
347	MODULAR PERMIT REVIEW FEE	12/31/12	384	384	38	20	20	0
348	MODULAR OFFICE BUILDING-RR	12/31/12	55,481	55,481	5,548	2,774	2,774	0
349	WINDOWS	12/31/12	841	841	168	84	84	0
350	CABINETS & COUNTERTOPS	12/31/12	8,118	8,118	1,624	811	771	-40
351	MODULAR COMPLEX INFRASTRUCTU	12/31/12	95,054	95,054	9,505	4,753	4,753	0
352	APRON A EXPANSION SW-FAA	1/01/12	744	744	186	37	38	1
353	TAXILANE B7 DESIGN	1/09/12	597	597	149	30	30	0
354	TAXIWAY SURFACE TRATMENT (10%	1/10/12	34,666	34,666	8,667	1,733	1,733	0
355	APRON A EXPANSION SW- FAA	3/19/12	75	75	18	4	4	0
356	APRON A EXPENSION SW-FAA	4/05/12	410	410	97	21	20	-1
357	APRON A EXPANSION SW-FAA	4/24/12	5,482	5,482	1,279	274	274	0
358	APRON A EXPANSION SW-FAA	5/29/12	17,114	17,114	3,922	856	856	0
359	TAXIWAY GRADING/DRAINAGE	5/29/12	240	240	55	12	12	0
360	TAXIWAY GRADING/DRAINAGE	6/04/12	1,674	1,674	384	83	84	1
361	TAXILANE B7 DESIGN	6/11/12	1,572	1,572	360	79	79	0
362	APRON A EXPANSION SW-FAA	6/11/12	3,928	3,928	900	197	197	0
363	RUNWAY LIGHTS	6/15/12	810	810	186	40	41	1
364	TAXILANE B7 DESIGN	6/30/12	748	748	168	38	37	-1
365	TAXIWAY GRADING/DRAINAGE	6/30/12	500	500	113	25	25	0

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
366	APRON A EXPANSION SW-FAA	7/09/12	977	977	220	49	49	0
367	TAXIWAY GRADING/DRAINAGE	7/30/12	1,297	1,297	286	65	65	0
368	TAXILANE B7 DESIGN	8/14/12	499	499	110	25	25	0
369	APRON A EXPANSION SW-FAA	8/14/12	126	126	28	6	7	1
370	APRON A EXPANSION SW-FAA	9/13/12	2,234	2,234	484	112	112	0
371	APRON A EXPANSION SW-FAA	10/03/12	118	118	25	6	6	0
372	TAXILANE B7 DESIGN	12/10/12	5,421	5,421	1,107	271	271	0
373	LAND	3/08/12	1,971	1,971	0	0	0	0
374	WATER LINE & ALL WEATHER FAUCE	7/29/12	742	742	164	37	37	0
375	WATERLINE IMPROVEMENTS	7/29/12	2,295	2,295	507	114	114	0
376	ENVIRONMENTAL STUDY	9/30/12	792	792	168	40	40	0
377	SWPPP DEVELOPMENT	10/31/12	3,485	3,485	726	174	175	1
378	TERMINAL WATERLINE REPAIR & VA	11/20/12	1,838	1,838	375	92	92	0
379	WATERLINE BACKFLOW PREVENTER	11/29/12	829	829	169	42	41	-1
380	ENVIRONMENTAL STUDY	11/30/12	4,322	4,322	882	217	216	-1
381	GENERATOR ELECTRICAL TRANSFER S	12/06/12	963	963	561	138	110	-28
382	FIELD GENERATOR	12/19/12	3,711	3,711	2,121	530	424	-106
384	TERMINAL BLDG-CONCRETE	8/22/13	5,545	5,545	474	142	370	228
385	FENCING-PARKING LOT EXPANSION	6/03/13	4,603	4,603	1,100	306	306	0
386	FENCING-CHAIN LINK FENCING	7/16/13	4,676	4,676	1,065	312	312	0
387	SAA NEW RESTNT PLNG & DESIGN-OT	2/15/13	1,000	1,000	100	26	25	-1
388	SAA NEW RESTNT PLN&DESIGN-RES1	2/15/13	2,790	2,790	280	72	70	-2
389	MODULAR COMPLEX INFRA-MODULA	5/24/13	61,735	61,735	6,174	3,086	3,087	1
390	SAA LEASHOLD IMP-SWPPP DEV	12/02/13	3,429	3,429	529	171	171	0
391	SAA LEASEHOLD IMP-FURNACE	9/24/13	6,182	6,182	2,009	618	618	0
392	SAA MAINT EQP-WORKFORCE SCISSC	7/03/13	1,800	1,800	630	180	180	0
393	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415	415	284	83	83	0
398	HANGAR IMPROVEMENTS-FIRE EQUI	5/31/13	2,875	2,875	515	144	144	0
399	HANGAR IMPROVEMENTS-HANGAR I	10/11/13	15,600	15,600	2,535	780	780	0
400	TAXIWAY & OTHER IMPROVEMNTS-T	8/01/13	20,098	20,098	3,433	1,005	1,005	0
401	TAXIWAY & OTHER IMPRVMNTS-PAR	2/08/13	3,528	3,528	691	176	176	0
402	TAXIWAY & OTHER IMROVMNTS-ELF	7/30/13	4,003	4,003	684	200	200	0
403	RW3 EAST FENCE	12/31/15	5,445	5,445	272	273	273	0
404	AIRPORT MASTER PLAN	12/31/15	88,233	88,233	4,412	4,411	4,411	0
405	TAXIWAY RECONSTRUCTION PHASE	12/31/15	174,198	174,198	8,710	8,710	8,710	0
406	TAXIWAY RECONSTRUCTION PHASE	12/31/15	185,801	185,801	9,290	9,290	9,290	0
407	INFIELD DRAINAGE DESIGN	12/31/15	331,341	331,341	16,567	16,567	16,567	0
408	APRON A RECONSTRUCTION	12/31/15	303,021	303,021	15,151	15,151	15,151	0
409	CIP - RUNWAY CRACK SEAL	12/31/15	256,909	256,909	12,845	12,846	12,846	0
411	AIRPORT MASTER PLAN 2014	12/31/15	103,449	103,449	5,172	5,173	5,173	0
412	2014 TAXIWAY ADDITIONS	7/01/15	2,014,726	2,014,726	151,104	100,737	100,737	0
413	TAXIWAY RECONSTRUCTION PH II	12/31/15	198,581	198,581	9,929	9,929	9,929	0
414	TERMINAL FRONT WALKWAY	4/12/16	10,157	10,157	762	1,015	1,015	0
415	RESTAURANT AIRSIDE FENCING	3/21/16	5,002	5,002	188	250	250	0
416	NEW SOUTHWEST GATE	3/24/16	15,672	15,672	588	783	783	0
417	E3S2C: PARKING LOT DESIGN	5/31/16	2,064	2,064	60	103	103	0
418	PARKING KIOSK	10/31/16	9,308	9,308	517	3,103	3,103	0
419	SURVEILLANCE SYSTEM	12/21/16	23,363	23,363	0	2,336	2,336	0
420	3 FURNACE SYSTEMS FOR TERMINAL	12/21/16	19,223	19,223	0	1,922	1,922	0
421	ATM MACHINE	11/09/16	2,045	2,045	114	681	681	0
422	E7F2A#1 TERMINAL PARKING LOT	12/31/16	188,396	188,396	0	9,420	9,420	0
423	LAWN MOWER	6/30/16	3,280	3,280	547	1,093	1,093	0
424	PHASE 1 ELECTRICAL UPGRADE	2/18/00	21,800	21,800	1,090	1,090	1,090	0
425	KUBOTA CAB TR	6/27/16	39,596	39,596	3,960	7,919	8,184	265
426	PAPI #1 AND 2 - DESIGN PHASE	6/01/16	25,246	25,246	0	0	0	0
427	PAPI #3 - DESIGN PHASE	7/06/16	8,824	8,824	0	0	0	0
428	PAPI #4 - DESIGN PHASE	7/26/16	900	900	0	0	0	0
429	RUNWAY CRACK SEAL	7/26/16	54,276	54,276	2,261	5,428	5,428	0
430	PAPI #5 - DESIGN PHASE	9/29/16	13,960	13,960	0	0	0	0
431	PAPI #6 - DESIGN PHASE	9/29/16	2,550	2,550	0	0	0	0
432	PAPI #7 - DESIGN PHASE	11/23/16	7,234	7,234	0	0	0	0
433	OVERLOOK PARKING ENTRANCE	7/19/17	125	125	0	3	3	0
434	FUEL FARM RELOC	10/31/17	4,362	4,362	0	0	0	0
435	PARKING LOT ENGINEERING	12/20/17	9,683	9,683	0	0	0	0
436	OVERLON GUARD BUILDING	3/02/17	7,778	7,778	0	648	648	0
437	OVERLOOK ELECTRICAL	7/12/17	3,200	3,200	0	160	160	0
438	VENDING MACHINE & GUARD SHACK	7/17/17	10,440	10,440	0	435	435	0
439	AIRPORT MASTER PLAN	5/21/17	51,398	51,398	0	1,499	1,499	0
440	PARKING LOT-AIR TERMINAL DRIVE	5/21/17	409,932	409,932	0	11,956	11,956	0
441	AIRPORT WATER SYSTEM	8/15/17	5,400	5,400	0	225	225	0
442	OVERLOOK CAMERA	8/09/17	1,839	1,839	0	77	77	0

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
443	PARKING LOT CAMERAS	12/07/17	2,342	2,342	0	20	20	0
444	COMPUTER & PRINTER OPS MGR	6/01/17	1,292	1,292	0	151	151	0
445	DESK & HUTCH OPS MGR	6/01/17	732	732	0	85	85	0
446	FUEL FARM ENGINEERING PLANS	12/31/17	6,500	6,500	0	0	0	0
447	CATEGORICAL EXC FUEL FARM RELC	12/31/17	6,704	6,704	0	0	0	0
448	HANGAR DEVELOPM	12/31/17	2,784	2,784	0	0	0	0
449	PAPI #8A - DESIGN PHASE	12/31/17	5,016	5,016	0	0	0	0
450	PAPI #9 - DESIGN PHASE	12/31/17	1,971	1,971	0	0	0	0
451	RUNWAY CRACK SEAL	12/31/17	204,408	204,408	0	0	0	0
452	EMERGENCY PAPI PROJECT	12/31/17	144,929	144,929	0	0	0	0
453	PAPI CONSTRUCTION PROJECT	12/31/17	15,317	15,317	0	0	0	0
<b>Total Other Depreciation</b>			<u>9,427,708</u>	<u>9,427,708</u>	<u>2,366,812</u>	<u>346,815</u>	<u>339,500</u>	<u>-7,315</u>
<b>Total ACRS and Other Depreciation</b>			<u>9,427,708</u>	<u>9,427,708</u>	<u>2,366,812</u>	<u>346,815</u>	<u>339,500</u>	<u>-7,315</u>
<b>Grand Totals</b>			9,457,702	9,457,702	2,373,584	348,876	341,290	-7,586
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>9,457,702</u>	<u>9,457,702</u>	<u>2,373,584</u>	<u>348,876</u>	<u>341,290</u>	<u>-7,586</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
9	TERMINAL BUILDING	7/01/90	640,816	12,816	0
10	WELL AND ACCESS ROAD	7/01/90	19,643	491	0
13	SMA LEASEHOLD IMPROVEMENTS	6/30/96	533,930	0	0
14	SAAS LEASEHOLDS	7/01/96	317,770	0	0
17	LEASEHOLD IMPROVEMENTS	6/30/95	139,342	0	0
19	COCONINO FENCE	3/08/96	5,350	0	0
23	ADOT GRANT#514 & 614-TAXILANES,	8/31/98	77,649	777	0
25	GRANT #716-DESIGN COSTS	4/15/99	7,692	385	0
26	GRANT 3-HELIPORT & TAXIWAYS	6/06/97	21,242	0	0
37	WATERLINE - HANGER	3/01/99	18,840	942	0
38	HANGAR CONSTRUCTION IN PROGRESS	3/01/99	18,526	926	0
43	ADOT 514 ADDITION	11/01/99	1,824	91	0
44	ADOT 614 ADDITION	3/22/99	2,400	120	0
45	ADOT #9068 & 9094 TAXIWAY	10/27/99	54,163	2,709	0
47	TAXIWAY APRON	1/06/00	774	39	0
48	TAXIWAY	1/05/00	2,079	104	0
49	TAXIWAY	2/01/00	20,592	1,030	0
51	TAXIWAY	9/13/00	4,300	215	0
53	NEW PUMP/CORP HANGAR AREA	8/03/00	1,826	0	0
60	PAVING/BI-PLANE	1/26/00	5,000	250	0
62	NEW TELEPHONE LINES	4/26/00	6,140	307	0
75	RUNWAY ENGINEERING	3/01/01	299	15	0
76	RUNWAY ENGINEERING	5/03/01	2,464	123	0
77	RUNWAY ENGINEERING	6/11/01	1,932	96	0
80	NORTH RAMP	8/16/01	374	19	0
81	RUNWAY ENGINEERING	8/24/01	2,395	119	0
84	NORTH RAMP	10/25/01	256	13	0
85	RUNWAY ENGINEERING	10/25/01	2,053	103	0
88	RUNWAY ENGINEERING	12/10/01	1,443	72	0
89	NORTH RAMP	12/10/01	163	8	0
91	NORTH RAMP (E1157)	2/19/02	889	44	0
92	RUNWAY DESIGN	2/19/02	1,134	57	0
96	TAXIWAY (N514)	4/22/02	13,040	652	0
97	TAXIWAY (N716)	4/22/02	1,809	90	0
102	NORTH RAMP	11/13/02	2,385	119	0
103	BEACON	4/02/02	6,495	308	0
105	APRON OVERLAY	8/07/03	17,897	895	0
107	NORTH RAMP #3-04-0033-12	5/21/03	8,163	408	0
108	NORTH RAMP #E1157	7/29/03	2,541	127	0
112	NORTH RAMP	2/18/04	1,899	95	0
115	RUNWAY DESIGN	9/14/04	3,946	197	0
116	RUNWAY DESIGN	9/21/04	294	15	0
118	WELL PUMPS	1/10/05	7,614	0	0
120	RUNWAY CONSTRUCTION	12/31/05	53,702	2,685	0
123	MEMORIAL BENCH	11/20/06	3,000	62	0
127	CHEVY TRUCK	6/10/06	19,136	0	0
128	TAXIWAY REHAB DESIGN	12/22/06	4,992	249	0
129	RUNWAY CONSTRUCTION	7/27/06	3,112	156	0
131	FIRE PROTECTION SYSTEM	12/22/06	1,046	49	0
139	NEW GATE OPERATORS	1/25/07	6,870	0	0
142	PERIMETER ROAD DESIGN	4/03/07	3,228	0	0
143	TAXIWAY REHAB DESIGN	4/03/07	3,021	151	0
144	FIRE PROTECTION SYSTEM	4/03/07	5,514	262	0
145	FAA 15 MISC IMPROVEMENTS	6/27/07	32	2	0
146	TAXIWAY REHAB DESIGN	6/28/07	12	1	0
147	PERIMETER ROAD DESIGN	7/03/07	1,020	51	0
148	TAXIWAY REHAB DESIGN	7/03/07	2,038	102	0
149	FIRE PROTECTION SYSTEM	7/03/07	1,170	56	0
150	TAXIWAY REHAB DESIGN	7/09/07	25	1	0
151	MEMORIAL BENCH	7/19/07	3,281	68	0
152	APRON A EXTENSION	7/18/07	790	39	0
153	FIRE PROTECTION SYSTEM	9/18/07	2,624	124	0
154	APRON A EXTENSION	11/14/07	4,550	227	0
155	TAXIWAY REHAB DESIGN	11/14/07	6,417	321	0
156	APRON A EXTENSION	12/10/07	3,842	192	0
157	TAXIWAY REHAB DESIGN	12/10/07	6,094	305	0
158	RUNWAY SAFETY AREA	12/10/07	2,976	148	0

Asset	Description	Date In Service	Cost	Tax	AMT
159	Fire Protection Sys. Design	1/09/08	920	46	0
160	Apron A Extension	1/09/08	797	40	0
161	Taxiway Rehab Design	1/09/08	336	17	0
162	PERIMETER ROAD	1/09/08	456	23	0
163	AWOS DESIGN	1/09/08	769	0	0
164	RUNWAY SAFETY AREA	1/09/08	413	0	0
165	APRON A EXPANSION	1/04/08	760	38	0
166	TAXIWAY REHAB	2/01/08	4,637	232	0
167	APRON A EXPANSION	3/05/08	1,398	69	0
168	RUNWAY SAFETY AREA	4/02/08	5,802	0	0
169	RUNWAY SAFETY AREA	4/02/08	2,451	0	0
170	TAXIWAY REHAB	4/02/08	6,007	300	0
171	AWOS DESIGN	4/17/08	153	0	0
172	AWOS DESIGN	5/02/08	617	0	0
174	APRON A EXPANSION	5/01/08	405	20	0
175	TAXIWAY REHAB	5/22/08	2,946	147	0
176	APRON A EXPANSION	5/22/08	5,853	292	0
177	RUNWAY SAFETY AREA	5/22/08	16,410	821	0
178	TAXIWAY REHAB	7/15/08	818	41	0
179	Fire Protection Sys. Design	7/15/08	264	13	0
180	APRON A EXPANSION	7/15/08	449	23	0
181	RUNWAY SAFETY AREA	8/13/08	4,877	244	0
182	RUNWAY SAFETY AREA	8/21/08	797	40	0
183	STORAGE BUILDING FOR EQUIPMENT	9/04/08	6,955	278	0
185	Fire Protection Sys. Design	12/22/08	633	31	0
186	APRON A EXPANSION SW	12/22/08	689	35	0
187	TAXIWAY REHAB	12/22/08	949	47	0
188	HANGAR PAD EXTENSION	12/22/08	2,521	127	0
189	APRON A EXPANSION	12/22/08	5,281	264	0
190	RUNWAY SAFETY AREA	12/29/08	7,513	376	0
195	HP COLOR PRINTER CP2025n	12/03/09	299	0	0
196	MAKITA AIR COMPRESSOR	2/17/09	423	0	0
197	BRUSH CUTTERS (2)	5/12/09	1,199	0	0
198	STIHL MS 180 CHAINSAW	7/08/09	219	0	0
199	JETGO GPU	8/31/09	20,720	0	0
200	08 GMC SIERRA	1/13/09	14,264	0	0
201	LETTERING FOR GMC	1/16/09	383	0	0
202	TRAILER HITCH FOR GMC	1/28/09	272	0	0
203	BEDLINER FOR GMC	1/28/09	545	0	0
204	CHAINLINK FENCE W GATE	6/30/09	985	0	0
205	AWOS EQUIPMENT 2009	6/23/09	15,506	0	0
206	HANGAR EXCAVATION AND DRAINAGE	6/12/09	25,036	1,252	0
207	REFURBISH OVERLOOK BINOS	7/08/09	2,244	0	0
208	TAXIWAY A REHAB	3/03/09	1,699	85	0
209	APRON A EXPANSION	6/08/09	119	6	0
210	TAXIWAY A OMPROVEMENT/EXTENSION	8/25/09	145	7	0
211	HANGAR PAD EXT & IMPROVE	8/25/09	296	15	0
212	HANGAR PAD - EXTEND	8/25/09	354	17	0
213	SOUTHWEST APRON DESIGN	8/25/09	616	30	0
215	Taxiway A Rehab	7/09/09	1,197	60	0
216	FENCING, GROUNDSDIE, SAFETY AREA	7/01/14	7,145	455	0
217	RRA FIELD EQUIPMENT	7/01/14	1,100	0	0
218	HANGAR IMPROVEMENTS	7/01/14	5,526	350	0
219	TAXIWAY & OTHER IMPROVEMENTS	7/01/14	806	40	0
220	AIRPORT MASTER PLAN	7/01/14	15,417	771	0
231	TAXIWAY A EXTENSION	10/22/09	6	1	0
235	CABINETS & FIXTURES	2/18/10	11,818	748	0
242	CONFERENCE TELEPHONE	2/05/10	542	0	0
243	OFFICE CHAIRS (3)	2/28/10	381	0	0
244	OFFICE CHAIRS (2)	2/05/10	260	0	0
245	ELECTRICAL UPGRADE FBO	3/04/10	818	41	0
246	COFFEE SERVICE CABINETS	3/15/10	1,291	82	0
256	ADOT E8S20 - APRON RECONSTRUCTION	6/03/10	1,247	62	0
257	ADOT E8S22 - TAXIWAY IMPROVEMENT	6/03/10	404	20	0
258	BROTHER 2820 LASER FAX	6/09/10	142	0	0
260	MAIN GATE OPERATOR REHAB	7/01/10	1,506	0	0
262	AWOS POWER SUPPLY ASSEM	7/08/10	618	0	0
264	TERMINAL A/C FAN MOTOR	7/20/10	760	0	0
268	OVERLOOK LANDSCAPE IMPROVEMENT	8/18/10	800	80	0
269	FIRE PROTECTION E6S15	9/07/10	1,330	63	0
275	TAXIWAY "A" EXTENTION FAA19	1/04/10	214	11	0



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276	PLATFORM LADDERS (2)	10/01/10	499	0	0
281	LAND	6/30/10	12,501	0	0
283	PAPI SYSTEM ELECTRICAL UPG	12/23/10	1,125	0	0
287	APRON A EXPANSION 2009-1	3/30/09	1,450	72	0
288	TAXIWAY A REHAB 2009-2	5/19/09	59	3	0
289	TAXIWAY A REHAB 2009-3	5/26/09	59	3	0
290	APRON A EXPANSION 2009-3	6/17/09	794	40	0
291	APRON A EXPANSION 2009-4	8/25/09	608	30	0
293	DELL XPS 7100 COMP & MONITOR - ADMII	2/17/11	1,293	0	0
294	DELL XPS 7100 COMP & MONITOR- OPS	2/17/11	1,293	0	0
296	DIGITAL CCTV SYSTEM	6/03/11	2,321	0	0
297	COFFEE MAKER	9/11/11	688	0	0
298	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480	0	0
300	BEACON ROOM GATE & ELECTRONIC OPE	1/12/11	3,504	0	0
301	RESTAURANT BUILDING	1/01/12	1,082,434	21,649	0
302	RESTAURANT MACH & EQUIP	1/01/12	111,659	5,304	0
303	LAND	12/31/11	4,881	0	0
309	PAPI SYSTEM ELECTRICAL UPGRADE	1/17/11	1,600	11	0
310	PAPI SYSTEM ELECT UPGRADES- MOTHEI	6/20/11	3,665	26	0
311	HANGAR PAD EXTENTION	6/27/11	769	38	0
312	APRON A RECONSTRUCTION/EXPANSION	6/27/11	2,039	102	0
313	TAXIWAY B7 DESIGN	9/08/11	1,570	79	0
314	NEW FURNACE & DUCT WORK	1/11/11	6,256	313	0
315	GRINDER PUMP FOR SEPTIC SYSTEM	5/17/11	1,228	50	0
316	RESTAURANT PLANNING & DESIGN	1/01/12	333,817	8,346	0
317	CONFERENCE ROOM CARPETING AND CO	1/21/12	2,590	246	0
318	DELL T420 SERVER	8/19/12	4,022	0	0
320	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879	370	0
321	DIESEL FUEL TANK & EQUIPMENT	5/29/12	1,692	217	0
322	DIESEL & MOGAS TANK FLOW	7/01/12	928	119	0
323	DELINEATOR POSTS (30)	9/04/12	1,179	152	0
328	TERMINAL RESTROOM PLUMBING	4/30/12	1,237	83	0
329	AC UNIT REPLACED	7/13/12	1,800	144	0
330	AC UNIT REPLACED	7/19/12	2,000	160	0
331	AC UNIT REPLACED	12/22/12	685	54	0
332	STRUCTURE REPAIR	10/15/12	2,786	186	0
333	WATERLINE	10/16/12	4,500	225	0
334	RESURFACING/PARKING LOT IMPROVEM	10/31/12	14,972	748	0
335	PAVING/LARGE DRAINAGE	12/12/12	700	35	0
336	TRAILER MOUNTED SPRAYER	6/13/12	1,188	0	0
338	RESTAURANT STORAGE	12/17/12	8,575	429	0
339	MODULAR OFFICE BUILDING-AHA	12/31/12	57,372	2,868	0
340	BUILDING PERMIT	12/31/12	1,700	85	0
341	ADA RAMP DESIGN	12/31/12	250	25	0
342	FIRE SUPPRESSION SYSTEM	12/31/12	150	15	0
343	CABINETS & COUNTERTOPS	12/31/12	4,081	387	0
344	ADA RAMP MODULAR 1	12/31/12	10,715	965	0
345	FIRE SUPPRESSION SPRINKLER	12/31/12	4,956	471	0
346	MODULAR BLD AHA	12/31/12	694	27	0
347	MODULAR PERMIT REVIEW FEE	12/31/12	384	19	0
348	MODULAR OFFICE BUILDING-RR	12/31/12	55,481	2,774	0
349	WINDOWS	12/31/12	841	84	0
350	CABINETS & COUNTERTOPS	12/31/12	8,118	771	0
351	MODULAR COMPLEX INFRASTRUCTURE	12/31/12	95,054	4,753	0
352	APRON A EXPANSION SW-FAA	1/01/12	744	37	0
353	TAXILANE B7 DESIGN	1/09/12	597	30	0
354	TAXIWAY SURFACE TRATMENT (10% MA	1/10/12	34,666	1,733	0
355	APRON A EXPANSION SW- FAA	3/19/12	75	3	0
356	APRON A EXPENSION SW-FAA	4/05/12	410	21	0
357	APRON A EXPANSION SW-FAA	4/24/12	5,482	274	0
358	APRON A EXPANSION SW-FAA	5/29/12	17,114	855	0
359	TAXIWAY GRADING/DRAINAGE	5/29/12	240	12	0
360	TAXIWAY GRADING/DRAINAGE	6/04/12	1,674	83	0
361	TAXILANE B7 DESIGN	6/11/12	1,572	78	0
362	APRON A EXPANSION SW-FAA	6/11/12	3,928	196	0
363	RUNWAY LIGHTS	6/15/12	810	40	0
364	TAXILANE B7 DESIGN	6/30/12	748	38	0
365	TAXIWAY GRADING/DRAINAGE	6/30/12	500	25	0
366	APRON A EXPANSION SW-FAA	7/09/12	977	49	0
367	TAXIWAY GRADING/DRAINAGE	7/30/12	1,297	65	0
368	TAXILANE B7 DESIGN	8/14/12	499	25	0

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369	APRON A EXPANSION SW-FAA	8/14/12	126	6	0
370	APRON A EXPANSION SW-FAA	9/13/12	2,234	111	0
371	APRON A EXPANSION SW-FAA	10/03/12	118	6	0
372	TAXILANE B7 DESIGN	12/10/12	5,421	271	0
373	LAND	3/08/12	1,971	0	0
374	WATER LINE & ALL WEATHER FAUCET- C	7/29/12	742	37	0
375	WATERLINE IMPROVEMENTS	7/29/12	2,295	115	0
376	ENVIRONMENTAL STUDY	9/30/12	792	39	0
377	SWPPP DEVELOPMENT	10/31/12	3,485	174	0
378	TERMINAL WATERLINE REPAIR & VALVE	11/20/12	1,838	92	0
379	WATERLINE BACKFLOW PREVENTER	11/29/12	829	42	0
380	ENVIRONMENTAL STUDY	11/30/12	4,322	216	0
381	GENERATOR ELECTICAL TRANSFER SYS I	12/06/12	963	82	0
382	FIELD GENERATOR	12/19/12	3,711	318	0
384	TERMINAL BLDG-CONCRETE	8/22/13	5,545	370	0
385	FENCING-PARKING LOT EXPANSION	6/03/13	4,603	307	0
386	FENCING-CHAIN LINK FENCING	7/16/13	4,676	312	0
387	SAA NEW RESTNT PLNG & DESIGN-OUTSI	2/15/13	1,000	25	0
388	SAA NEW RESTNT PLN&DESIGN-RESTROC	2/15/13	2,790	70	0
389	MODULAR COMPLEX INFRA-MODULAR C	5/24/13	61,735	3,086	0
390	SAA LEASHOLD IMP-SWPPP DEV	12/02/13	3,429	172	0
391	SAA LEASEHOLD IMP-FURNACE	9/24/13	6,182	619	0
392	SAA MAINT EQP-WORKFORCE SCISSORS I	7/03/13	1,800	180	0
393	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415	48	0
398	HANGAR IMPROVEMENTS-FIRE EQUIP	5/31/13	2,875	144	0
399	HANGAR IMPROVEMENTS-HANGAR IMPR	10/11/13	15,600	780	0
400	TAXIWAY & OTHER IMPROVEMENTS-TAXI	8/01/13	20,098	1,005	0
401	TAXIWAY & OTHER IMPROVEMENTS-PARKIN	2/08/13	3,528	177	0
402	TAXIWAY & OTHER IMPROVEMENTS-ELECTR	7/30/13	4,003	200	0
403	RW3 EAST FENCE	12/31/15	5,445	272	0
404	AIRPORT MASTER PLAN	12/31/15	88,233	4,412	0
405	TAXIWAY RECONSTRUCTION PHASE I	12/31/15	174,198	8,710	0
406	TAXIWAY RECONSTRUCTION PHASE II	12/31/15	185,801	9,290	0
407	INFIELD DRAINAGE DESIGN	12/31/15	331,341	16,567	0
408	APRON A RECONSTRUCTION	12/31/15	303,021	15,151	0
409	CIP - RUNWAY CRACK SEAL	12/31/15	256,909	12,845	0
411	AIRPORT MASTER PLAN 2014	12/31/15	103,449	5,172	0
412	2014 TAXIWAY ADDITIONS	7/01/15	2,014,726	100,736	0
413	TAXIWAY RECONSTRUCTION PH II	12/31/15	198,581	9,929	0
414	TERMINAL FRONT WALKWAY	4/12/16	10,157	1,016	0
415	RESTAURANT AIRSIDE FENCING	3/21/16	5,002	250	0
416	NEW SOUTHWEST GATE	3/24/16	15,672	784	0
417	E3S2C: PARKING LOT DESIGN	5/31/16	2,064	104	0
418	PARKING KIOSK	10/31/16	9,308	3,102	0
419	SURVEILLANCE SYSTEM	12/21/16	23,363	2,337	0
420	3 FURNACE SYSTEMS FOR TERMINAL	12/21/16	19,223	1,923	0
421	ATM MACHINE	11/09/16	2,045	682	0
422	E7F2A#1 TERMINAL PARKING LOT	12/31/16	188,396	9,420	0
423	LAWN MOWER	6/30/16	3,280	1,093	0
424	PHASE 1 ELECTRICAL UPGRADE	2/18/00	21,800	1,090	0
425	KUBOTA CAB TR	6/27/16	40,921	8,184	0
426	PAPI #1 AND 2 - DESIGN PHASE	6/01/16	25,246	0	0
427	PAPI #3 - DESIGN PHASE	7/06/16	8,824	0	0
428	PAPI #4 - DESIGN PHASE	7/26/16	900	0	0
429	RUNWAY CRACK SEAL	7/26/16	54,276	5,428	0
430	PAPI #5 - DESIGN PHASE	9/29/16	13,960	0	0
431	PAPI #6 - DESIGN PHASE	9/29/16	2,550	0	0
432	PAPI #7 - DESIGN PHASE	11/23/16	7,234	0	0
433	OVERLOOK PARKING ENTRANCE	7/19/17	125	6	0
434	FUEL FARM RELOC	10/31/17	4,362	0	0
435	PARKING LOT ENGINEERING	12/20/17	9,683	484	0
436	OVERLON GUARD BUILDING	3/02/17	7,778	778	0
437	OVERLOOK ELECTRICAL	7/12/17	3,200	320	0
438	VENDING MACHINE & GUARD SHACK	7/17/17	10,440	1,044	0
439	AIRPORT MASTER PLAN	5/21/17	51,398	2,570	0
440	PARKING LOT-AIR TERMINAL DRIVE	5/21/17	409,932	20,497	0
441	AIRPORT WATER SYSTEM	8/15/17	5,400	540	0
442	OVERLOOK CAMERA	8/09/17	1,839	184	0
443	PARKING LOT CAMERAS	12/07/17	2,342	234	0
444	COMPUTER & PRINTER OPS MGR	6/01/17	1,292	258	0
445	DESK & HUTCH OPS MGR	6/01/17	732	147	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
446	FUEL FARM ENGINEERING PLANS	12/31/17	6,500	0	0
447	CATEGORICAL EXC FUEL FARM RELOC	12/31/17	6,704	0	0
448	HANGAR DEVELOPM	12/31/17	2,784	0	0
449	PAPI #8A - DESIGN PHASE	12/31/17	5,016	0	0
450	PAPI #9 - DESIGN PHASE	12/31/17	1,971	0	0
451	RUNWAY CRACK SEAL	12/31/17	204,408	10,220	0
452	EMERGENCY PAPI PROJECT	12/31/17	144,929	0	0
453	PAPI CONSTRUCTION PROJECT	12/31/17	15,317	0	0
	<b>Total Other Depreciation</b>		<u>9,460,060</u>	<u>358,613</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,460,060</u>	<u>358,613</u>	<u>0</u>
	<b>Grand Totals</b>		<u>9,460,060</u>	<u>358,613</u>	<u>0</u>

Asset	Description	Date In Service	Cost	AZ
<b>Other Depreciation:</b>				
9	TERMINAL BUILDING	7/01/90	640,816	12,816
10	WELL AND ACCESS ROAD	7/01/90	19,643	393
13	SMA LEASEHOLD IMPROVEMENTS	6/30/96	533,930	0
14	SAAS LEASEHOLDS	7/01/96	317,770	0
17	LEASEHOLD IMPROVEMENTS	6/30/95	139,342	0
19	COCONINO FENCE	3/08/96	5,350	0
23	ADOT GRANT#514 & 614-TAXILANES,	8/31/98	77,649	3,365
25	GRANT #716-DESIGN COSTS	4/15/99	7,692	384
26	GRANT 3-HELIPORT & TAXIWAYS	6/06/97	21,242	0
37	WATERLINE - HANGER	3/01/99	18,840	942
38	HANGAR CONSTRUCTION IN PROGRESS	3/01/99	18,526	926
43	ADOT 514 ADDITION	11/01/99	1,824	91
44	ADOT 614 ADDITION	3/22/99	2,400	120
45	ADOT #9068 & 9094 TAXIWAY	10/27/99	54,163	2,708
47	TAXIWAY APRON	1/06/00	774	39
48	TAXIWAY	1/05/00	2,079	104
49	TAXIWAY	2/01/00	20,592	1,030
51	TAXIWAY	9/13/00	4,300	215
53	NEW PUMP/CORP HANGAR AREA	8/03/00	1,826	0
60	PAVING/BI-PLANE	1/26/00	5,000	250
62	NEW TELEPHONE LINES	4/26/00	6,140	307
75	RUNWAY ENGINEERING	3/01/01	299	15
76	RUNWAY ENGINEERING	5/03/01	2,464	123
77	RUNWAY ENGINEERING	6/11/01	1,932	97
80	NORTH RAMP	8/16/01	374	18
81	RUNWAY ENGINEERING	8/24/01	2,395	119
84	NORTH RAMP	10/25/01	256	13
85	RUNWAY ENGINEERING	10/25/01	2,053	103
88	RUNWAY ENGINEERING	12/10/01	1,443	72
89	NORTH RAMP	12/10/01	163	8
91	NORTH RAMP (E1157)	2/19/02	889	44
92	RUNWAY DESIGN	2/19/02	1,134	57
96	TAXIWAY (N514)	4/22/02	13,040	652
97	TAXIWAY (N716)	4/22/02	1,809	90
102	NORTH RAMP	11/13/02	2,385	119
103	BEACON	4/02/02	6,495	325
105	APRON OVERLAY	8/07/03	17,897	895
107	NORTH RAMP #3-04-0033-12	5/21/03	8,163	408
108	NORTH RAMP #E1157	7/29/03	2,541	128
112	NORTH RAMP	2/18/04	1,899	95
115	RUNWAY DESIGN	9/14/04	3,946	197
116	RUNWAY DESIGN	9/21/04	294	14
118	WELL PUMPS	1/10/05	7,614	0
120	RUNWAY CONSTRUCTION	12/31/05	53,702	2,685
123	MEMORIAL BENCH	11/20/06	3,000	76
127	CHEVY TRUCK	6/10/06	19,136	0
128	TAXIWAY REHAB DESIGN	12/22/06	4,992	250
129	RUNWAY CONSTRUCTION	7/27/06	3,112	155
131	FIRE PROTECTION SYSTEM	12/22/06	1,046	53
139	NEW GATE OPERATORS	1/25/07	6,870	0
142	PERIMETER ROAD DESIGN	4/03/07	3,228	161
143	TAXIWAY REHAB DESIGN	4/03/07	3,021	151
144	FIRE PROTECTION SYSTEM	4/03/07	5,514	275
145	FAA 15 MISC IMPROVEMENTS	6/27/07	32	1
146	TAXIWAY REHAB DESIGN	6/28/07	12	1
147	EPRIMETER ROAD DESIGN	7/03/07	1,020	51
148	TAXIWAY REHAB DESIGN	7/03/07	2,038	102
149	FIRE PROTECTION SYSTEM	7/03/07	1,170	59
150	TAXIWAY REHAB DESIGN	7/09/07	25	1
151	MEMORIAL BENCH	7/19/07	3,281	84
152	APRON A EXTENSION	7/18/07	790	39
153	FIRE PROTECTION SYSTEM	9/18/07	2,624	131
154	APRON A EXTENSION	11/14/07	4,550	227
155	TAXIWAY REHAB DESIGN	11/14/07	6,417	321
156	APRON A EXTENSION	12/10/07	3,842	192
157	TAXIWAY REHAB DESIGN	12/10/07	6,094	305
158	RUNWAY SAFETY AREA	12/10/07	2,976	148

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159	Fire Protection Sys. Design	1/09/08	920	46
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162	PERIMETER ROAD	1/09/08	456	23
163	AWOS DESIGN	1/09/08	769	0
164	RUNWAY SAFETY AREA	1/09/08	413	0
165	APRON A EXPANSION	1/04/08	760	0
166	TAXIWAY REHAB	2/01/08	4,637	232
167	APRON A EXPANSION	3/05/08	1,398	69
168	RUNWAY SAFETY AREA	4/02/08	5,802	0
169	RUNWAY SAFETY AREA	4/02/08	2,451	0
170	TAXIWAY REHAB	4/02/08	6,007	300
171	AWOS DESIGN	4/17/08	153	0
172	AWOS DESIGN	5/02/08	617	0
174	APRON A EXPANSION	5/01/08	405	20
175	TAXIWAY REHAB	5/22/08	2,946	147
176	APRON A EXPANSION	5/22/08	5,853	292
177	RUNWAY SAFETY AREA	5/22/08	16,410	821
178	TAXIWAY REHAB	7/15/08	818	41
179	Fire Protection Sys. Design	7/15/08	264	13
180	APRON A EXPANSION	7/15/08	449	23
181	RUNWAY SAFETY AREA	8/13/08	4,877	244
182	RUNWAY SAFETY AREA	8/21/08	797	40
183	STORAGE BUILDING FOR EQUIPMENT	9/04/08	6,955	348
185	Fire Protection Sys. Design	12/22/08	633	31
186	APRON A EXPANSION SW	12/22/08	689	35
187	TAXIWAY REHAB	12/22/08	949	47
188	HANGAR PAD EXTENSION	12/22/08	2,521	127
189	APRON A EXPANSION	12/22/08	5,281	264
190	RUNWAY SAFETY AREA	12/29/08	7,513	376
195	HP COLOR PRINTER CP2025n	12/03/09	299	0
196	MAKITA AIR COMPRESSOR	2/17/09	423	0
197	BRUSH CUTTERS (2)	5/12/09	1,199	0
198	STIHL MS 180 CHAINSAW	7/08/09	219	0
199	JETGO GPU	8/31/09	20,720	0
200	08 GMC SIERRA	1/13/09	14,264	0
201	LETTERING FOR GMC	1/16/09	383	0
202	TRAILER HITCH FOR GMC	1/28/09	272	0
203	BEDLINER FOR GMC	1/28/09	545	0
204	CHAINLINK FENCE W GATE	6/30/09	985	0
205	AWOS EQUIPMENT 2009	6/23/09	15,506	0
206	HANGAR EXCAVATION AND DRAINAGE	6/12/09	25,036	1,252
207	REFURBISH OVERLOOK BINOS	7/08/09	2,244	0
208	TAXIWAY A REHAB	3/03/09	1,699	85
209	APRON A EXPANSION	6/08/09	119	6
210	TAXIWAY A OMPROVEMENT/EXTENSION	8/25/09	145	7
211	HANGAR PAD EXT & IMPROVE	8/25/09	296	15
212	HANGAR PAD - EXTEND	8/25/09	354	17
213	SOUTHWEST APRON DESIGN	8/25/09	616	30
215	Taxiway A Rehab	7/09/09	1,197	60
216	FENCING, GROUNDSDIE, SAFETY AREA	7/01/14	7,145	497
217	RRA FIELD EQUIPMENT	7/01/14	1,100	0
218	HANGAR IMPROVEMENTS	7/01/14	5,526	383
219	TAXIWAY & OTHER IMPROVEMENTS	7/01/14	806	46
220	AIRPORT MASTER PLAN	7/01/14	15,417	881
231	TAXIWAY A EXTENSION	10/22/09	6	1
235	CABINETS & FIXTURES	2/18/10	11,818	788
242	CONFERENCE TELEPHONE	2/05/10	542	0
243	OFFICE CHAIRS (3)	2/28/10	381	0
244	OFFICE CHAIRS (2)	2/05/10	260	0
245	ELECTRICAL UPGRADE FBO	3/04/10	818	40
246	COFFEE SERVICE CABINETS	3/15/10	1,291	86
256	ADOT E8S20 - APRON RECONSTRUCTION	6/03/10	214	11
257	ADOT E8S22 - TAXIWAY IMPROVEMENT	6/03/10	404	20
258	BROTHER 2820 LASER FAX	6/09/10	142	0
260	MAIN GATE OPERATOR REHAB	7/01/10	1,506	0
262	AWOS POWER SUPPLY ASSEM	7/08/10	618	0
264	TERMINAL A/C FAN MOTOR	7/20/10	760	0
268	OVERLOOK LANDSCAPE IMPROVEMENT	8/18/10	800	80
269	FIRE PROTECTION E6S15	9/07/10	1,330	66
275	TAXIWAY "A" EXTENTION FAA19	1/04/10	214	11

Asset	Description	Date In Service	Cost	AZ
276	PLATFORM LADDERS (2)	10/01/10	499	0
281	LAND	6/30/10	12,501	0
283	PAPI SYSTEM ELECTRICAL UPG	12/23/10	1,125	0
287	APRON A EXPANSION 2009-1	3/30/09	1,450	73
288	TAXIWAY A REHAB 2009-2	5/19/09	59	3
289	TAXIWAY A REHAB 2009-3	5/26/09	59	3
290	APRON A EXPANSION 2009-3	6/17/09	794	40
291	APRON A EXPANSION 2009-4	8/25/09	608	30
293	DELL XPS 7100 COMP & MONITOR - ADMII	2/17/11	1,293	0
294	DELL XPS 7100 COMP & MONITOR- OPS	2/17/11	1,293	0
296	DIGITAL CCTV SYSTEM	6/03/11	2,321	0
297	COFFEE MAKER	9/11/11	688	0
298	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480	0
300	BEACON ROOM GATE & ELECTRONIC OPE	1/12/11	3,504	0
301	RESTAURANT BUILDING	1/01/12	1,082,434	27,061
302	RESTAURANT MACH & EQUIP	1/01/12	111,659	5,583
303	LAND	12/31/11	4,881	0
309	PAPI SYSTEM ELECTRICAL UPGRADE	1/17/11	1,600	19
310	PAPI SYSTEM ELECT UPGRADES- MOTHEI	6/20/11	3,665	262
311	HANGAR PAD EXTENTION	6/27/11	769	38
312	APRON A RECONSTRUCTION/EXPANSION	6/27/11	2,039	102
313	TAXIWAY B7 DESIGN	9/08/11	1,570	79
314	NEW FURNACE & DUCT WORK	1/11/11	6,256	313
315	GRINDER PUMP FOR SEPTIC SYSTEM	5/17/11	1,228	62
316	RESTAURANT PLANNING & DESIGN	1/01/12	333,817	8,346
317	CONFERENCE ROOM CARPETING AND CO	1/21/12	2,590	259
318	DELL T420 SERVER	8/19/12	4,022	0
320	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879	411
321	DIESEL FUEL TANK & EQUIPMENT	5/29/12	1,692	242
322	DIESEL & MOGAS TANK FLOW	7/01/12	928	133
323	DELINEATOR POSTS (30)	9/04/12	1,179	169
328	TERMINAL RESTROOM PLUMBING	4/30/12	1,237	83
329	AC UNIT REPLACED	7/13/12	1,800	180
330	AC UNIT REPLACED	7/19/12	2,000	200
331	AC UNIT REPLACED	12/22/12	685	68
332	STRUCTURE REPAIR	10/15/12	2,786	186
333	WATERLINE	10/16/12	4,500	225
334	RESURFACING/PARKING LOT IMPROVEM	10/31/12	14,972	748
335	PAVING/LARGE DRAINAGE	12/12/12	700	35
336	TRAILER MOUNTED SPRAYER	6/13/12	1,188	0
338	RESTAURANT STORAGE	12/17/12	8,575	429
339	MODULAR OFFICE BUILDING-AHA	12/31/12	57,372	2,868
340	BUILDING PERMIT	12/31/12	1,700	85
341	ADA RAMP DESIGN	12/31/12	250	25
342	FIRE SUPPRESSION SYSTEM	12/31/12	150	15
343	CABINETS & COUNTERTOPS	12/31/12	4,081	408
344	ADA RAMP MODULAR 1	12/31/12	10,715	1,071
345	FIRE SUPPRESSION SPRINKLER	12/31/12	4,956	495
346	MODULAR BLD AHA	12/31/12	694	35
347	MODULAR PERMIT REVIEW FEE	12/31/12	384	19
348	MODULAR OFFICE BUILDING-RR	12/31/12	55,481	2,774
349	WINDOWS	12/31/12	841	84
350	CABINETS & COUNTERTOPS	12/31/12	8,118	812
351	MODULAR COMPLEX INFRASTRUCTURE	12/31/12	95,054	4,753
352	APRON A EXPANSION SW-FAA	1/01/12	744	37
353	TAXILANE B7 DESIGN	1/09/12	597	30
354	TAXIWAY SURFACE TRATMENT (10% MA	1/10/12	34,666	1,733
355	APRON A EXPANSION SW- FAA	3/19/12	75	3
356	APRON A EXPENSION SW-FAA	4/05/12	410	20
357	APRON A EXPANSION SW-FAA	4/24/12	5,482	274
358	APRON A EXPANSION SW-FAA	5/29/12	17,114	855
359	TAXIWAY GRADING/DRAINAGE	5/29/12	240	12
360	TAXIWAY GRADING/DRAINAGE	6/04/12	1,674	84
361	TAXILANE B7 DESIGN	6/11/12	1,572	78
362	APRON A EXPANSION SW-FAA	6/11/12	3,928	196
363	RUNWAY LIGHTS	6/15/12	810	41
364	TAXILANE B7 DESIGN	6/30/12	748	37
365	TAXIWAY GRADING/DRAINAGE	6/30/12	500	25
366	APRON A EXPANSION SW-FAA	7/09/12	977	49
367	TAXIWAY GRADING/DRAINAGE	7/30/12	1,297	65
368	TAXILANE B7 DESIGN	8/14/12	499	25

Asset	Description	Date In Service	Cost	AZ
369	APRON A EXPANSION SW-FAA	8/14/12	126	7
370	APRON A EXPANSION SW-FAA	9/13/12	2,234	112
371	APRON A EXPANSION SW-FAA	10/03/12	118	6
372	TAXILANE B7 DESIGN	12/10/12	5,421	271
373	LAND	3/08/12	1,971	0
374	WATER LINE & ALL WEATHER FAUCET- C	7/29/12	742	37
375	WATERLINE IMPROVEMENTS	7/29/12	2,295	115
376	ENVIRONMENTAL STUDY	9/30/12	792	40
377	SWPPP DEVELOPMENT	10/31/12	3,485	175
378	TERMINAL WATERLINE REPAIR & VALVE	11/20/12	1,838	92
379	WATERLINE BACKFLOW PREVENTER	11/29/12	829	41
380	ENVIRONMENTAL STUDY	11/30/12	4,322	216
381	GENERATOR ELECTICAL TRANSFER SYS I	12/06/12	963	137
382	FIELD GENERATOR	12/19/12	3,711	530
384	TERMINAL BLDG-CONCRETE	8/22/13	5,545	142
385	FENCING-PARKING LOT EXPANSION	6/03/13	4,603	307
386	FENCING-CHAIN LINK FENCING	7/16/13	4,676	312
387	SAA NEW RESTNT PLNG & DESIGN-OUTSI	2/15/13	1,000	26
388	SAA NEW RESTNT PLN&DESIGN-RESTROC	2/15/13	2,790	71
389	MODULAR COMPLEX INFRA-MODULAR C	5/24/13	61,735	3,087
390	SAA LEASHOLD IMP-SWPPP DEV	12/02/13	3,429	172
391	SAA LEASEHOLD IMP-FURNACE	9/24/13	6,182	619
392	SAA MAINT EQP-WORKFORCE SCISSORS I	7/03/13	1,800	180
393	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415	48
398	HANGAR IMPROVEMENTS-FIRE EQUIP	5/31/13	2,875	144
399	HANGAR IMPROVEMENTS-HANGAR IMPR	10/11/13	15,600	780
400	TAXIWAY & OTHER IMPROVEMENTS-TAXI	8/01/13	20,098	1,005
401	TAXIWAY & OTHER IMPROVEMENTS-PARKIN	2/08/13	3,528	177
402	TAXIWAY & OTHER IMPROVEMENTS-ELECTR	7/30/13	4,003	200
403	RW3 EAST FENCE	12/31/15	5,445	272
404	AIRPORT MASTER PLAN	12/31/15	88,233	4,412
405	TAXIWAY RECONSTRUCTION PHASE I	12/31/15	174,198	8,710
406	TAXIWAY RECONSTRUCTION PHASE II	12/31/15	185,801	9,290
407	INFIELD DRAINAGE DESIGN	12/31/15	331,341	16,567
408	APRON A RECONSTRUCTION	12/31/15	303,021	15,151
409	CIP - RUNWAY CRACK SEAL	12/31/15	256,909	12,845
411	AIRPORT MASTER PLAN 2014	12/31/15	103,449	5,172
412	2014 TAXIWAY ADDITIONS	7/01/15	2,014,726	100,736
413	TAXIWAY RECONSTRUCTION PH II	12/31/15	198,581	9,929
414	TERMINAL FRONT WALKWAY	4/12/16	10,157	1,016
415	RESTAURANT AIRSIDE FENCING	3/21/16	5,002	250
416	NEW SOUTHWEST GATE	3/24/16	15,672	784
417	E3S2C: PARKING LOT DESIGN	5/31/16	2,064	104
418	PARKING KIOSK	10/31/16	9,308	3,102
419	SURVEILLANCE SYSTEM	12/21/16	23,363	2,337
420	3 FURNACE SYSTEMS FOR TERMINAL	12/21/16	19,223	1,923
421	ATM MACHINE	11/09/16	2,045	682
422	E7F2A#1 TERMINAL PARKING LOT	12/31/16	188,396	9,420
423	LAWN MOWER	6/30/16	3,280	1,093
424	PHASE 1 ELECTRICAL UPGRADE	2/18/00	21,800	1,090
425	KUBOTA CAB TR	6/27/16	39,596	7,919
426	PAPI #1 AND 2 - DESIGN PHASE	6/01/16	25,246	0
427	PAPI #3 - DESIGN PHASE	7/06/16	8,824	0
428	PAPI #4 - DESIGN PHASE	7/26/16	900	0
429	RUNWAY CRACK SEAL	7/26/16	54,276	5,428
430	PAPI #5 - DESIGN PHASE	9/29/16	13,960	0
431	PAPI #6 - DESIGN PHASE	9/29/16	2,550	0
432	PAPI #7 - DESIGN PHASE	11/23/16	7,234	0
433	OVERLOOK PARKING ENTRANCE	7/19/17	125	6
434	FUEL FARM RELOC	10/31/17	4,362	0
435	PARKING LOT ENGINEERING	12/20/17	9,683	484
436	OVERLON GUARD BUILDING	3/02/17	7,778	778
437	OVERLOOK ELECTRICAL	7/12/17	3,200	320
438	VENDING MACHINE & GUARD SHACK	7/17/17	10,440	1,044
439	AIRPORT MASTER PLAN	5/21/17	51,398	2,570
440	PARKING LOT-AIR TERMINAL DRIVE	5/21/17	409,932	20,497
441	AIRPORT WATER SYSTEM	8/15/17	5,400	540
442	OVERLOOK CAMERA	8/09/17	1,839	184
443	PARKING LOT CAMERAS	12/07/17	2,342	234
444	COMPUTER & PRINTER OPS MGR	6/01/17	1,292	258
445	DESK & HUTCH OPS MGR	6/01/17	732	147

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
446	FUEL FARM ENGINEERING PLANS	12/31/17	6,500	0
447	CATEGORICAL EXC FUEL FARM RELOC	12/31/17	6,704	0
448	HANGAR DEVELOPM	12/31/17	2,784	0
449	PAPI #8A - DESIGN PHASE	12/31/17	5,016	0
450	PAPI #9 - DESIGN PHASE	12/31/17	1,971	0
451	RUNWAY CRACK SEAL	12/31/17	204,408	10,220
452	EMERGENCY PAPI PROJECT	12/31/17	144,929	0
453	PAPI CONSTRUCTION PROJECT	12/31/17	15,317	0
	<b>Total Other Depreciation</b>		<u>9,457,702</u>	<u>367,681</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,457,702</u>	<u>367,681</u>
	<b>Grand Totals</b>		<u>9,457,702</u>	<u>367,681</u>



Form <b>990</b>	<b>Tax Return History</b>	<b>2017</b>
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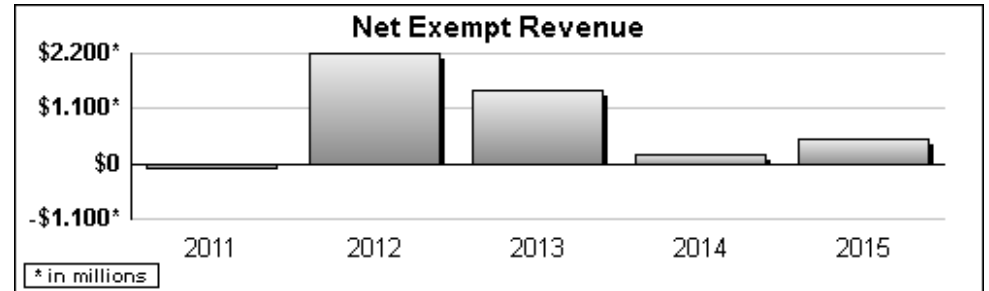
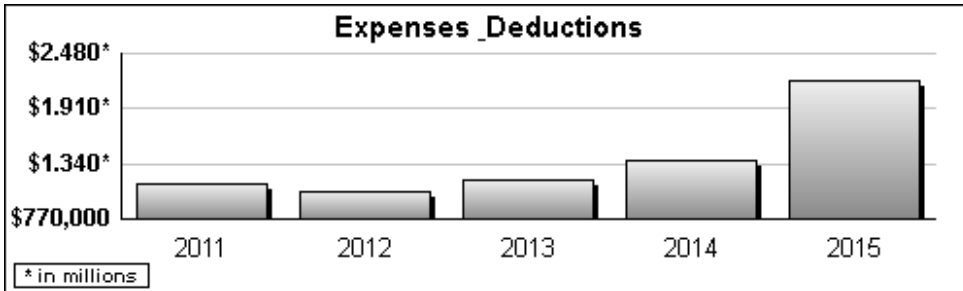
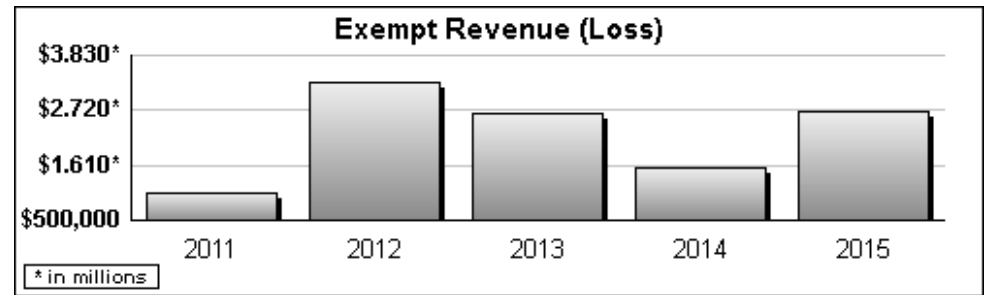
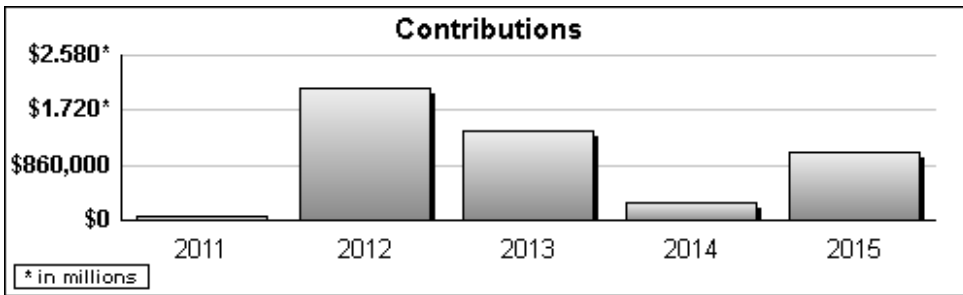
Name <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer Identification Number <b>86-0251142</b>
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....	62,104	2,067,237	1,381,532	286,109	1,068,205	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....		-24,411		-32,288		
Investment income .....	840	491	675	2,064	11,839	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	998,012	1,224,798	1,271,924	1,308,415	1,631,185	
<b>Total revenue</b> .....	<b>1,060,956</b>	<b>3,268,115</b>	<b>2,654,131</b>	<b>1,564,300</b>	<b>2,711,229</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	102,180	130,737	143,738	134,142	78,471	
Other compensation .....	489,896	420,456	415,169	404,512	650,761	
Professional fees .....	67,622	82,276	73,207	89,695	743,961	
Occupancy costs .....						
Depreciation and depletion .....	154,325	129,246	177,927	315,013	341,290	
Other expenses .....	324,701	296,018	358,643	433,319	384,124	
<b>Total expenses</b> .....	<b>1,138,724</b>	<b>1,058,733</b>	<b>1,168,684</b>	<b>1,376,681</b>	<b>2,198,607</b>	
<b>Excess or (Deficit)</b> .....	<b>-77,768</b>	<b>2,209,382</b>	<b>1,485,447</b>	<b>187,619</b>	<b>512,622</b>	
<b>Total exempt revenue</b> .....	<b>1,060,956</b>	<b>3,268,115</b>	<b>2,654,131</b>	<b>1,564,300</b>	<b>2,711,229</b>	
Total unrelated revenue .....						
Total excludable revenue .....	998,852	1,200,878	1,272,599	1,278,191	1,643,024	
Total Assets .....	3,642,821	5,950,189	7,333,582	7,481,341	8,033,848	
Total Liabilities .....	971,729	1,069,716	963,104	919,560	962,209	
Net Fund Balances .....	2,671,092	4,880,473	6,370,478	6,561,781	7,071,639	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer Identification Number <b>86-0251142</b>
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

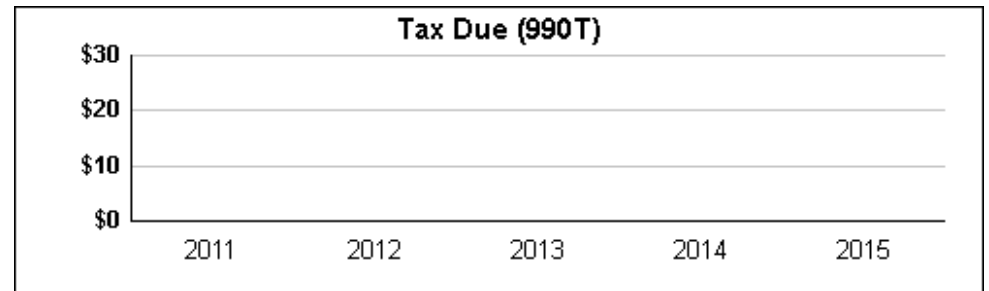
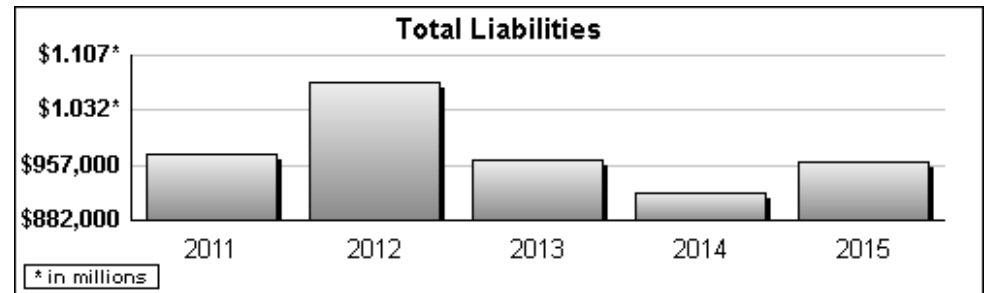
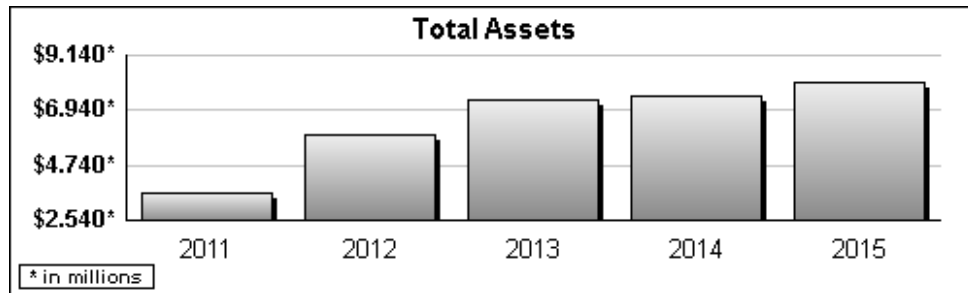


Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer Identification Number <b>86-0251142</b>
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	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000					
Income after expense and deductions .....	-1,000					
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



**Federal Statements****Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST INCOME	\$ 11,839		14			
TOTAL	<u>\$ 11,839</u>					

86-0251142

**Federal Statements**

FYE: 12/31/2017

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 6,901	\$ 6,901	\$	\$
SECURITY	1,896	1,896		
TOTAL	<u>\$ 8,797</u>	<u>\$ 8,797</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIR AND MAINTENANCE	\$ 40,689	\$ 38,655	\$ 2,034	\$
INSURANCE	37,952	37,952		
SUPPLIES	17,198	17,198		
OVERLOOK PARKING	13,048	13,048		
TELEPHONE	10,138	5,069	5,069	
OFFICE SUPPLIES	8,964		8,964	
TAXES - JET FUEL	7,329	7,329		
VEHICLE EXPENSE	4,821	4,821		
FEES, PERMITS, LICENSES	1,602	1,602		
TAXES-SALES	1,083	1,083		
ADVERTISING	744	744		
POSTAGE AND FREIGHT	619	619		
TAXES-PERSONAL PROPERTY	586	586		
DUES AND SUBSCRIPTIONS	426	426		
BANK CHARGES	271	271		
CONTRIBUTIONS	84		84	
WEBSITE	83	79	4	
MISCELLANEOUS	81	81		
TOTAL	<u>\$ 145,718</u>	<u>\$ 129,563</u>	<u>\$ 16,155</u>	<u>\$ 0</u>

**Federal Statements****Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
GENERAL - SCENIC OVERLOOK	\$ 243,484
ARIZONA DEPT OF TRANSPORTATION TAXIWAY IMPROVEMENTS	824,721
FEDERAL AVIATION ADMINISTRATION TAXIWAY IMPROVEMENTS	
YAVAPI COUNTY TAXIWAY IMPROVEMENTS	
TOTAL	<u>\$ 1,068,205</u>

**Schedule A, Part III, Line 2(e)**

<u>Description</u>	<u>Amount</u>
FUEL SALES & MISC	\$ 1,601,447
COMMERCIAL/HANGER RENTAL	810,698
TOTAL	<u>\$ 2,412,145</u>

**Schedule A, Part III, Line 10a(e)**

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 11,839
TOTAL	<u>\$ 11,839</u>

**Form 99 Return Summary**

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**86-0251142****SEDONA-OAK CREEK AIRPORT AUTHORITY****Sources of Income**

Gross sales or receipts	<u>1,601,447</u>	
Less: Cost of goods sold	<u>780,960</u>	
Gross profit from business activities		<u>820,487</u>
Interest		<u>11,839</u>
Dividends		
Rents and royalties		<u>810,698</u>
Gain or (loss) from sales of assets		
Dues, assessments, etc., from members		
Dues, assessments, etc., from affiliated organizations		
Contributions, gifts, grants, etc. received		<u>1,068,205</u>
Other income		
<b>Total income</b>		<u><b>2,711,229</b></u>

**Expenses**

Administrative expenses	<u>2,113,030</u>	
Disbursements from current income	<u>85,577</u>	
Disbursements from principal		
Other disbursements		
<b>Total expenses</b>		<u><b>2,198,607</b></u>

<b>Accumulation of income in current year</b>	<u><b>512,622</b></u>
<b>Accumulation of income at beginning of year</b>	<u><b>6,561,781</b></u>
<b>Accumulation of income at end of year</b>	<u><u><b>7,074,403</b></u></u>

Penalty for late filing or incomplete filing \_\_\_\_\_

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>7,481,341</u>	<u>8,033,848</u>	
Liabilities	<u>919,560</u>	<u>962,209</u>	
Net assets	<u><u>7,481,341</u></u>	<u><u>8,033,848</u></u>	<u><u>552,507</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date \_\_\_\_\_

For the  calendar year 2017 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer Identification Number (EIN) <b>86-0251142</b>
Business Telephone Number (with area code) <b>928-282-4487</b>	Address - number and street or PO Box <b>235 AIR TERMINAL DR #1</b>	
	City, Town or Post Office <b>SEDONA</b>	State <b>AZ</b>
		ZIP Code <b>86336</b>

**68** Check box if:  This is a first return  Name change  Address change

A Date Arizona operations began: \_\_\_\_\_

B Nature of Arizona activities: \_\_\_\_\_

C Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
 82  82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM  66 RCVD

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -**

D  NMMD Registry Identification Number: \_\_\_\_\_

E What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_

**Sources of Income**

1	Gross sales from business activities	1	1,601,447	00
2	Less cost of goods sold or of operations: Include itemized statement <b>STMT 1</b>	2	780,960	00
3	Gross profit from business activities: Subtract line 2 from line 1	3	820,487	00
4	Interest	4	11,839	00
5	Dividends	5		00
6	Rents and royalties	6	810,698	00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	1,068,205	00
11	Other income: Include itemized statement	11		00
12	Total income: Add lines 3 through 11	12	2,711,229	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13	78,471	00
14	Salaries and wages other than amounts included on line 2	14	497,597	00
15	Interest	15		00
16	Taxes	16	67,587	00
17	Rent expense	17		00
18	Depreciation: Include schedule <b>SEE STATEMENT 2</b>	18	341,290	00
19	Miscellaneous expenses: Include itemized statement <b>SEE STMT 3</b>	19	1,128,085	00
20	Total expenses: Add lines 13 through 19	20	2,113,030	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	85,577	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	512,622	00
25	Accumulation of income at beginning of year	25	6,561,781	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	7,074,403	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).



Name (as shown on page 1) <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	EIN <b>86-0251142</b>
--	--------------------------

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., paid to affiliates .....	A1		00	
A2 Contributions, gifts, grants, etc., paid .....	A2		00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00	
A3b Other benefits .....	A3b	85,577	00	
A4 Dividends and other distributions to members, shareholders, or depositors .....	A4		00	
A5 Other .....	A5		00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6		85,577	00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., paid to affiliates .....	B1		00	
B2 Contributions, gifts, grants, etc., paid .....	B2		00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits .....	B3a		00	
B3b Other benefits .....	B3b		00	
B4 Dividends and other distributions to members, shareholders, or depositors .....	B4		00	
B5 Other .....	B5		00	
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	B6			00

**SCHEDULE C Balance Sheet**

NOTE: Amounts reported in included schedules and in this column should be end of year amounts.

	(a) Beginning of Year		(b) End of Year	
<b>Assets</b>				
C1 Cash .....	513,112	00	C1	260,132 00
C2a Accounts receivable .....	C2a	81,796	00	
C2b Less allowance for doubtful accounts .....	C2b		00	
C2c Line C2a less line C2b. Enter difference in column (b) .....		46,075	00	C2c 81,796 00
C3a Other notes and loans receivable: Include schedule .....	C3a		00	
C3b Less allowance for doubtful accounts .....	C3b		00	
C3c Line C3a less line C3b. Enter difference in column (b) .....			00	C3c 00
C4 Inventories .....	36,818	00	C4	44,458 00
C5 Investments (securities): Include schedule .....		00	C5	00
C6 Investments (other): Include schedule .....		00	C6	00
C7a Land, buildings, and equipment; basis: .....	C7a	9,470,667	00	
C7b Less accumulated depreciation: Include schedule .....	C7b	2,612,467	00	
C7c Line C7a less line C7b. Enter difference in column (b) <b>SEE STMT 4</b> .....		6,306,103	00	C7c 6,858,200 00
C8 Other assets (describe): <b>SEE STATEMENT 5</b> .....		579,233	00	C8 789,262 00
C9 <b>Total assets: Add lines C1 through C8</b> .....		7,481,341	00	C9 8,033,848 00
<b>Liabilities</b>				
C10 Accounts payable and accrued expenses .....		29,193	00	C10 92,584 00
C11 Mortgages and other notes payable: Include schedule .....			00	C11 00
C12 Other liabilities (describe): <b>SEE STATEMENT 6</b> .....		890,367	00	C12 869,625 00
C13 <b>Total liabilities: Add lines C10 through C12</b> .....		919,560	00	C13 962,209 00
<b>Net Assets</b>				
C14 Capital stock or trust principal .....			00	C14 00
C15 Paid-in or capital surplus .....			00	C15 00
C16 Retained earnings or accumulated income .....		6,561,781	00	C16 7,071,639 00
C17 <b>Total net assets: Add lines C14 through C16</b> .....		6,561,781	00	C17 7,071,639 00
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		7,481,341	00	C18 8,033,848 00

✎ PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	EIN <b>86-0251142</b>
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<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.	
<b>Please Sign Here</b>	OFFICER'S SIGNATURE <b>HAROLD IDELL</b>	DATE _____ TITLE _____
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE <b>GUEST, SCHUTTE &amp; COSPER, CPAS, LLP</b>	DATE _____ PAID PREPARER'S PTIN <b>P00065852</b>
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) <b>603 N BEAVER ST.</b>	FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN <b>86-0556567</b>
	FIRM'S STREET ADDRESS <b>FLAGSTAFF</b>	FIRM'S TELEPHONE NUMBER <b>928-774-7371</b>
	CITY <b>AZ</b>	STATE <b>86001</b>
		ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

86-0251142

**Arizona Statements**

FYE: 12/31/2017

**Statement 1 - Form 99, Page 1, Line 2 - Cost of Goods Sold or of Operations**

<u>Description</u>	<u>Amount</u>
FUEL SALES & MISC	780,960
TOTAL	<u>780,960</u>

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation**

<u>Description</u>	<u>Amount</u>
TERMINAL BUILDING	12,817
WELL AND ACCESS ROAD	491
SMA LEASEHOLD IMPROVEMENTS	
SAAS LEASEHOLDS	
LEASEHOLD IMPROVEMENTS	
COCONINO FENCE	
ADOT GRANT#514 & 614-TAXILANES,	3,882
GRANT #716-DESIGN COSTS	384
GRANT 3-HELIPORT & TAXIWAYS	23
WATERLINE - HANGER	942
HANGAR CONSTRUCTION IN PROGRESS	927
ADOT 514 ADDITION	91
ADOT 614 ADDITION	120
ADOT #9068 & 9094 TAXIWAY	2,708
TAXIWAY APRON	38
TAXIWAY	104
TAXIWAY	1,029
TAXIWAY	215
NEW PUMP/CORP HANGAR AREA	
PAVING/BI-PLANE	250
NEW TELEPHONE LINES	306
RUNWAY ENGINEERING	15
RUNWAY ENGINEERING	123
RUNWAY ENGINEERING	97
NORTH RAMP	18
RUNWAY ENGINEERING	120
NORTH RAMP	13
RUNWAY ENGINEERING	102
RUNWAY ENGINEERING	72
NORTH RAMP	8
NORTH RAMP (E1157)	45
RUNWAY DESIGN	56
TAXIWAY (N514)	652
TAXIWAY (N716)	90
NORTH RAMP	119
BEACON	309
APRON OVERLAY	895
NORTH RAMP #3-04-0033-12	408
NORTH RAMP #E1157	127
NORTH RAMP	95
RUNWAY DESIGN	197
RUNWAY DESIGN	15
WELL PUMPS	
RUNWAY CONSTRUCTION	2,685
MEMORIAL BENCH	61
CHEVY TRUCK	

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**Arizona Statements**

FYE: 12/31/2017

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation (continued)**

<u>Description</u>	<u>Amount</u>
TAXIWAY REHAB DESIGN	250
RUNWAY CONSTRUCTION	155
FIRE PROTECTION SYSTEM	50
NEW GATE OPERATORS	
PERIMETER ROAD DESIGN	
TAXIWAY REHAB DESIGN	151
FIRE PROTECTION SYSTEM	262
FAA 15 MISC IMPROVEMENTS	1
TAXIWAY REHAB DESIGN	
PERIMETER ROAD DESIGN	51
TAXIWAY REHAB DESIGN	102
FIRE PROTECTION SYSTEM	56
TAXIWAY REHAB DESIGN	1
MEMORIAL BENCH	67
APRON A EXTENSION	40
FIRE PROTECTION SYSTEM	125
APRON A EXTENSION	228
TAXIWAY REHAB DESIGN	321
APRON A EXTENSION	192
TAXIWAY REHAB DESIGN	305
RUNWAY SAFETY AREA	149
FIRE PROTECTION SYS. DESIGN	46
APRON A EXTENSION	39
TAXIWAY REHAB DESIGN	17
PERIMETER ROAD	23
AWOS DESIGN	
RUNWAY SAFETY AREA	
APRON A EXPANSION	38
TAXIWAY REHAB	231
APRON A EXPANSION	70
RUNWAY SAFETY AREA	
RUNWAY SAFETY AREA	
TAXIWAY REHAB	301
AWOS DESIGN	
AWOS DESIGN	
APRON A EXPANSION	21
TAXIWAY REHAB	147
APRON A EXPANSION	293
RUNWAY SAFETY AREA	820
TAXIWAY REHAB	41
FIRE PROTECTION SYS. DESIGN	14
APRON A EXPANSION	22
RUNWAY SAFETY AREA	244
RUNWAY SAFETY AREA	40
STORAGE BUILDING FOR EQUIPMENT	278
FIRE PROTECTION SYS. DESIGN	32
APRON A EXPANSION SW	34
TAXIWAY REHAB	48
HANGAR PAD EXTENSION	126
APRON A EXPANSION	264
RUNWAY SAFETY AREA	376
HP COLOR PRINTER CP2025N	
MAKITA AIR COMPRESSOR	
BRUSH CUTTERS (2)	

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**Arizona Statements**

FYE: 12/31/2017

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation (continued)**

<u>Description</u>	<u>Amount</u>
STIHL MS 180 CHAINSAW	
JETGO GPU	
08 GMC SIERRA	
LETTERING FOR GMC	
TRAILER HITCH FOR GMC	
BEDLINER FOR GMC	
CHAINLINK FENCE W GATE	
AWOS EQUIPMENT 2009	
HANGAR EXCAVATION AND DRAINAGE	1,252
REFURBISH OVERLOOK BINOS	
TAXIWAY A REHAB	85
APRON A EXPANSION	6
TAXIWAY A OMPROVEMENT/EXTENSION	8
HANGAR PAD EXT & IMPROVE	15
HANGAR PAD - EXTEND	18
SOUTHWEST APRON DESIGN	31
TAXIWAY A REHAB	60
TAXIWAY A EXTENSION	
CABINETS & FIXTURES	749
CONFERENCE TELEPHONE	
OFFICE CHAIRS (3)	
OFFICE CHAIRS (2)	
ELECTRICAL UPGRADE FBO	41
COFFEE SERVICE CABINETS	82
ADOT E8S20 - APRON RECONSTRUCTI	63
ADOT E8S22 - TAXIWAY IMPROVEMEN	21
BROTHER 2820 LASER FAX	
MAIN GATE OPERATOR REHAB	
AWOS POWER SUPPLY ASSEM	
TERMINAL A/C FAN MOTOR	
OVERLOOK LANDSCAPE IMPROVEMENT	80
FIRE PROTECTION E6S15	63
TAXIWAY "A" EXTENTION FAA19	10
PLATFORM LADDERS (2)	
LAND	
PAPI SYSTEM ELECTRICAL UPG	32
APRON A EXPANSION 2009-1	73
TAXIWAY A REHAB 2009-2	3
TAXIWAY A REHAB 2009-3	3
APRON A EXPANSION 2009-3	40
APRON A EXPANSION 2009-4	31
DELL XPS 7100 COMP & MONITOR -	
DELL XPS 7100 COMP & MONITOR- O	
DIGITAL CCTV SYSTEM	
COFFEE MAKER	
R&R FUEL TANK PUMP MOTORS	
BEACON ROOM GATE & ELECTRONIC O	425
RESTAURANT BUILDING	21,648
RESTAURANT MACH & EQUIP	5,304
LAND	
PAPI SYSTEM ELECTRICAL UPGRADE	229
PAPI SYSTEM ELECT UPGRADES- MOT	524
HANGAR PAD EXTENTION	39
APRON A RECONSTRUCTION/EXPANSIO	102

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**Arizona Statements**

FYE: 12/31/2017

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation (continued)**

Description	Amount
TAXIWAY B7 DESIGN	78
NEW FURNACE & DUCT WORK	313
GRINDER PUMP FOR SEPTIC SYSTEM	49
RESTAURANT PLANNING & DESIGN	8,345
CONFERENCE ROOM CARPETING AND C	246
DELL T420 SERVER	
FUEL TANK TRAILER W/ JACKS	391
DIESEL FUEL TANK & EQUIPMENT	230
DIESEL & MOGAS TANK FLOW	126
DELINEATOR POSTS (30)	160
TERMINAL RESTROOM PLUMBING	82
AC UNIT REPLACED	144
AC UNIT REPLACED	160
AC UNIT REPLACED	55
STRUCTURE REPAIR	185
WATERLINE	225
RESURFACING/PARKING LOT IMPROVE	749
PAVING/LARGE DRAINAGE	35
TRAILER MOUNTED SPRAYER	
RESTAURANT STORAGE	429
MODULAR OFFICE BUILDING-AHA	2,869
BUILDING PERMIT	85
ADA RAMP DESIGN	25
FIRE SUPPRESSION SYSTEM	14
CABINETS & COUNTERTOPS	388
ADA RAMP MODULAR 1	964
FIRE SUPPRESSION SPRINKLER	471
MODULAR BLD AHA	28
MODULAR PERMIT REVIEW FEE	20
MODULAR OFFICE BUILDING-RR	2,774
WINDOWS	84
CABINETS & COUNTERTOPS	771
MODULAR COMPLEX INFRASTRUCTURE	4,753
APRON A EXPANSION SW-FAA	38
TAXILANE B7 DESIGN	30
TAXIWAY SURFACE TRATMENT (10% M	1,733
APRON A EXPANSION SW- FAA	4
APRON A EXPENSION SW-FAA	20
APRON A EXPANSION SW-FAA	274
APRON A EXPANSION SW-FAA	856
TAXIWAY GRADING/DRAINAGE	12
TAXIWAY GRADING/DRAINAGE	84
TAXILANE B7 DESIGN	79
APRON A EXPANSION SW-FAA	197
RUNWAY LIGHTS	41
TAXILANE B7 DESIGN	37
TAXIWAY GRADING/DRAINAGE	25
APRON A EXPANSION SW-FAA	49
TAXIWAY GRADING/DRAINAGE	65
TAXILANE B7 DESIGN	25
APRON A EXPANSION SW-FAA	7
APRON A EXPANSION SW-FAA	112
APRON A EXPANSION SW-FAA	6
TAXILANE B7 DESIGN	271

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**Arizona Statements**

FYE: 12/31/2017

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation (continued)**

Description	Amount
LAND	
WATER LINE & ALL WEATHER FAUCET	37
WATERLINE IMPROVEMENTS	114
ENVIRONMENTAL STUDY	40
SWPPP DEVELOPMENT	175
TERMINAL WATERLINE REPAIR & VAL	92
WATERLINE BACKFLOW PREVENTER	41
ENVIRONMENTAL STUDY	216
GENERATOR ELECTRICAL TRANSFER SY	110
FIELD GENERATOR	424
TERMINAL BLDG-CONCRETE	370
FENCING-PARKING LOT EXPANSION	306
FENCING-CHAIN LINK FENCING	312
SAA NEW RESTNT PLNG & DESIGN-OU	25
SAA NEW RESTNT PLN&DESIGN-RESTR	70
MODULAR COMPLEX INFRA-MODULAR C	3,087
SAA LEASHOLD IMP-SWPPP DEV	171
SAA LEASEHOLD IMP-FURNACE	618
SAA MAINT EQP-WORKFORCE SCISSOR	180
SAA MAINT EQP-STIHL TRIMMER	83
HANGAR IMPROVEMENTS-FIRE EQUIP	144
HANGAR IMPROVEMENTS-HANGAR IMPR	780
TAXIWAY & OTHER IMPROVMNTS-TAX	1,005
TAXIWAY & OTHER IMPRVMNTS-PARKI	176
TAXIWAY & OTHER IMROVMNTS-ELECT	200
FENCING, GROUNDSD, SAFETY ARE	455
RRA FIELD EQUIPMENT	174
HANGAR IMPROVEMENTS	350
TAXIWAY & OTHER IMPROVEMENTS	40
AIRPORT MASTER PLAN	771
RW3 EAST FENCE	273
AIRPORT MASTER PLAN	4,411
TAXIWAY RECONSTRUCTION PHASE I	8,710
TAXIWAY RECONSTRUCTION PHASE II	9,290
INFIELD DRAINAGE DESIGN	16,567
APRON A RECONSTRUCTION	15,151
CIP - RUNWAY CRACK SEAL	12,846
AIRPORT MASTER PLAN 2014	5,173
2014 TAXIWAY ADDITIONS	100,737
TAXIWAY RECONSTRUCTION PH II	9,929
TERMINAL FRONT WALKWAY	1,015
RESTAURANT AIRSIDE FENCING	250
NEW SOUTHWEST GATE	783
E3S2C: PARKING LOT DESIGN	103
PARKING KIOSK	3,103
SURVEILLANCE SYSTEM	2,336
3 FURNACE SYSTEMS FOR TERMINAL	1,922
ATM MACHINE	681
E7F2A#1 TERMINAL PARKING LOT	9,420
LAWN MOWER	1,093
PHASE 1 ELECTRICAL UPGRADE	1,090
KUBOTA CAB TR	8,184
PAPI #1 AND 2 - DESIGN PHASE	
PAPI #3 - DESIGN PHASE	

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**Arizona Statements**

FYE: 12/31/2017

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation (continued)**

<u>Description</u>	<u>Amount</u>
PAPI #4 - DESIGN PHASE	
RUNWAY CRACK SEAL	5,428
PAPI #5 - DESIGN PHASE	
PAPI #6 - DESIGN PHASE	
PAPI #7 - DESIGN PHASE	
OVERLOOK PARKING ENTRANCE	3
FUEL FARM RELOC	
PARKING LOT ENGINEERING	
OVERLON GUARD BUILDING	648
OVERLOOK ELECTRICAL	160
VENDING MACHINE & GUARD SHACK	435
AIRPORT MASTER PLAN	1,499
PARKING LOT-AIR TERMINAL DRIVE	11,956
AIRPORT WATER SYSTEM	225
OVERLOOK CAMERA	77
PARKING LOT CAMERAS	20
COMPUTER & PRINTER OPS MGR	151
DESK & HUTCH OPS MGR	85
FUEL FARM ENGINEERING PLANS	
CATEGORICAL EXC FUEL FARM RELOC	
HANGAR DEVELOPM	
PAPI #8A - DESIGN PHASE	
PAPI #9 - DESIGN PHASE	
RUNWAY CRACK SEAL	
EMERGENCY PAPI PROJECT	
PAPI CONSTRUCTION PROJECT	
TOTAL	<u>341,290</u>

**Statement 3 - Form 99, Page 1, Line 19 - Miscellaneous Expenses**

<u>Description</u>	<u>Amount</u>
	29,630
	705,534
	25,686
CONSULTING	6,901
SECURITY	1,896
ADVERTISING	744
BANK CHARGES	271
CONTRIBUTIONS	84
CREDIT CARD FEES	52,598
DUES AND SUBSCRIPTIONS	426
EQUIPMENT RENTAL	47,433
FEES, PERMITS, LICENSES	1,602
FUNDRAISING	
INSURANCE	37,952
MISCELLANEOUS	81
OFFICE SUPPLIES	8,964
OUTSIDE SERVICES	56,848
OVERLOOK PARKING	13,048
POSTAGE AND FREIGHT	619
REPAIR AND MAINTENANCE	40,689
SUPPLIES	17,198



**Arizona Statements****Statement 3 - Form 99, Page 1, Line 19 - Miscellaneous Expenses (continued)**

Description	Amount
TAXES - JET FUEL	7,329
TAXES-PERSONAL PROPERTY	586
TAXES-SALES	1,083
TELEPHONE	10,138
UTILITIES	55,841
VEHICLE EXPENSE	4,821
WEBSITE	83
TOTAL	<u>1,128,085</u>

**Statement 4 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment**

Description	Beginning of Year	End of Year
BUILDINGS, EQUIPMENT	\$ 8,555,163	\$ 9,451,314
LAND	19,353	19,353
LESS: ACCUMULATED DEPRECIATION	-2,268,413	-2,612,467
TOTAL	<u>\$ 6,306,103</u>	<u>\$ 6,858,200</u>

**Statement 5 - Form 99, Page 2, Line C8 - Other Assets**

Description	Beginning of Year	End of Year
CERTIFICATE OF DEPOSIT	\$ 501,657	\$ 511,689
GRANT REIMBURSEMENT RECEIVABLE	52,842	
CERTIFICATE OF DEPOSIT		251,587
INTANGIBLE ASSETS		25,986
PREPAID EXPENSES	24,734	25,986
TOTAL	<u>\$ 579,233</u>	<u>\$ 789,262</u>

**Statement 6 - Form 99, Page 2, Line C12 - Other Liabilities**

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 809,817	\$ 782,210
DEFERRED RENTAL INCOME	5,372	7,554
RENTAL SECURITY DEPOSITS	27,882	27,688
PAYROLL TAXES PAYABLE	8,770	5,534
SALES TAXES PAYABLE	1,961	391
OTHER LIABILITIES	5,301	5,301
ACCRUED COMPENSATED ABSENCES	16,537	16,537
ACCRUED PAYROLL	14,727	24,410
TOTAL	<u>\$ 890,367</u>	<u>\$ 869,625</u>

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b></p> Doing business as <b>DBA SEDONA AIRPORT ADMINISTRATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>235 AIR TERMINAL DR #1</b> Room/suite _____ City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>SEDONA AZ 86336</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>86-0251142</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>928-282-4487</b></p> <b>G</b> Gross receipts \$ <b>3,492,189</b>
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<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>HAROLD IDELL</b> <b>235 AIR TERMINAL DR #1</b> <b>SEDONA AZ 86336</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SEDONAAIRPORT.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1970** **M** State of legal domicile: **AZ**

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>	
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>	
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>27</b>	
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>286,109</b>	<b>1,068,205</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>0</b>	<b>0</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>-30,224</b>	<b>11,839</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>1,308,415</b>	<b>1,631,185</b>
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>1,564,300</b>	<b>2,711,229</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>	<b>0</b>	<b>0</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0</b>	<b>0</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	<b>538,654</b>	<b>729,232</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0</b>	<b>0</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>b</b>	<b>0</b>	<b>0</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>17</b>	<b>838,027</b>	<b>1,469,375</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>1,376,681</b>	<b>2,198,607</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>187,619</b>	<b>512,622</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>7,481,341</b>	<b>8,033,848</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>919,560</b>	<b>962,209</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>6,561,781</b>	<b>7,071,639</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>HAROLD IDELL</b></p> Type or print name and title	Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVE COSPER</b>	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00065852</b>
	Firm's name } <b>GUEST, SCHUTTE &amp; COSPER, CPAS, LLP</b>	Firm's EIN } <b>86-0556567</b>		Phone no. <b>928-774-7371</b>	
	Firm's address } <b>603 N BEAVER ST.</b> <b>FLAGSTAFF, AZ 86001</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **1,670,073** including grants of \$ ) (Revenue \$ )

**THE ORGANIZATION PROVIDED YEAR-ROUND AIRPORT FACILITIES FOR THE USE OF RESIDENTS OF SEDONA AND THE GREATER YAVAPAI COUNTY AREA OF THE STATE. BY DOING THIS, RESIDENTS OF THESE AREAS HAVE A MEANS OF TRAVEL IN AND OUT OF THE AREA, WITHOUT OVER-BURDENING THE REST OF THE COUNTY'S SCARCE RESOURCES.**

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

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

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

(Expenses \$ **207,620** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 1,877,693**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE HEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) BILL DEGROFF	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) ROY DANIELS	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) GIORGIO CAGLIERO	1.00									
PRESIDENT	0.00			X			0	0	0	
(5) PAM FAZZINI	1.00									
VICE PRESIDENT	0.00			X			0	0	0	
(6) JIM BROCK	1.00									
SECRETARY/TREASURER	0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,068,205</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>824,721</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>1,068,205</b>				
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>11,839</b>			<b>11,839</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	<b>810,698</b>				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	<b>810,698</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>	<b>810,698</b>	<b>810,698</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>1,601,447</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>	<b>780,960</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	<b>820,487</b>	<b>820,487</b>			
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>2,711,229</b>	<b>1,631,185</b>	<b>0</b>	<b>11,839</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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,471	47,083	31,388	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	497,597	298,558	199,039	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	85,577	51,346	34,231	
10 Payroll taxes	67,587	40,553	27,034	
11 Fees for services (non-employees):				
a Management				
b Legal	705,534	705,534		
c Accounting	29,630	29,630		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,797	8,797		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	25,686	15,411	10,275	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	341,290	341,290		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OUTSIDE SERVICES</b>	56,848	56,848		
b <b>UTILITIES</b>	55,841	53,049	2,792	
c <b>CREDIT CARD FEES</b>	52,598	52,598		
d <b>EQUIPMENT RENTAL</b>	47,433	47,433		
e All other expenses	145,718	129,563	16,155	
25 Total functional expenses. Add lines 1 through 24e	2,198,607	1,877,693	320,914	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	196,837	1	93,637
	2	Savings and temporary cash investments	316,275	2	166,495
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,075	4	81,796
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	36,818	8	44,458
	9	Prepaid expenses and deferred charges	24,734	9	25,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,470,667		
	b	Less: accumulated depreciation	10b 2,612,467	10c 6,306,103	6,858,200
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	554,499	15	763,276
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,481,341	16	8,033,848	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	29,193	17	92,584
	18	Grants payable		18	
	19	Deferred revenue	809,817	19	782,210
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,550	25	87,415
	26	<b>Total liabilities.</b> Add lines 17 through 25	919,560	26	962,209
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	6,561,781	27	7,071,639
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	6,561,781	33	7,071,639	
34	<b>Total liabilities and net assets/fund balances</b>	7,481,341	34	8,033,848	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,711,229</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,198,607</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>512,622</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,561,781</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-2,764</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>7,071,639</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2017**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Employer identification number

**86-0251142**

**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: (For lines 1 through 12, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. 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
b 33 1/3% support test—2016. 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
17a 10%-facts-and-circumstances test—2017. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,104	2,067,237	1,381,532	286,109	1,068,205	4,865,187
<b>2</b> 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	2,307,532	2,360,229	1,974,061	1,878,346	2,412,145	10,932,313
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						15,797,500

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	840	491	675	2,064	11,839	15,909
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	840	491	675	2,064	11,839	15,909
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,370,476	4,427,957	3,356,268	2,166,519	3,492,189	15,813,409
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.90 %
<b>16</b> Public support percentage for 2016 Schedule A, Part III, line 15	<b>16</b>	99.96 %

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** 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
- b 33 1/3% support tests—2016.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	<b>86-0251142</b>

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer identification number <b>86-0251142</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARIZONA DEPT OF TRANSPORTATION 2302 W DURANGO ST PHOENIX AZ 85009	\$ 824,721	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SEDONA-OAK CREEK AIRPORT AUTHORITY</b>	Employer identification number <b>86-0251142</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TAXIWAY IMPROVEMENTS	\$ 824,721	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number

86-0251142

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** ..... %
  - b** Permanent endowment **u** ..... %
  - c** Temporarily restricted endowment **u** ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>19,353</b>		<b>19,353</b>
<b>b</b> Buildings .....		<b>4,813,137</b>	<b>1,766,497</b>	<b>3,046,640</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>90,563</b>	<b>45,796</b>	<b>44,767</b>
<b>e</b> Other .....		<b>4,547,614</b>	<b>800,174</b>	<b>3,747,440</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>6,858,200</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>CERTIFICATE OF DEPOSIT</b>	<b>511,689</b>
(2) <b>CERTIFICATE OF DEPOSIT</b>	<b>251,587</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>763,276</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>RENTAL SECURITY DEPOSITS</b>	<b>27,688</b>
(3) <b>ACCRUED PAYROLL</b>	<b>24,410</b>
(4) <b>ACCRUED COMPENSATED ABSENCES</b>	<b>16,537</b>
(5) <b>DEFERRED RENTAL INCOME</b>	<b>7,554</b>
(6) <b>PAYROLL TAXES PAYABLE</b>	<b>5,534</b>
(7) <b>OTHER LIABILITIES</b>	<b>5,301</b>
(8) <b>SALES TAXES PAYABLE</b>	<b>391</b>
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>87,415</b>

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>2,711,229</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,711,229</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,711,229</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>2,201,371</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>2,764</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>2,764</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,198,607</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,198,607</b>

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

<b>ROUNDING</b>	<b>\$ 2</b>
<b>BOOK / TAX DEPRECIATION DIFFERENCE</b>	<b>\$ 2,762</b>



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

**86-0251142**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>ADOT</b> )	<b>X</b>	<b>1</b>	<b>824,721</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**SEDONA-OAK CREEK AIRPORT AUTHORITY**

Employer identification number

**86-0251142**

**FORM 990 - ORGANIZATION'S MISSION**

**THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO LESSEN THE  
BURDEN OF YAVAPAI COUNTY GOVERNMENT PURSUANT TO REG.**

**SECTION 1.501(C)(3)-1(D)(2) BY PROVIDING AIRPORT  
FACILITIES TO A RURAL AREA NOT SERVED BY EXISTING AIRPORT  
FACILITIES AND PROVIDING THESE SERVICES UNDER THE AUTHORITY  
AND SUPPORT OF FEDERAL, STATE AND LOCAL GOVERNMENT  
AGENCIES. THE ORGANIZATION IMPROVES THE PUBLIC WELFARE BY  
ESTABLISHING BETTER ACCESS BETWEEN THIS COMMUNITY AND THE  
SURROUNDING AREAS IN CONJUNCTION WITH THE NATIONAL SYSTEM  
OF AIRPORTS UNDER THE CONTROL OF THE FEDERAL AVIATION  
ADMINISTRATION. THE AIRPORT PROVIDES RESIDENTS WITH ACCESS  
TO OTHER LOCATIONS AND INCREASES VISTOR TRAFFIC TO THE  
AREA. THE INCREASE IN TOURISM PROVIDES SUPPORT TO THE LOCAL  
ECONOMY AND INCREASED EMPLOYMENT OPPORTUNITIES. THE AIRPORT  
HAS ALSO BEEN APPROVED BY LOCAL GOVERNMENT TO WORK WITH  
POLICE, FIRE, AND RESCUE AGENCIES IN PROVIDING HEALTH AND  
WELFARE SERVICES TO THE COMMUNITY.**

**FORM 990 - ADDITIONAL INFORMATION**

**SCHEDULE I, PART II, LINE 1 (1), COLUMN (H) - AIRPORT PUBLIC EVENT**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT  
THE ORGANIZATION PROVIDED YEAR-ROUND AIRPORT FACILITIES**



Name of the organization

Employer identification number

SEDONA-OAK CREEK AIRPORT AUTHORITY

86-0251142

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS AND GENERAL MANAGER FOR REVIEW AND COMMENTS, THEN REVIEWED AND SIGNED BY CFO BEFORE FILING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR TOP MANAGEMENT AND OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR TOP MANAGEMENT AND OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION ON SITE ANY TIME DURING BUSINESS HOURS. THIS POLICY IS ALSO POSTED ON THE WEBSITE OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION		
ROUNDING	\$	-2
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-2,762
TOTAL	\$	-2,764