Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning

, and ending

86-0251142

SEDONA-OAK CREEK AIRPORT AUTHORITY

Net Asset / Fund Balance at Begin	ning of Year			6,561,781
Revenue Contributions	1,0	68,205		
Program service revenue				
Investment income		11,839		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income	1,6	31,185		
Total revenue		2	<u>,711,229</u>	
Expenses				
Program services	1,8	77,693 20,914		
Management and general	3	320,914		
Fundraising				
Total expenses		2	<u>,198,607</u>	
Excess / (deficit)				512,622
Changes				-2,764
Net Asset / Fund Ba	alance at End of Year			7,071,639
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return		Less: Donated se Prior year a Losses Other Plus: Investment Other	adjustments _ - -	
Assets Liabilities Net assets	Beginning 7,481,341 919,560 6,561,781	Ending 8,033,848 962,209 7,071,639	Differences	! =
	Miscellaneous I Amended return Return / extended due date Failure to file penalty	05/15/15		

Form **8879-EC**

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

OMB No. 1545-1878

2017

Department of the Treasury Internal Revenue Service

For calendar year 2017, or fiscal year beginning, 2017, and ending, 20 $\begin{array}{c} u \text{ Do not send to the IRS. Keep for your records.} \\ u \text{ Go to } \textit{www.irs.gov/Form8879EO} \text{ for the latest information.} \end{array}$

leave line 1b, 2b, 3b, 4b, 07 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable into below. Do not complete more than one line in Part I. 1a Form 990 check here	Name of exempt organization	Employer identification number
Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8579-EO and enter the applicable amount, if any, from the return. If you check the box on fine 1a, 2a, 3a, 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 into the 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 into blow. Do not complete more than one line in Part I. 1a Form 990-EC check here	SEDONA-OAK CREEK AIRPORT AUTHORITY	86-0251142
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 filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (on to enter 4-b). But, if you entered 4-on the return, then enter 4-on the applicable line below. Do not complete more than one line in Part I. Is Form 990 check here b		, , , , , , , , , , , , , , , , , , , ,
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being flied with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable lank (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. 1a Form 990-Check here	Part I Type of Return and Return Information (Whole Dollars Only)	
leave line 1b, 2b, 3b, 4b, 0r 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. 1a Form 990 check here	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
the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 1b	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
1a Form 990 check here	leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	ne return, then enter -0- on
2a Form 190-EZ Check here ▶		
38 Form 1120-POL check here	1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,711,229
4a Form 990-PF check here	2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b
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 of programation of 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 return to 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 ansitution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the infinancial 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 are 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 as my signature Enter two 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(les) regulating charities as part of the IRS Fed/State pr	3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
Part II Declaration and Signature Authorization of Officer Under penalties of perjuty, 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 self-corric return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic 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 truds 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 1-888-353-353 no later than 2 business days prior to the payment (settlement) date. I also authorize the organization's electronic return and, if applicable, the organization's consent to electronic 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 To enter my PIN To enter my PIN To enter my PIN and the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN an		
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 electronic return to the IRS and to receive from the IRS (a) an acknowledgement of receipt 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 lapent to initiate an electronic funds withdrawal (client) either 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 1-889-353-4537 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 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 ind	5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b
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 reasons 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 1-888-363-4637 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 or 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 will enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN on the return's d		
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 Appent to initiate an electronic funds withdrawal critical debit in the tax preparation software for payment of the organization's federal taxes owed on this return, and 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 or enter my PIN as my signature and the IRS red/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 char	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,7
As an officer of the organization, I will enter my PIN on the return shall a copy of the return. If I have indicated within this return that a copy of the 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 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. 1 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. Date Date Date Date Officers Officers Date Date	are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refundathorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direction financial institution account indicated in the tax preparation software for payment of the organization's federal return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also author involved in the processing of the electronic payment of taxes to receive confidential information necessary to resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	e copy of the c return originator (ERO) or reason for rejection of und. If applicable, I ect debit) entry to the all taxes owed on this e U.S. Treasury Financial rize the financial institutions or answer inquiries and
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 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 Pate Date Date Date Officer's fire numbers, but do not enter all zeros	•	
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 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	· · · · · · · · · · · · · · · · · · ·	Enter five numbers, but
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. Rody	being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also 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. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) re	authorize the aforementioned 2017 electronically filed return.
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	the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
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 Date Do not enter all zeros		Date } 07/03/18
number (EFIN) followed by your five-digit self-selected PIN. B6490944790 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 Date Do not enter all zeros Do not enter all zeros		
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 <i>e-file</i> Providers for Business Returns. ERO's signature } Date }		
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 <i>e-file</i> Providers for Business Returns. ERO's signature } Date }	I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return	for the organization
Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature } Date } Date }		
Lives signature / Date /		, ,
FRO Must Retain This Form — See Instructions	ERO's signature } Dat	te } <u>06/21/18</u>
	FRO Must Potain This Form — Soc Instruction	ne

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

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) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

<u> </u>	For the 2017	alendar year, or tax year beginning		, and ending				
В	Check if applicable:	C Name of organization				D	Employer	identification number
	Address change	SEDONA-OAK	CREEK A	AIRPORT AUTHOR	ITY			
Ħ	Name change	Doing business as DBA SEDONA	A AIRPORT	C ADMINISTRATION	ON	8	36-0	251142
\equiv	•	Number and street (or P.O. box if mail is not deliver	ed to street addres	s)	Room/si		Telephone	
_	Initial return	235 AIR TERMINAL DR #1					<u> 128-</u>	282-4487
	Final return/ terminated	City or town, state or province, country, and ZIP or	foreign postal code					
	Amended return	SEDONA	AZ 86336			G	Gross rec	eipts \$ 3,492,189
Ħ		F Name and address of principal officer:			H(a)	Is this a group r	roturn for s	ubordinates? Yes X No
Ш	Application pending	HAROLD IDELL			H(a)	is this a group i	etuiii ioi s	
		235 AIR TERMINAL DE	₹ #1		H(b)	Are all subordi	nates incl	uded? Yes No
		SEDONA	AZ	86336		If "No," atta	ach a list.	(see instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) () t	(insert no.)	4947(a)(1) or 527	7			
J	Website: u V	WW.SEDONAAIRPORT.ORG			H(c)	Group exempti	on numbe	er u
ĸ	Form of organization	X Corporation Trust Association	Other u		L Year of form	mation: 197	70	M State of legal domicile: AZ
P	Part I S	ımmary			•			v
		escribe the organization's mission or most	significant act	ivities:				
a)		SCHEDULE O	g					
ŭ	********							
Ľ	*********							
Governance	2 Check th	is box u if the organization discontinu	ed its operation	ns or disposed of more	than 25% of its	 e net accete		
		of voting members of the governing body (3	7
დ თ	4 Number	of independent voting members of the gov	vorning body (F	Part \/Llina 1h\			4	7
iţi	F Total pur	wher of individuals employed in colonder w	enting body (i	All vi, line 1b)			5	27
Activities		mber of individuals employed in calendar y					6	0
Ă	I	mber of volunteers (estimate if necessary)		40			<u> </u>	0
	/a Total un	related business revenue from Part VIII, co	onumin (C), line	12			7a	0
	b Net unre	lated business taxable income from Form	990-1, line 34		· · · · · · · · · · · · · · · · · · ·	Prior Year	7b	Current Year
	8 Contribu	ions and grants (Part VIII, line 1h)				286,	109	1,068,205
Revenue		comics revenue (Dort \/III line 2a)			l			0
Ver		nt income (Part VIII, column (A), lines 3, 4				-30,	224	11,839
Re	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8d	a_1 , and a_2 , a_1 , a_2 , a_3 , a_4 , a_5	110)	·····	1,308,		1,631,185
	I					1,564,		2,711,229
		enue – add lines 8 through 11 (must equa				L,JUT,	300	0
		nd similar amounts paid (Part IX, column (0
	I	paid to or for members (Part IX, column (A		· · · · · · · · · · · · · · · · · · ·		538,	651	729,232
es	15 Salaries,	other compensation, employee benefits (F	Paπ IX, column	1 (A), lines 5–10)		536,	654	729,232
ens	16a Professio	anal fundraising fees (Part IX, column (A),	ine 11e)					<u> </u>
Expenses	b Total fur	draising expenses (Part IX, column (D), lin		0		020	027	1 460 275
_	I TOUTIEL EX	penses (Part IX, column (A), lines 11a-11				838,		1,469,375
	1	penses. Add lines 13–17 (must equal Part		, line 25)	<u>-</u>	1,376,		2,198,607
(19 Revenue	less expenses. Subtract line 18 from line	12		Rogina	187,		512,622 End of Year
Net Assets or	20 Total ass	ets (Part X line 16)				7,481,		8,033,848
ASSE	20 Total lick	ets (Part X, line 16)				919,		962,209
let	21 Total liai	ts or fund balances. Subtract line 21 from				6,561,		7,071,639
		qnature Block	III e 20		······ \	<u> </u>	/ O I	7,071,033
		-	:			4- 4	a.f l	andadas and ballof it is
		perjury, I declare that I have examined this retu omplete. Declaration of preparer (other than offi					or my kn	owledge and belier, it is
					,		T	
o:.		Signature of officer					Date	
Sig)'' <u>'</u>	•					Date	
He		HAROLD IDELL						
	<u> </u>	Type or print name and title	I Barra de de			D-4	T	DT''
D-'	٠. ا	e preparer's name	Preparer's signa	ture		Date	Check	X if PTIN
Pai	DAVE	COSPER					self-em	
	parer Firm's na			PER, CPAS, L	LP	Firm's	EIN }	86-0556567
US	Only	603 N BEAVER S						
	Firm's a	dress } FLAGSTAFF, AZ	86001			Phon	e no.	928-774-7371
Ma	y the IRS discu	ss this return with the preparer shown abo	ve? (see instru	ictions)				X Yes No

) (Revenue \$

(Expenses \$

Total program service expenses u

207,620

including grants of \$

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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	·····		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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,			l
	Part III	5		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			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
	complete Schedule D, Part III	8		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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a	х	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	<u>12a</u>	- 21	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the consideration and take an effect condenses on another extends of the Helter Octor			X
b	Did the organization maintain an office, employees, or agents outside of the United States? 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 unless to 19400 000 on many 0.15 files it assemble to Ocharlete E. Borto Land IV.	14b		х
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 expeniention? If "Voe" complete Schoolule F. Doute II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to as far farsign individuals? If "Vos." complete Schodule F. Deste III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	····· ···		
-	Port IV column (A) lines 6 and 1102 If "Vos " complete Schodule C. Port I (acc instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII lines 1s and 9s2 If "Vos." complete Schodule C. Part II	18		х
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	19		х

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	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? If "Yes," complete Schedule I, Parts I and II	21		Х
2	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? If "Yes," complete Schedule I, Parts I and III	22		X
3	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? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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?			
	If "Yes," complete Schedule L, Part I	25b		3
6	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? If "Yes," complete Schedule L, Part II	26		2
7	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? If "Yes," complete Schedule L, Part III	27		2
8	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
С	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? If "Yes," complete Schedule L, Part IV	28c		2
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		2
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Σ
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		2
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	ĺ

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 21 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14h

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue Co	<u>)de.)</u>		г
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	37	X
13	Did the organization have a written whistleblower policy?			13	Х	37
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			46-		х
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		_^
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				16h		
500	organization's exempt status with respect to such arrangements? tion C. Disclosure	<u> </u>		16b		<u> </u>
	List the states with which a copy of this Form 000 is required to be filed as 77					
17 18	List the states with which a copy of this Form 990 is required to be filed u AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5)					
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	J 1 (U)(3	jo Ully)			
	X Own website Another's website X 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 inter	aet nal	icy and			
13	financial statements available to the public during the tax year.	cai pui	ioy, ariu			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: ••				
	ELSON DURKEE 235 AIR TERMINAL DR	.us. u				
	EDONA AZ 8633	36	928	-28	2-4	487

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Part VII	II 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.

X 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	off	x, unle icer ai	ess pe nd a d	ition more rson i	than or	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , ,	organization and related organizations
(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										
(0,000 = 0.000	1.00									
DIRECTOR	0.00	х						0	0	0
(4) GIORGIO CAGLIERO										
•	1.00									
PRESIDENT	0.00			x				0	0	0
(5) PAM FAZZINI										
•	1.00									
VICE PRESIDENT	0.00			Х				0	0	0
(6) JIM BROCK										
SECRETARY/TREASURER	1.00			x				0	0	0
(7)								-		
(8)										
(9)										
	·									
(10)										
(11)										

Form **990** (2017)

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Part VII Section A. Officers								and Highest Compensated	d Employees (continued)				age '
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) Estimated Imount of other Impensated	of ion	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-WISC)	or a	from the ganizationd relation ganization	on ed	
· · · · · · · · · · · · · · · · · · ·													
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion <i>i</i>	Δ			u u u						
Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	e) who received more than	\$100,000 of				
3 Did the organization list any for	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	loyee, or highest compensa	ated			Yes	No X
employee on line 1a? If "Yes," For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum nizations greater	of rother	epor	table 50,00	con	npen If "Ye	satio	on and other compensation complete Schedule J for su	from the och		4		X
individualDid any person listed on line for services rendered to the o	1a receive or acordanization? If ")	crue /es."	com	pens	ation	n froi hedu	m ar le J	ny unrelated organization of for such person	r individual		5		х
Section B. Independent Contracto	ors												
Complete this table for your fi compensation from the organi	zation. Report co							dar year ending with or with	nin the organization's tax ye	ear.		(C)	
Name and	(A) d business address							Descrip	(B) tion of services		Com	(C) pensatio	<u>nc</u>
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2017) SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (B) Related or Total revenue excluded from tax exempt husiness function under sections revenue 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) Program Service Revenue Contributions, f All other contributions, gifts, grants, and similar amounts not included above 1,068,205 824,721 g Noncash contributions included in lines 1a-1f: 1,068,205 h Total. Add lines 1a-1f. u Busn. Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 11,839 11,839 Income from investment of tax-exempt bond proceeds ${\bf u}$ Royalties ... (ii) Personal 810,698 6a Gross rents **b** Less: rental exps. 810,698 c Rental inc. or (loss) d Net rental income or (loss) ... 810,698 810,698 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 1,601,447 **b** Less: cost of goods sold 780,960 b 820,487 820,487 c Net income or (loss) from sales of inventory 11 Miscellaneous Revenue Busn, Code 11a

2,711,229

1,631,185

11,839

d All other revenue

12 Total revenue. See instructions. . .

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, Bb, 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,		4	24 222	
	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)	400 500	200 550	100 030	
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)	05 577	F1 246	24 221	
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):				
	Management	70F F24	705 524		
b	9	705,534	705,534		
C	Accounting	29,630	29,630		
d	Lobbying Professional fundraising continue See Part IV line 17				
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	0,757	0,757		
13	Office expenses				
14	Office expenses Information technology				
15					
16	Royalties 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.)				
а	OUTSIDE SERVICES	56,848	56,848		
b	UTILITIES	55,841	53,049	2,792	
С	CREDIT CARD FEES	52,598	52,598		
d	EQUIPMENT RENTAL	47,433	47,433		
е	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 u if following SOP 98-2 (ASC 958-720)				

Pa	art)	Balance Sheet					
		Check if Schedule O contains a response or note	to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	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 of					
		trustees, key employees, and highest compensated en					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified per	rsons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contr	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary		- ' '			
S		organizations (see instructions). Complete Part II of Sc				6	
Assets	7	Notes and loans receivable, net				7	
As	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	6,306,103	10c	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 O D IV/ P 44			554,499	15	763,276
	16	Total assets. Add lines 1 through 15 (must equal line 3			7,481,341	16	8,033,848
	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 Schedul	le D		21	
S	22	Loans and other payables to current and former officer					
Liabilities		trustees, key employees, highest compensated employ	ees, and				
abi		disqualified persons. Complete Part II of Schedule L		L		22	
Ξ	23	Secured mortgages and notes payable to unrelated thin	rd 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	e Part X			
		of Schedule D			80,550	25	87,415 962,209
	26	Total liabilities. Add lines 17 through 25			919,560	26	962,209
		Organizations that follow SFAS 117 (ASC 958), check	ck here u	X and			
ces		complete lines 27 through 29, and lines 33 and 34.					
ılan	27	Unrestricted net assets			6,561,781	27	7,071,639
Ba	28	Temporarily restricted net assets			28		
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
Ę.		Organizations that do not follow SFAS 117 (ASC 95	8), check	here u 🔲 and			
S O		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equipment				31	
Net	32		or other fu	nds		32	
_	33				6,561,781	33	7,071,639
	34	Total liabilities and net assets/fund balances			7,481,341	34	8,033,848

_	art XI Reconciliation of Net Assets		-		ı uç	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	2,71	1,2	229
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	2,19	8,6	507
3	Revenue less expenses. Subtract line 2 from line 1	3		51	2,6	522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,56	51,7	781
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	-2,	764
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7,07	11,6	539
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>		
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? 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.			3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.					
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)						
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio i	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ).)							
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)	iii).						
4		A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,					
	_	city, and stat	e:										
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in						
			(b)(1)(A)(iv). (Complete Part	•									
6	Н	•		overnmental unit described in s			~ /						
7	Ш	-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support from omplete Part II.)	om a gove	ernmental	unit or from the general public	;					
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)								
9		-	•	cribed in section 170(b)(1)(A)(of agriculture (see instructions).			•	ge					
		university:											
10	X	receipts from support from	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			•	exclusively to test for public safe			•						
12	П	•	•	exclusively for the benefit of, to	•			ses					
	ш	_		zations described in section 50									
		Check the bo	ox in lines 12a through 12d th	hat describes the type of suppo	rting orga	nization a	nd complete lines 12e, 12f, and	d 12g.					
	а	the suppo	orted organization(s) the pow	erated, supervised, or controlled ver to regularly appoint or elect omplete Part IV, Sections A a	a majority			ng					
	b		• •	pervised or controlled in connec		its suppo	rted organization(s), by having						
	-			ting organization vested in the				ed					
		organizat	ion(s). You must complete	Part IV, Sections A and C.									
	С			supporting organization operated structions). You must complete				ith,					
	d		• ,,,	I. A supporting organization ope				on(s)					
				e organization generally must sa									
				nust complete Part IV, Section									
	е			eived a written determination fron In-functionally integrated suppor			a Type I, Type II, Type III						
	f	Enter the nur	mber of supported organizati	ons				[
	g	Provide the f	ollowing information about the	ne supported organization(s).									
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount o	of				
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (: instructions)	see				
				above (eee meademeney)	Yes	No	include items	inoti dottorio)					
(A)					1								
(',													
(B)													
(C)													
(C)													
(D)													
(E)													
Tota	ı												

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
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 firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)		
	organization, check this box and stop her	e					<u>.</u>	▶
Sec	tion C. Computation of Public Si	upport Percen	tage					
14	Public support percentage for 2017 (line 6	, column (f) divided	d by line 11, colun	nn (f))			14	%
15	Public support percentage from 2016 Sche	edule A, Part II, lin	e 14				15	%
16a		ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this		
	box and stop here. The organization qual	fies as a publicly	supported organiza	ation				▶ □
b	33 1/3% support test—2016. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	ore, check		
	this box and stop here. The organization	qualifies as a publ	licly supported org	anization				▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test	, check this box ar	nd stop here. Expl	ain in		
	Part VI how the organization meets the "fa organization			•		•		▶ □
b	10%-facts-and-circumstances test—201	6. If the organizati	on did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	" test, check this b	oox and stop here.	•		
	Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" te	est. The organization	on qualifies as a p	ublicly		
	supported organization							▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee		
	instructions							▶ □

Schedule A (Form 990 or 990-EZ) 2017

86-0251142

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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.)

Sec	tion A. Public Support	quality direct the	o tooto notoa b	olow, ploado de	imploto i art ii.)		
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(4) 2010	(6) 2014	(6) 2010	(a) 2010	(6) 2017	(i) Total
•	fees received. (Do not include any "unusual grants.")	62,104	2,067,237	1,381,532	286,109	1,068,205	4,865,187
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,307,532	2,360,229	1,974,061	1,878,346	2,412,145	10,932,313
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						15,797,500
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
		2,303,030	4,427,400	3,333,333	2,104,455	3,400,330	13,737,300
10a	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	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	840	491	675	2,064	11,839	15,909
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	e				<u> </u>	<u></u>
	tion C. Computation of Public S						
15	Public support percentage for 2017 (line 8						99.90 %
16	Public support percentage from 2016 Sche					16	99.96 %
	tion D. Computation of Investme					147	0/
17	Investment income percentage for 2017 (I			column (f))			<u>%</u>
18	Investment income percentage from 2016						%
19a	33 1/3% support tests—2017. If the orga 17 is not more than 33 1/3%, check this be						<u></u> ▼
b	33 1/3% support tests—2016. If the orga		-				
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did		=			-	▶ □

Schedule A (Form 990 or 990-EZ) 2017

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-ru		
	46		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	33		
	10a		
	10b		
A (Fo	rm 99	0 or 990-	EZ) 2017

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Page 5

Schedul	e A (Form 990 or 990-EZ) 2017 SEDONA-OAK CREEK AIRPORT AUTHORITY 86-025114	2		Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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.	2		
Section	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	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)? 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).	1		
Section	on D. All Type III Supporting Organizations			l
	7. 2. 7. 1)po in capporting cigamizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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?	1		
2				
2	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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
Soction	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions).		
		1		
	ctivities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (see
instructions).			
		Schedule A	A (Fo

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

SEDONA-OAK CREEK AIRPORT AUTHORITY Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2017: 3 **b** From 2013 **d** From 2015 e From 2016. f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016.

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form	n 990 or 990-EZ) 2017	SEDONA-OAK	CREEK	AIRPORT	AUTHORITY	86-0251142	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a and 3b; Part V,	Section A, lines 1, 2 art IV, Section C, line	2, 3b, 3c, 4 e 1; Part l' on B, line	4b, 4c, 5a, 6, 9 V, Section D, 1e; Part V, Se	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part ction D, lines 5, 6,	t; Part II, line 17a or b, and 11c; Part IV, E IV, Section E, lines and 8; and Part V, Structions.)	Section 1c, 2a, 2b,
•							
•							
•							
•							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number

86-0251142

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the General Rule or a Special Rule . I, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
or more (in money or	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						
regulations under secti 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the contributions totaled m during the year for an General Rule applies	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					
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(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 Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	raine, address, and En T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	pace 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	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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 Open to Public Inspection

Name of the organization Employer identification number SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III	Organizations Maintainin	g Collections of		Treasures, o	r Other Simi	lar Assets	(contin		agc <u>=</u>
	organization's acquisition, accessitems (check all that apply):		•				,		
a Public	exhibition	d 🗌	Loan or exchange	programs					
b Schol	arly research	е 🗌	Other						
c Prese	rvation for future generations	_							
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	e year, did the organization solicit	t or receive donations	of art, historical tre	asures, or other s	imilar			_	-
	be sold to raise funds rather thar		part of the organiza	ation's collection?			. L Ye	es _	No
Part IV	Escrow and Custodial A Complete if the organization 990, Part X, line 21.		on Form 990,	Part IV, line 9,	or reported a	an amount	on Forn	n	
	anization an agent, trustee, custo								
included o	n Form 990, Part X?						. L Ye	es _	No
b If "Yes," e	xplain the arrangement in Part X	III and complete the fo	ollowing table:				•		
							Amoun	τ	
c Beginning	balance					1c			
	during the year					1d			
	ns during the year					1e			
f Ending ba	alance					1f			٦
	ganization include an amount on							· -	No
	xplain the arrangement in Part XI Endowment Funds.	III. Check here if the e	xplanation has bee	n provided on Par	t XIII				
Part V		on anawarad "Vaa"	on Form 000	Dort IV line 10	2				
	Complete if the organization					ree veere beek	(2) [2]		haalı
4- 5		(a) Current year	(b) Prior year	(c) Two years	s back (d) In	ree years back	(e) Fou	r years	раск
	of year balance						-		
	ons								
	ment earnings, gains, and								
losses									
	scholarships								
•	enditures for facilities and								
	ative expenses						-		
	ar balance								
	e estimated percentage of the cu	•	e (line 1g, column	(a)) held as:					
	signated or quasi-endowment u								
	t endowment \mathbf{u} %								
	ly restricted endowment ${f u}$								
•	ntages on lines 2a, 2b, and 2c s								
3a Are there	endowment funds not in the pos-	session of the organiza	ation that are held	and administered t	for the				1
organizati	•							Yes	No
(i) unrela	ted organizations						3a(i)		
(ii) relate	d organizations						3a(ii)		
b If "Yes" or	n line 3a(ii), are the related organ	nizations listed as requi	red on Schedule F	₹?			3b		
	n Part XIII the intended uses of		owment funds.						
Part VI	Land, Buildings, and Eq				_				
	Complete if the organization	on answered "Yes"	on Form 990,	Part IV, line 11	la. See Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other I	basis (b) Cos	st or other basis	(c) Accumulate	ed	(d) Book	value	
		(investment)		(other)	depreciation				
				19,353					<u>353</u>
b Buildings			4	,813,137	1,766	, 497	3,04	16,	<u> 540</u>
c Leasehold	improvements								
	t			90,563		, 796			767
e Other				<u>,547,614</u>	800	,174	3,74		
Total. Add lines	1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), lin	e 10c.)		u	6,8	58,	200

251142	Page
STITE	Page

	orm 990) 2017 SEDONA-OAK CREEK AIR.	PORT AUTHORITY	86-0251142	Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11h See Form 990 Pai	t Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year n	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
		I		
		1		
		1		
(L1)				
	ın (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
	,, ,	,,	Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.	l		
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11d. See Form 990. Pai	t X. line 15.
	(a) Description			(b) Book value
(1)	CERTIFICATE OF DEPOSIT	1		511,689
(2)	CERTIFICATE OF DEPOSIT			251,587
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	763,276
Part X	Other Liabilities.		_	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.	,		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
	AL SECURITY DEPOSITS	27,688		
	JED PAYROLL	24,410		
(4) ACCRU		16,537		
	RRED RENTAL INCOME	7,554		
(-)	OLL TAXES PAYABLE	5,534		
(-)	R LIABILITIES	5,301		
(8) SALES		391		
(9)		1 22=		
	n (b) must equal Form 990, Part X, col. (B) line 25.) u	87,415		

Schedule D (Fo	orm 990) 2017	SEDONA-OAK	CREEK	AIRPORT	AUTHORITY	86-0251142	Page 5
Part XIII	Supplementa	I Information (c	ontinued)				
				• • • • • • • • • • • • • • • • • • • •			

SCHEDULE M (Form 990)

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

 \boldsymbol{u} Go to www.irs.gov/Form990 for the latest information.

Employer identification number 86-0251142 SEDONA-OAK CREEK AIRPORT AUTHORITY Part I Types of Property

	it Types of Froperty		I	(0)				
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	ınts		
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							
13	contribution — Historic							
14	structures Qualified conservation							
15	contribution — Other Real estate — Residential							
15	Real estate Communici							
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 u (ADOT)	X	1	824,721				
26	Other u ()							
27	Other u ()							
28	Other u (
29	Number of Forms 8283 received by	the organi	zation during the tax yea	ar for contributions for				
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization	receive b	y contribution any propei	ty reported in Part I, lines	1 through			
	28, that it must hold for at least three	e years fro	m the date of the initial	contribution, and which isn't	t required			
	to be used for exempt purposes for	the entire	holding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard				
	. !!!			-		31		х
32a	Does the organization hire or use th							
		•	J			32a		x
b	If "Yes," describe in Part II.					J_u		
33	If the organization didn't report an ar	nount in c	olumn (c) for a type of p	roperty for which column (a) is checked.			
	describe in Part II.		(5) .c. a type of pi	(a	,			

Schedule M (Form 9		SEDONA-OAL	CREEK	ATRPORT	AUTHORITY	86-0251142	Page 2
Part II	Supplen	nental Informati	on. Provide t	he informatio	n required by Par	rt I, lines 30b, 32b, and 33, and whether	
	the erge	nization is reporti	na in Dort I	oolumn (b) tk	on number of con	tributions the number of items received	
	the orga	nization is reporti	ng in Part i,	column (b), tr	ie number of con	tributions, the number of items received	,
	or a con	nbination of both.	Also comple	te this part fo	r any additional i	nformation.	
			•	<u> </u>	,		
							·

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. 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 86-0251142 SEDONA-OAK CREEK AIRPORT AUTHORITY 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 BOOK / TAX DEPRECIATION DIFFERENCE \$ -2,762 TOTAL -2,764PAGE 1 OF 1

Form 4562

Department of the Treasury

(99)

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 **2017**Attachment

Internal Revenue Service
Name(s) shown on return

SEDONA-OAK CREEK AIRPORT AUTHORITY

Identifying number 86-0251142

	ess or activity to which this form relates	TOM							
	NDIRECT DEPRECIAT Int I Election To Exper		antic Under Co	otion 170					
Г	Note: If you have a				comp	oto Port	1		
1	Maximum amount (see instruction	\	•					1	510,000
2	Total cost of section 179 property							2	310,000
3	Threshold cost of section 179 property			instructions)				3	2,030,000
4	Reduction in limitation. Subtract lin							4	2,030,000
5	Dollar limitation for tax year. Subtract lin							5	
6	(a) Description		01 10337 011101 0 1 11 1110	(b) Cost (business us			Elected cost		
	·			.,,		,,,			
7	Listed property. Enter the amount	from line 29	<u>.</u>		7				
8	Total elected cost of section 179	property. Add amount	ts in column (c), line	es 6 and 7				8	
9								9	
10	Carryover of disallowed deduction	from line 13 of your	2016 Form 4562					10	
11	Business income limitation. Enter							11	
12	Section 179 expense deduction. A	Add lines 9 and 10, but	ut don't enter more	than line 11	. <u></u>	<u> </u>		12	
13	Carryover of disallowed deduction	to 2018. Add lines 9	and 10, less line 1	2 ▶	13				
Note	: Don't use Part II or Part III below		•						
Pa	art II Special Depreciati	ion Allowance a	nd Other Depr	eciation (Don	t inclu	ıde liste	d propert	y.) (S	ee instructions.)
14	Special depreciation allowance for	r qualified property (o	ther than listed pro	perty) placed in se	ervice				
	during the tax year (see instruction							14	
15	Property subject to section 168(f)	(1) election						15	
16	Other depreciation (including ACF							16	341,290
_Pa	art III MACRS Depreciat	tion (Don't includ			ctions.)			
			Section						
17	MACRS deductions for assets pla							17	0
18	If you are electing to group any assets place							L	
	Section B—A	Assets Placed in Sei (b) Month and year	(c) Basis for deprec	 T	1	ierai Depr	eciation 5	ystem	
	(a) Classification of property	placed in service	(business/investment only–see instruction	use	(e)	Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property				_				
<u> </u>	5-year property								
<u> </u>	7-year property								
<u>d</u>	- 7 1 - 1 - 7								
<u>e</u>	15-year property								
f_	20-year property				-				
<u>g</u>	25-year property			25 yrs.	-		S/L		
h				27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real property			39 yrs.		MM	S/L		
	· · ·	ssets Placed in Serv	ica During 2017 Te	ov Voor Heinerth	Altori	MM	S/L	Systa	<u> </u>
200		Sets Flaced III Serv	Ce During 2017 16	ax real Using th	Aiteri	iative Dep		Syster	<u> </u>
<u>20a</u>	Class life	_		12 100			S/L		
	12-year			12 yrs.		NANA	S/L		
	40-year art IV Summary (See ins	tructions \	<u>I</u>	40 yrs.		MM	S/L		
	Listed property. Enter amount from	<u> </u>						21	
22	Total. Add amounts from line 12,		lings 10 and 20 in a	column (a) and lin		 nter			
~~	here and on the appropriate lines	-		1.07				22	341,290
23	For assets shown above and place	-			4000018	T			311,230
	portion of the basis attributable to	=			23				

407450 SEDONA-OAK CREEK AIRPORT AUTHORITY

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<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior .	Current
Other	Depreciation:							
	TERMINAL BUILDING	7/01/90	640,816		640,816		419,734	12,817
10	WELL AND ACCESS ROAD	7/01/90	19,643		19,643	40 MO S/L	13,161	491
13 14	SMA LEASEHOLD IMPROVEMENTS SAAS LEASEHOLDS	6/30/96 7/01/96	533,930 317,770		533,930 317,770		480,537 285,993	$\begin{array}{c} 0 \\ 0 \end{array}$
	LEASEHOLD IMPROVEMENTS	6/30/95	139,342		139,342	5 MO S/L	111,473	0
	COCONINO FENCE	3/08/96	5,350		5,350		5,083	Ö
	ADOT GRANT#514 & 614-TAXILANES,	8/31/98	77,649		77,649	20 MO S/L	72,990	3,882
	GRANT #716-DESIGN COSTS	4/15/99	7,692		7,692		6,904	384
	GRANT 3-HELIPORT & TAXIWAYS	6/06/97	21,242		21,242		21,219	23
37 38	WATERLINE - HANGER HANGAR CONSTRUCTION IN PROGRE	3/01/99	18,840 18,526		18,840 18,526		16,768 16,519	942 927
		11/01/99	1,824		1,824		1,637	91
44	ADOT 614 ADDITION	3/22/99	2,400			20 MO S/L	2,154	120
	ADOT #9068 & 9094 TAXIWAY	10/27/99	54,163		54,163	20 MO S/L	48,205	2,708
	TAXIWAY APRON	1/06/00	774		774		539	38
	TAXIWAY TAXIWAY	1/05/00 2/01/00	2,079 20,592		2,079 20,592	20 MO S/L 20 MO S/L	1,767 17,212	104 1,029
51	TAXIWAY	9/13/00	4,300		4,300	20 MO S/L 20 MO S/L	3,512	215
	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
	NEW TELEPHONE LINES	4/26/00	6,140		6,140		5,204	306
	RUNWAY ENGINEERING RUNWAY ENGINEERING	3/01/01 5/03/01	299 2,464		299 2,464	20 MO S/L 20 MO S/L	238 1,965	15 123
	RUNWAY ENGINEERING	6/11/01	1,932		1,932	20 MO S/L 20 MO S/L	1,541	97
	NORTH RAMP	8/16/01	374		374		299	18
	RUNWAY ENGINEERING	8/24/01	2,395		2,395	20 MO S/L	1,910	120
	NORTH RAMP	10/25/01	256		256		204	13
		10/25/01	2,053		2,053	20 MO S/L	1,638	102
		12/10/01 12/10/01	1,443 163		1,443 163	20 MO S/L 20 MO S/L	1,151 130	72 8
	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
	TAXIWAY (N514)	4/22/02	13,040		13,040		9,649	652
97 102	TAXIWAY (N716) NORTH RAMP	4/22/02 11/13/02	1,809 2,385		1,809	20 MO S/L 20 MO S/L	1,339 1,783	90 119
	BEACON	4/02/02	6,495		6,495		4,806	309
	APRON OVERLAY	8/07/03	17,897		17,897		12,349	895
	NORTH RAMP #3-04-0033-12	5/21/03	8,163		8,163	20 MO S/L	5,694	408
	NORTH RAMP #E1157	7/29/03	2,541			20 MO S/L	1,772	127
	NORTH RAMP RUNWAY DESIGN	2/18/04 9/14/04	1,899 3,946		1,899 3,946		1,230 2,555	95 197
	RUNWAY DESIGN	9/14/04 9/21/04	294		294	20 MO S/L 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
	MEMORIAL BENCH	11/20/06	3,000			39 MO S/L	785	61
	CHEVY TRUCK	6/10/06	19,136		19,136	5 MO S/L	18,179	250
	TAXIWAY REHAB DESIGN RUNWAY CONSTRUCTION	12/22/06 7/27/06	4,992 3,112			20 MO S/L 20 MO S/L	2,733 1,681	250 155
	FIRE PROTECTION SYSTEM	12/22/06	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
	PERIMETER ROAD DESIGN	4/03/07	3,228		3,228	7 MO S/L	3,228	0
	TAXIWAY REHAB DESIGN FIRE PROTECTION SYSTEM	4/03/07 4/03/07	3,021 5,514		3,021 5,514	20 MO S/L 20 MO S/L	1,473 2,702	151 262
	FAA 15 MISC IMPROVEMENTS	4/03/07 6/27/07	3,514			20 MO S/L 20 MO S/L	2,702	202
	TAXIWAY REHAB DESIGN	6/28/07	12			20 MO S/L	6	0
147	EPRIMETER ROAD DESIGN	7/03/07	1,020		1,020	20 MO S/L	507	51
	TAXIWAY REHAB DESIGN	7/03/07	2,038		2,038	20 MO S/L	1,014	102
	FIRE PROTECTION SYSTEM TAXIWAY REHAR DESIGN	7/03/07 7/09/07	1,170 25			20 MO S/L 20 MO S/L	573 12	56 1
	TAXIWAY REHAB DESIGN MEMORIAL BENCH	7/09/07 7/19/07	3,281			39 MO S/L	269	1 67
	APRON A EXTENSION	7/18/07	790			20 MO S/L	372	40
	FIRE PROTECTION SYSTEM	9/18/07	2,624		2,624	20 MO S/L	1,286	125
		11/14/07	4,550			20 MO S/L	2,085	228
		11/14/07	6,417			20 MO S/L	2,925 1,745	321
		12/10/07 12/10/07	3,842 6,094			20 MO S/L 20 MO S/L	1,745 2,752	192 305
		12/10/07	2,976		2,976	20 MO S/L	1,352	149
	Fire Protection Sys. Design	1/09/08	920			20 MO S/L	414	46

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Accot	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	Apron A Extension	1/09/08	797	<u></u>	797		359	39
160 161	Taxiway Rehab Design	1/09/08	336		336		151	39 17
	PERIMETER ROAD	1/09/08	456		456		205	23
	AWOS DESIGN	1/09/08	769		769	7 MO S/L	769	0
	RUNWAY SAFETY AREA APRON A EXPANSION	1/09/08 1/04/08	413 760		413 760	7 MO S/L 20 MO S/L	413 342	0 38
	TAXIWAY REHAB	2/01/08	4,637		4,637	20 MO S/L 20 MO S/L	2,056	231
	APRON A EXPANSION	3/05/08	1,398		1,398	20 MO S/L	618	70
	RUNWAY SAFETY AREA	4/02/08	5,802		5,802	7 MO S/L	5,802	0
	RUNWAY SAFETY AREA TAXIWAY REHAB	4/02/08 4/02/08	2,451 6,007		2,451 6,007	7 MO S/L 20 MO S/L	2,451 2,568	0 301
	AWOS DESIGN	4/17/08	153		153	7 MO S/L	153	0
	AWOS DESIGN	5/02/08	617		617	7 MO S/L	617	0
	APRON A EXPANSION TAXIWAY REHAB	5/01/08 5/22/08	405 2,946		405 2,946	20 MO S/L 20 MO S/L	175 1,235	21 147
	APRON A EXPANSION	5/22/08	5,853		5,853	20 MO S/L 20 MO S/L	1,233 2 , 497	293
	RUNWAY SAFETY AREA	5/22/08	16,410		,	20 MO S/L	7,043	820
	TAXIWAY REHAB	7/15/08	818		818	20 MO S/L	347	41
	Fire Protection Sys. Design APRON A EXPANSION	7/15/08 7/15/08	264 449		264 449	20 MO S/L 20 MO S/L	112 191	14 22
	RUNWAY SAFETY AREA	8/13/08	4,877		4,877	20 MO S/L 20 MO S/L	2,052	244
182	RUNWAY SAFETY AREA	8/21/08	797		797	20 MO S/L	332	40
	STORAGE BUILDING FOR EQUIPMENT		6,955		6,955	20 MO S/L	2,852	278
	, <u> </u>	12/22/08 12/22/08	633 689		633 689	20 MO S/L 20 MO S/L	253 276	32 34
		12/22/08	949		949	20 MO S/L	373	48
		12/22/08	2,521		2,521		1,008	126
		12/22/08	5,281		5,281 7,513	20 MO S/L	2,099	264 276
		12/29/08 12/03/09	7,513 299		7,513 299	20 MO S/L 5 MO S/L	3,005 284	376 0
	MAKITA AIR COMPRESSOR	2/17/09	423		423	5 MO S/L	402	ő
	BRUSH CUTTERS (2)	5/12/09	1,199		1,199	5 MO S/L	1,139	0
	STIHL MS 180 CHAINSAW JETGO GPU	7/08/09 8/31/09	219 20,720		219 20,720	5 MO S/L 5 MO S/L	208 19,684	0
	08 GMC SIERRA	1/13/09	14,264		14,264	5 MO S/L 5 MO S/L	13,550	0
	LETTERING FOR GMC	1/16/09	383		383	5 MO S/L	364	0
	TRAILER HITCH FOR GMC	1/28/09	272		272	5 MO S/L	261	0
	BEDLINER FOR GMC CHAINLINK FENCE W GATE	1/28/09 6/30/09	545 985		545 985	5 MO S/L 7 MO S/L	518 936	0
-	AWOS EQUIPMENT 2009	6/23/09	15,506		15,506	7 MO S/L	15,506	ő
206	HANGAR EXCAVATION AND DRAINA		25,036		25,036		9,764	1,252
	REFURBISH OVERLOOK BINOS TAXIWAY A REHAB	7/08/09 3/03/09	2,244 1,699		2,244 1,699	7 MO S/L 20 MO S/L	2,244 662	0 85
208	APRON A EXPANSION	6/08/09	1,099		1,099	20 MO S/L 20 MO S/L	47	6
	TAXIWAY A OMPROVEMENT/EXTENS	8/25/09	145		145	20 MO S/L	56	8
	HANGAR PAD EXT & IMPROVE	8/25/09	296		296		115	15
	HANGAR PAD - EXTEND SOUTHWEST APRON DESIGN	8/25/09 8/25/09	354 616			20 MO S/L 20 MO S/L	138 245	18 31
	Taxiway A Rehab	7/09/09	1,197			20 MO S/L 20 MO S/L	227	60
216	FENCING, GROUNDSIDE, SAFETY ARE		7,145			15 MO S/L	1,112	455
	RRA FIELD EQUIPMENT	7/01/14	1,100		1,100	3 MO S/L	871	174
	HANGAR IMPROVEMENTS TAXIWAY & OTHER IMPROVEMENTS	7/01/14 7/01/14	5,526 806			15 MO S/L 20 MO S/L	875 101	350 40
	AIRPORT MASTER PLAN	7/01/14	15,417			20 MO S/L	1,927	771
		10/22/09	6			20 MO S/L	2	0
	CABINETS & FIXTURES CONFERENCE TELEPHONE	2/18/10 2/05/10	11,818 542			15 MO S/L 5 MO S/L	5,357 515	749 0
	OFFICE CHAIRS (3)	2/28/10	381		542 381	5 MO S/L 5 MO S/L	515 362	0
244	OFFICE CHAIRS (2)	2/05/10	260		260	5 MO S/L	247	0
	ELECTRICAL UPGRADE FBO	3/04/10	818			20 MO S/L	278	41
	COFFEE SERVICE CABINETS ADOT E8S20 - APRON RECONSTRUCTI	3/15/10 6/03/10	1,291 1,247			15 MO S/L 20 MO S/L	585 433	82 63
	ADOT E8S22 - TAXIWAY IMPROVEME		404			20 MO S/L 20 MO S/L	137	21
258	BROTHER 2820 LASER FAX	6/09/10	142		142	3 MO S/L	135	0
	MAIN GATE OPERATOR REHAB	7/01/10	1,506		1,506	7 MO S/L	1,431	0
	AWOS POWER SUPPLY ASSEM TERMINAL A/C FAN MOTOR	7/08/10 7/20/10	618 760		618 760	5 MO S/L 7 MO S/L	618 608	$\begin{array}{c} 0 \\ 0 \end{array}$
268	OVERLOOK LANDSCAPE IMPROVEME		800		800	10 MO S/L	544	80
	FIRE PROTECTION E6S15	9/07/10	1,330				452	63
	TAXIWAY "A" EXTENTION FAA19 PLATFORM LADDERS (2)	1/04/10 10/01/10	214 499		214 499	20 MO S/L 5 MO S/L	73 474	10 0
2/0		10,01/10	- T //		7//	J MIO BIL	7/7	· ·

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	LAND	6/30/10	12,501		12,501	0 Land		0
		12/23/10	1,125		1,125	7 MO S/L	1,093	32
	APRON A EXPANSION 2009-1	3/30/09	1,450		1,450	20 MO S/L	565	73
	TAXIWAY A REHAB 2009-2	5/19/09	59			20 MO S/L	23	3
	TAXIWAY A REHAB 2009-3	5/26/09	59			20 MO S/L	23	3
	APRON A EXPANSION 2009-3	6/17/09	794			20 MO S/L	309	40
	APRON A EXPANSION 2009-4 DELL XPS 7100 COMP & MONITOR - Al	8/25/09	608 1,293		608 1,293	20 MO S/L 5 MO S/L	237 1,229	31 0
	DELL XPS 7100 COMP & MONITOR - AI DELL XPS 7100 COMP & MONITOR- OF		1,293		1,293	5 MO S/L 5 MO S/L	1,229	0
	DIGITAL CCTV SYSTEM	6/03/11	2,321		2,321	5 MO S/L	2,205	ő
	COFFEE MAKER	9/11/11	688		688	5 MO S/L	653	0
	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480		2,480		2,356	0
	BEACON ROOM GATE & ELECTRONIC		3,504		3,504	7 MO S/L	2,903	425
	RESTAURANT BUILDING	1/01/12	1,082,434		1,082,434		113,656	21,648
	RESTAURANT MACH & EQUIP LAND	1/01/12 12/31/11	111,659 4,881		111,659 4,881	20 MO S/L 0 Land	26,798 0	5,304 0
	PAPI SYSTEM ELECTRICAL UPGRADE		1,600		1,600	7 MO S/L	1,360	229
	PAPI SYSTEM ELECT UPGRADES- MO'		3,665		3,665	7 MO S/L	3,115	524
	HANGAR PAD EXTENTION	6/27/11	769		769		223	39
	APRON A RECONSTRUCTION/EXPANS		2,039		,	20 MO S/L	607	102
	TAXIWAY B7 DESIGN	9/08/11	1,570			20 MO S/L	467	78
	NEW FURNACE & DUCT WORK	1/11/11	6,256			20 MO S/L	1,814	313
	GRINDER PUMP FOR SEPTIC SYSTEM RESTAURANT PLANNING & DESIGN	1/01/12	1,228 333,817		1,228	20 MO S/L 40 MO S/L	319 40,058	49 8,345
	CONFERENCE ROOM CARPETING AND		2,590			10 MO S/L	1,243	246
	DELL T420 SERVER	8/19/12	4,022		4,022	5 MO S/L	3,821	0
	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879		2,879	7 MO S/L	1,974	391
	DIESEL FUEL TANK & EQUIPMENT	5/29/12	1,692		1,692	7 MO S/L	1,160	230
	DIESEL & MOGAS TANK FLOW	7/01/12	928		928	7 MO S/L	637	126
	DELINEATOR POSTS (30)	9/04/12	1,179		1,179	7 MO S/L	808	160
328 329	TERMINAL RESTROOM PLUMBING AC UNIT REPLACED	4/30/12 7/13/12	1,237 1,800			15 MO S/L 10 MO S/L	330 756	82 144
	AC UNIT REPLACED	7/19/12	2,000		,	10 MO S/L 10 MO S/L	840	160
331		12/22/12	685		,	10 MO S/L	288	55
332		10/15/12	2,786		2,786	15 MO S/L	892	185
333		10/16/12	4,500			20 MO S/L	1,080	225
	RESURFACING/PARKING LOT IMPROV		14,972		14,972		3,593	749
	PAVING/LARGE DRAINAGE TRAILER MOUNTED SPRAYER	12/12/12 6/13/12	700 1,188		700 1,188	20 MO S/L 5 MO S/L	168 1,128	35
		12/17/12	8,575			20 MO S/L	2,058	0 429
		12/31/12	57,372		57.372		13,769	2,869
		12/31/12	1,700		1,700	20 MO S/L	408	85
		12/31/12	250			10 MO S/L	123	25
		12/31/12	150			10 MO S/L	72	14
343 344		12/31/12 12/31/12	4,081 10,715			10 MO S/L 10 MO S/L	1,959 4,929	388 964
		12/31/12	4,956			10 MO S/L 10 MO S/L	2,379	471
		12/31/12	694			20 MO S/L	146	28
		12/31/12	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		12/31/12	841			10 MO S/L	416	84
		12/31/12	8,118			10 MO S/L 20 MO S/L	3,897	771 4 753
351	MODULAR COMPLEX INFRASTRUCTU APRON A EXPANSION SW-FAA	1/01/12	95,054 744			20 MO S/L 20 MO S/L	9,505 178	4,753 38
	TAXILANE B7 DESIGN	1/01/12	597			20 MO S/L 20 MO S/L	148	30
354	TAXIWAY SURFACE TRATMENT (10%	1/10/12	34,666			20 MO S/L	8,320	1,733
	APRON A EXPANSION SW- FAA	3/19/12	75	X	71	20 MO S/L	18	4
	APRON A EXPENSION SW-FAA	4/05/12	410			20 MO S/L	102	20
	APRON A EXPANSION SW-FAA	4/24/12	5,482			20 MO S/L	1,357	274
	APRON A EXPANSION SW-FAA TAXIWAY GRADING/DRAINAGE	5/29/12 5/29/12	17,114 240			20 MO S/L 20 MO S/L	4,236 58	856 12
	TAXIWAY GRADING/DRAINAGE TAXIWAY GRADING/DRAINAGE	6/04/12	1,674			20 MO S/L 20 MO S/L	402	84
	TAXILANE B7 DESIGN	6/11/12	1,572		1,572		389	79
362	APRON A EXPANSION SW-FAA	6/11/12	3,928		3,928	20 MO S/L	972	197
	RUNWAY LIGHTS	6/15/12	810		810	20 MO S/L	200	41
	TAXILANE B7 DESIGN	6/30/12	748 500			20 MO S/L	185	37
	TAXIWAY GRADING/DRAINAGE APRON A EXPANSION SW-FAA	6/30/12 7/09/12	500 977		500 977	20 MO S/L 20 MO S/L	124 242	25 49
367	TAXIWAY GRADING/DRAINAGE	7/09/12 7/30/12	1,297		1,297		311	65
368	TAXILANE B7 DESIGN	8/14/12	499			20 MO S/L 20 MO S/L	123	25
369	APRON A EXPANSION SW-FAA	8/14/12	126			20 MO S/L	31	7
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COMPUTER & PRINTER OPS MGR

FUEL FARM ENGINEERING PLANS

DESK & HUTCH OPS MGR

6/01/17

12/31/17

6/01/17

1,292

6,500

732

1,292

6,500

732

5 MO S/L

5 MO S/L

40 -- Memo

151

85

0

444

Bus Sec Date Basis Description In Service Cost % 179 Bonus for Depr Per Conv Meth Prior Current Asset 9/13/12 2,234 2,234 20 MO S/L 553 370 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 371 10/03/12 118 118 20 MO S/L 29 6 1,342 12/10/12 20 MO S/L TAXILANE B7 DESIGN 5,421 5,421 271 372 373 3/08/12 1,971 1,971 -- Land 0 LAND 0 0 WATER LINE & ALL WEATHER FAUCE 7/29/12 20 MO S/L 374 742 742. 178 37 2,295 2,295 20 MO S/L WATERLINE IMPROVEMENTS 7/29/12 551 114 ENVIRONMENTAL STUDY 792 792 9/30/12 20 MO S/L 190 40 SWPPP DEVELOPMENT 10/31/12 3,485 3,485 20 MO S/L 836 377 175 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 4,322 20 MO S/L 380 ENVIRONMENTAL STUDY 11/30/12 4,322 1,037 216 GENERATOR ELECTICAL TRANSFER S 12/06/12 963 963 7 MO S/L 578 110 7 MO S/L 382 FIELD GENERATOR 12/19/12 3,711 3,711 2,227 424 TERMINAL BLDG-CONCRETE 5,545 5,545 15 MO S/L 1,232 8/22/13 370 FENCING-PARKING LOT EXPANSION 6/03/13 385 4,603 4,603 15 MO S/L 1,100 306 FENCING-CHAIN LINK FENCING 4,676 4,676 15 MO S/L 1,065 312 387 SAA NEW RESTNT PLNG & DESIGN-OI 2/15/13 1,000 1,000 40 MO S/L 98 25 SAA NEW RESTNT PLN&DESIGN-REST 2/15/13 273 70 2,790 40 MO S/L 388 2,790 MODULAR COMPLEX INFRA-MODULA 5/24/13 61.735 61.735 20 MO S/L 11,061 3.087 SAA LEASHOLD IMP-SWPPP DEV 390 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 SAA MAINT EQP-WORKFORCE SCISSC 7/03/13 392 1.800 1,800 10 MO S/L 180 630 SAA MAINT EQP-STIHL TRIMMER 393 7/25/13 415 415 5 MO S/L 284 83 HANGAR IMPROVEMENTS-FIRE EQUII 5/31/13 HANGAR IMPROVEMENTS-HANGAR I 10/11/13 2.875 20 MO S/L 2.875 515 144 20 MO S/L 15,600 15,600 2,535 780 TAXIWAY & OTHER IMPROVEMNTS-T 8/01/13 20,098 20,098 20 MO S/L 3,433 1,005 TAXIWAY & OTHER IMPRVMNTS-PAR 2/08/13 TAXIWAY & OTHER IMROVMNTS-ELF 7/30/13 3,528 401 3.528 20 MO S/L 691 176 20 MO S/L 402 4,003 4,003 684 200 **RW3 EAST FENCE** 5,445 20 MO S/L 12/31/15 5,445 272 273 404 AIRPORT MASTER PLAN 12/31/15 88,233 88,233 20 MO S/L 4,412 4,411 TAXIWAY RECONSTRUCTION PHASE 12/31/15 174,198 174,198 20 MO S/L 8,710 8,710 TAXIWAY RECONSTRUCTION PHASE 12/31/15 185,801 406 185,801 20 MO S/L 9,290 9.290 16,567 407 INFIELD DRAINAGE DESIGN 12/31/15 331,341 331,341 20 MO S/L 16,567 408 APRON A RECONSTRUCTION 12/31/15 303.021 303,021 20 MO S/L 15,151 15,151 20 MO S/L 409 CIP - RUNWAY CRACK SEAL 12/31/15 256,909 256,909 12,845 12,846 AIRPORT MASTER PLAN 2014 12/31/15 103,449 20 MO S/L 5,172 411 103,449 5,173 2014 TAXIWAY ADDITIONS 7/01/15 20 MO S/L 2,014,726 2,014,726 151,104 100,737 412 TAXIWAY RECONSTRUCTION PH II 12/31/15 198,581 198,581 20 MO S/L 9,929 9,929 TERMINAL FRONT WALKWAY 4/12/16 10,157 10.157 10 MO S/L 762 1,015 RESTAURANT AIRSIDE FENCING 415 3/21/16 5,002 5,002 20 MO S/L 188 250 NEW SOUTHWEST GATE 3/24/16 20 MO S/L 783 15.672 15.672 588 E3S2C: PARKING LOT DESIGN 5/31/16 2,064 2,064 20 MO S/L 417 60 103 9,308 PARKING KIOSK 10/31/16 9,308 3 MO S/L 3,103 SURVEILLANCE SYSTEM 12/21/16 23,363 23,363 10 MO S/L 419 0 2,336 3 FURNACE SYSTEMS FOR TERMINAL 12/21/16 19,223 19,223 420 10 MO S/L 1,922 2.045 ATM MACHINE 11/09/16 2.045 3 MO S/L 114 681 188,396 188,396 E7F2A#1 TERMINAL PARKING LOT 12/31/16 20 MO S/L 9,420 422 LAWN MOWER 6/30/16 3,280 3,280 MO S/L 547 1,093 3 424 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 PAPI #1 AND 2 - DESIGN PHASE 0 --426 6/01/16 25,246 25.246 Memo 0 0 0 --PAPI #3 - DESIGN PHASE 7/06/16 8,824 8,824 Memo 42.7 0 0 0 --PAPI #4 - DESIGN PHASE 7/26/16 900 900 Memo 0 RUNWAY CRACK SEAL 54,276 10 MO S/L 429 7/26/16 54.276 2,261 5,428 430 PAPI #5 - DESIGN PHASE 9/29/16 13,960 13,960 0 ---Memo 0 0 0 --431 PAPI #6 - DESIGN PHASE 9/29/16 2,550 2,550 Memo 0 432 PAPI #7 - DESIGN PHASE 11/23/16 7,234 7,234 0 --Memo 0 OVERLOOK PARKING ENTRANCE 125 20 MO S/L 433 7/19/17 125 3 FUEL FARM RELOC 4,362 10/31/17 20 -- Memo 434 4,362 0 435 PARKING LOT ENGINEERING 12/20/17 9,683 9,683 20 MO S/L OVERLON GUARD BUILDING 3/02/17 7,778 7,778 10 MO S/L 436 648 437 OVERLOOK ELECTRICAL 7/12/17 3,200 3,200 10 MO S/L 160 VENDING MACHINE & GUARD SHACK 7/17/17 10,440 10,440 10 MO S/L 435 51,398 AIRPORT MASTER PLAN 51,398 20 MO S/L 439 5/21/17 1,499 440 PARKING LOT-AIR TERMINAL DRIVE 5/21/17 409,932 409,932 20 MO S/L 11,956 AIRPORT WATER SYSTEM 8/15/17 5,400 5,400 10 MO S/L 441 225 77 OVERLOOK CAMERA 442 8/09/17 1,839 1,839 10 MO S/L PARKING LOT CAMERAS 10 MO S/L 443 12/07/17 2,342 2,342 20

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Federal Asset Report

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07/31/2018 4:18 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
447	CATEGORICAL EXC FUEL FARM RELO	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
	Total Other Depreciation	_	9,460,060		-	9,460,056		2,370,499	341,290
Total ACRS and Other Depreciation		9,460,060		=	9,460,056		2,370,499	341,290	
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs -	9,460,060 0 0 9,460,060		-	9,460,056 0 0 9,460,056		2,370,499 0 0 2,370,499	341,290 0 0 341,290

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Asset Description I	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
Prior MACRS: 216 FENCING, GROUNDSIDE, SAFETY ARE 217 RRA FIELD EQUIPMENT 218 HANGAR IMPROVEMENTS 219 TAXIWAY & OTHER IMPROVEMENTS 220 AIRPORT MASTER PLAN	7/01/14 7/01/14 7/01/14 7/01/14 7/01/14 —	7,145 1,100 5,526 806 15,417 29,994	7,145 1,100 5,526 806 15,417 29,994	1,616 1,019 1,274 142 2,721 6,772	553 81 425 50 952 2,061	455 174 350 40 771 1,790	-98 93 -75 -10 -181 -271
44 ADOT 614 ADDITION 45 ADOT #9068 & 9094 TAXIWAY 47 TAXIWAY APRON 48 TAXIWAY 49 TAXIWAY 51 TAXIWAY 53 NEW PUMP/CORP HANGAR AREA 60 PAVING/BI-PLANE 62 NEW TELEPHONE LINES 75 RUNWAY ENGINEERING 76 RUNWAY ENGINEERING 77 RUNWAY ENGINEERING 80 NORTH RAMP 81 RUNWAY ENGINEERING 84 NORTH RAMP 85 RUNWAY ENGINEERING 88 RUNWAY ENGINEERING 89 NORTH RAMP 91 NORTH RAMP 91 NORTH RAMP (E1157) 92 RUNWAY DESIGN 96 TAXIWAY (N514) 97 TAXIWAY (N716) 102 NORTH RAMP 103 BEACON 105 APRON OVERLAY 107 NORTH RAMP #E1157 112 NORTH RAMP 115 RUNWAY DESIGN 116 RUNWAY DESIGN 117 NORTH RAMP 118 RUNWAY DESIGN 119 RUNWAY DESIGN 110 RUNWAY DESIGN 111 RAMP 112 RUNWAY DESIGN 113 RUNWAY DESIGN 114 RAMP 115 RUNWAY CONSTRUCTION 112 MEMORIAL BENCH 127 CHEVY TRUCK 128 TAXIWAY REHAB DESIGN 139 NEW GATE OPERATORS 140 PERIMETER ROAD DESIGN 141 TAXIWAY REHAB DESIGN 142 FERIMETER ROAD DESIGN 143 TAXIWAY REHAB DESIGN 144 FIRE PROTECTION SYSTEM 145 FAA 15 MISC IMPROVEMENTS 146 TAXIWAY REHAB DESIGN 147 EPRIMETER ROAD DESIGN 148 TAXIWAY REHAB DESIGN 149 FIRE PROTECTION SYSTEM	7/01/90 7/01/90 6/30/96 7/01/96 6/30/95 3/08/96 8/31/98 4/15/99 6/06/97 3/01/99 3/01/99 11/01/99 3/01/99 11/05/00 2/01/00 9/13/00 8/03/00 1/26/00 4/26/00 3/01/01 5/03/01 6/11/01 8/16/01 8/16/01 8/16/01 8/16/01 10/25/01 10/25/01 10/25/01 10/25/01 10/25/01 12/10/01 12/10/01 12/10/01 2/19/02 4/22/02 4/22/02 11/13/02 4/02/02 8/07/03 5/21/03 7/29/03 2/18/04 9/14/04 9/14/04 9/14/04 9/11/0/05 12/21/06 6/10/06 6/10/06 12/22/06 1/25/07 4/03/07 4/03/07 6/27/07 6/28/07 7/03/07 7/03/07 7/03/07 7/03/07 7/03/07 7/09/07	640,816 19,643 533,930 317,770 139,342 5,350 77,649 7,692 21,242 18,840 18,526 1,824 2,400 54,163 774 2,079 20,592 4,300 1,826 5,000 6,140 299 2,464 1,932 374 2,395 256 2,053 1,443 163 889 1,134 13,040 1,809 2,385 6,495 17,897 8,163 2,541 1,899 3,946 294 7,614 53,702 3,000 19,136 4,992 3,112 1,046 6,870 3,228 3,021 5,514 32 12 1,020 2,038 1,170 25	640,816 19,643 533,930 317,770 139,342 5,350 77,649 7,692 21,242 18,840 18,526 1,824 2,400 54,163 774 2,079 20,592 4,300 1,826 5,000 6,140 299 2,464 1,932 374 2,395 2,56 2,053 1,443 163 889 1,134 13,040 1,809 2,385 6,495 17,897 8,163 2,541 1,899 3,946 294 7,614 53,702 3,000 19,136 4,992 3,114 53,702 3,000 19,136 4,992 3,114 53,702 3,000 19,136 4,992 3,114 53,702 3,000 19,136 4,992 3,1170 25	332,123 10,198 533,930 317,770 139,342 5,350 70,401 6,827 20,777 16,799 16,519 1,566 2,130 45,948 658 1,767 17,212 3,512 1,826 4,229 5,117 237 1,930 1,506 287 1,836 194 1,557 1,088 123 659 841 9,432 1,326 1,689 4,790 11,827 5,524 1,704 1,219 2,433 180 7,614 28,999 776 19,136 2,496 1,621 523 6,870 1,574 1,473 2,688 15 6 485 968 556 12	12,816 393 0 0 0 3,883 385 465 942 927 91 120 2,709 38 104 1,029 215 0 250 307 15 123 96 19 120 13 103 73 8 45 57 652 91 120 325 895 408 127 95 198 156 0 2,685 77 0 2,685 77 0 249 156 52 0 161 151 276 2 0 51 102 58 1	12,817 491 0 0 0 0 3,882 384 23 942 927 91 120 2,708 38 104 1,029 215 0 250 306 15 123 97 18 120 13 102 72 8 45 56 652 90 119 309 895 408 127 95 197 15 0 2,685 61 0 250 151 262 1 0 51 102 56 1	1 98 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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
	APRON A EXTENSION	11/14/07	4,550	4,550	2,085	228	228	0
	TAXIWAY REHAB DESIGN	11/14/07	6,417	6,417	2,925	321	321	0
	APRON A EXTENSION	12/10/07	3,842	3,842	1,745	192	192	0
157		12/10/07	6,094	6,094	2,752 1,352	305 149	305 149	0
	RUNWAY SAFETY AREA Fire Protection Sys. Design	12/10/07 1/09/08	2,976 920	2,976 920	414	46	46	$0 \\ 0$
	Apron A Extension	1/09/08	797	797	359	39	39	0
161	Taxiway Rehab Design	1/09/08	336	336	151	17	17	ő
	PERIMETER ROAD	1/09/08	456	456	205	23	23	0
	AWOS DESIGN	1/09/08	769	769	769	0	0	0
	RUNWAY SAFETY AREA	1/09/08	413	413	413	0	0	0
	APRON A EXPANSION	1/04/08	760	760	760	0	38	38
	TAXIWAY REHAB APRON A EXPANSION	2/01/08 3/05/08	4,637 1,398	4,637 1,398	2,056 618	231 70	231 70	$0 \\ 0$
	RUNWAY SAFETY AREA	4/02/08	5,802	5,802	5,802	0	0	0
	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	ŏ
171	AWOS DESIGN	4/17/08	153	153	153	0	0	0
	AWOS DESIGN	5/02/08	617	617	617	0	0	0
	APRON A EXPANSION	5/01/08	405	405	175	21	21	0
	TAXIWAY REHAB	5/22/08	2,946	2,946	1,235	147	147	0
	APRON A EXPANSION	5/22/08 5/22/08	5,853	5,853	2,497 7,043	293	293 820	$0 \\ 0$
177	RUNWAY SAFETY AREA TAXIWAY REHAB	3/22/08 7/15/08	16,410 818	16,410 818	7,043 347	820 41	820 41	0
	Fire Protection Sys. Design	7/15/08	264	264	112	14	14	0
	APRON A EXPANSION	7/15/08	449	449	191	22	22	ŏ
	RUNWAY SAFETY AREA	8/13/08	4,877	4,877	2,052	244	244	0
	RUNWAY SAFETY AREA	8/21/08	797	797	332	40	40	0
183	STORAGE BUILDING FOR EQUIPMENT		6,955	6,955	2,898	348	278	-70
		12/22/08	633	633	253	32	32	0
186 187		12/22/08 12/22/08	689 949	689 949	276 373	34 48	34 48	$0 \\ 0$
		12/22/08	2,521	2,521	1,008	126	126	0
		12/22/08	5,281	5,281	2,099	264	264	ő
		12/29/08	7,513	7,513	3,005	376	376	0
	HP COLOR PRINTER CP2025n	12/03/09	299	299	299	0	0	0
	MAKITA AIR COMPRESSOR	2/17/09	423	423	423	0	0	0
	BRUSH CUTTERS (2)	5/12/09	1,199	1,199	1,199	0	0	0
198 199	STIHL MS 180 CHAINSAW JETGO GPU	7/08/09 8/31/09	219 20,720	219 20,720	219 20,720	$0 \\ 0$	$0 \\ 0$	$0 \\ 0$
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	ő	0	ő
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
	AWOS EQUIPMENT 2009	6/23/09	15,506	15,506	15,506	1 252	1.252	0
206 207	HANGAR EXCAVATION AND DRAINAGEFURBISH OVERLOOK BINOS	6/12/09 7/08/09	25,036 2,244	25,036 2,244	9,242 2,244	1,252 0	1,252 0	$0 \\ 0$
207	TAXIWAY A REHAB	3/03/09	1,699	1,699	665	85	85	0
	APRON A EXPANSION	6/08/09	119	119	45	6	6	ő
	TAXIWAY A OMPROVEMENT/EXTENS		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
231 235	TAXIWAY A EXTENSION CABINETS & FIXTURES	10/22/09 2/18/10	6 11,818	6 11,818	5,384	0 787	0 749	0 -38
242	CONFERENCE TELEPHONE	2/05/10	542	542	542	0	0	-38
243	OFFICE CHAIRS (3)	2/28/10	381	381	381	Ö	ő	Ö
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 -2
	ADOT E8S20 - APRON RECONSTRUCTI		214	214	70	11	63	52
257 258	ADOT E8S22 - TAXIWAY IMPROVEME BROTHER 2820 LASER FAX	6/03/10 6/09/10	404 142	404 142	133 142	20 0	21 0	$\begin{array}{c} 1 \\ 0 \end{array}$
258	MAIN GATE OPERATOR REHAB	7/01/10	1,506	1,506	1,398	108	0	-108
262	AWOS POWER SUPPLY ASSEM	7/01/10	618	618	618	0	0	0
264	TERMINAL A/C FAN MOTOR	7/20/10	760	760	697	63	Ö	-63
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ΑZ ΑZ Basis Federal Difference Date Description In Service Cost for Depr Prior Current Current Fed - AZ Asset 80 80 0 OVERLOOK LANDSCAPE IMPROVEME 8/18/10 800 800 507 269 FIRE PROTECTION E6S15 9/07/10 1.330 1,330 421 67 63 -4 TAXIWAY "A" EXTENTION FAA19 0 1/04/10 214 214 75 10 10 275 PLATFORM LADDERS (2) 10/01/10 499 499 499 0 276 0 6/30/10 12.501 12.501 281 LAND 0 0 0 0 964 283 PAPI SYSTEM ELECTRICAL UPG 12/23/10 1,125 1,125 161 -129 APRON A EXPANSION 2009-1 287 3/30/09 1,450 1,450 571 72 1 288 TAXIWAY A REHAB 2009-2 5/19/09 59 59 22 0 22 TAXIWAY A REHAB 2009-3 5/26/09 59 59 3 290 APRON A EXPANSION 2009-3 6/17/09 794 794 303 39 40 291 APRON A EXPANSION 2009-4 8/25/09 608 608 224 31 31 DELL XPS 7100 COMP & MONITOR - Al 2/17/11 1.293 1.293 1.293 0 0 0 DELL XPS 7100 COMP & MONITOR- OF 2/17/11 1,293 1,293 1,293 0 DIGITAL CCTV SYSTEM 2,321 2,321 2,321 6/03/11 0 297 COFFEE MAKER 9/11/11 688 688 688 0 0 2,480 2,480 298 **R&R FUEL TANK PUMP MOTORS** 1/26/11 2,480 0 BEACON ROOM GATE & ELECTRONIC 1/12/11 300 3,504 3,504 3,003 501 425 -76 RESTAURANT BUILDING 1,082,434 1,082,434 27,061 21,648 1/01/12 129,892 -5,413RESTAURANT MACH & EQUIP 111.659 1/01/12 111.659 27,636 5,583 5,304 -2794,881 4,881 0 303 LAND 12/31/11 0 0 0 309 PAPI SYSTEM ELECTRICAL UPGRADE 1/17/11 1,600 1,600 1,352 229 229 0 PAPI SYSTEM ELECT UPGRADES- MO' 310 6/20/11 3,665 3,665 2,880 523 524 -1 38 39 HANGAR PAD EXTENTION 6/27/11 769 769 212 APRON A RECONSTRUCTION/EXPANS 6/27/11 2.039 2.039 312 561 102 102 0 TAXIWAY B7 DESIGN 1,570 1,570 9/08/11 419 78 313 78 0 NEW FURNACE & DUCT WORK 6,256 6,256 1,877 313 313 1/11/11 315 GRINDER PUMP FOR SEPTIC SYSTEM 5/17/11 1.228 1.228 343 61 49 -1240,058 8,345 RESTAURANT PLANNING & DESIGN 1/01/12 333,817 333,817 8,345 CONFERENCE ROOM CARPETING AND 1/21/12 2,590 2.590 1.274 259 246 -13 317 4,022 4,022 DELL T420 SERVER 8/19/12 3,486 536 318 0 -536 FUEL TANK TRAILER W/ JACKS 4/24/12 2,879 2,879 1,919 412 391 -21 5/29/12 321 DIESEL FUEL TANK & EQUIPMENT 1,692 1,692 1,108 241 230 -11 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 1,237 328 TERMINAL RESTROOM PLUMBING 4/30/12 1,237 385 82 82 0 AC UNIT REPLACED 7/13/12 1,800 1,800 180 810 144 -36 7/19/12 330 AC UNIT REPLACED 2,000 2,000 883 200 160 -40 331 AC UNIT REPLACED 12/22/12 685 685 274 69 55 -14 STRUCTURE REPAIR 2,786 10/15/12 2,786 789 185 332 186 -1 4,500 4,500 225 WATERLINE 10/16/12 938 225 0 RESURFACING/PARKING LOT IMPROV 10/31/12 14,972 14,972 3.119 749 749 334 0 PAVING/LARGE DRAINAGE 335 12/12/12 700 700 143 35 35 0 TRAILER MOUNTED SPRAYER 6/13/12 1,188 1,188 1,089 99 -99 8,575 8,575 338 RESTAURANT STORAGE 12/17/12 858 428 429 1 MODULAR OFFICE BUILDING-AHA 5,737 2,869 2,869 339 12/31/12 57,372 57,372 0 BUILDING PERMIT 1,700 12/31/12 1,700 170 85 85 0 341 ADA RAMP DESIGN 12/31/12 250 250 50 25 25 0 FIRE SUPPRESSION SYSTEM 12/31/12 150 150 30 15 14 342 -1 408 CABINETS & COUNTERTOPS 12/31/12 4.081 343 4.081 816 388 -20 2,143 344 ADA RAMP MODULAR 1 12/31/12 10,715 10,715 1,072 964 -108 FIRE SUPPRESSION SPRINKLER 345 12/31/12 4,956 4,956 991 496 471 -25 MODULAR BLD AHA 12/31/12 694 694 35 -7 346 69 28 MODULAR PERMIT REVIEW FEE 12/31/12 384 384 20 20 0 38 348 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 12/31/12 811 771 -40 8.118 8.118 1.624 351 MODULAR COMPLEX INFRASTRUCTU 12/31/12 95,054 95,054 9,505 4,753 4,753 0 APRON A EXPANSION SW-FAA 744 744 37 38 352 186 1 TAXILANE B7 DESIGN 1/09/12 597 597 30 30 353 149 0 354 TAXIWAY SURFACE TRATMENT (10% 1/10/12 34,666 34,666 8,667 1,733 1,733 355 APRON A EXPANSION SW- FAA 3/19/12 75 75 4 0 18 4 21 356 APRON A EXPENSION SW-FAA 4/05/12 410 410 97 20 -1 APRON A EXPANSION SW-FAA 1.279 274 357 4/24/12 5,482 5,482 0 APRON A EXPANSION SW-FAA 3,922 5/29/12 17,114 17,114 358 856 856 0 359 TAXIWAY GRADING/DRAINAGE TAXIWAY GRADING/DRAINAGE 5/29/12 240 240 55 12 12 0 6/04/12 1.674 1.674 384 360 83 84 -1 TAXILANE B7 DESIGN 6/11/12 1,572 1,572 360 79 79 APRON A EXPANSION SW-FAA 197 362 6/11/12 3.928 3,928 900 197 0 **RUNWAY LIGHTS** 363 6/15/12 810 810 186 40 41 1 TAXILANE B7 DESIGN 6/30/12 748 168 TAXIWAY GRADING/DRAINAGE 25 25 6/30/12 500 500 113 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	<u> </u>	977	220	49	49	0
367	TAXIWAY GRADING/DRAINAGE	7/30/12	1,297	1,297	286	65	65	0
	TAXILANE B7 DESIGN	8/14/12 8/14/12	499	499 126	110 28	25	25 7	0
369 370	APRON A EXPANSION SW-FAA APRON A EXPANSION SW-FAA	8/14/12 9/13/12	126 2,234	126 2,234	28 484	6 112	112	$\stackrel{1}{0}$
371	APRON A EXPANSION SW-FAA	10/03/12	118	118	25	6	6	ő
372	TAXILANE B7 DESIGN	12/10/12	5,421	5,421	1,107	271	271	0
373 374	LAND WATER LINE & ALL WEATHER FAUCE	3/08/12	1,971 742	1,971 742	0 164	0 37	0 37	$0 \\ 0$
374	WATER LINE & ALL WEATHER FAUCE WATERLINE IMPROVEMENTS	7/29/12	2,295	2,295	507	114	114	0
	ENVIRONMENTAL STUDY	9/30/12	792	792	168	40	40	Ö
377	SWPPP DEVELOPMENT	10/31/12	3,485	3,485	726	174	175	1
378 379	TERMINAL WATERLINE REPAIR & VA WATERLINE BACKFLOW PREVENTER		1,838 829	1,838 829	375 169	92 42	92 41	0 -1
	ENVIRONMENTAL STUDY	11/29/12	4,322	4,322	882	217	216	-1 -1
381	GENERATOR ELECTICAL TRANSFER S		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
	FENCING-PARKING LOT EXPANSION FENCING-CHAIN LINK FENCING	6/03/13 7/16/13	4,603 4,676	4,603 4,676	1,100 1,065	306 312	306 312	$0 \\ 0$
387	SAA NEW RESTNT PLNG & DESIGN-OI		1,000	1,000	100	26	25	-1
388	SAA NEW RESTNT PLN&DESIGN-REST		2,790	2,790	280	72	70	-2
389	MODULAR COMPLEX INFRA-MODULA		61,735	61,735	6,174	3,086	3,087	1
390 391	SAA LEASHOLD IMP-SWPPP DEV SAA LEASEHOLD IMP-FURNACE	12/02/13 9/24/13	3,429 6,182	3,429 6,182	529 2,009	171 618	171 618	$0 \\ 0$
391	SAA MAINT EQP-WORKFORCE SCISSC		1,800	1,800	630	180	180	0
	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415	415	284	83	83	Ö
	HANGAR IMPROVEMENTS-FIRE EQUI		2,875	2,875	515	144	144	0
	HANGAR IMPROVEMENTS-HANGAR I		15,600	15,600	2,535	780	780	0
	TAXIWAY & OTHER IMPROVEMNTS-T TAXIWAY & OTHER IMPRVMNTS-PAR		20,098 3,528	20,098 3,528	3,433 691	1,005 176	1,005 176	$0 \\ 0$
402	TAXIWAY & OTHER IMROVMNTS-ELE		4,003	4,003	684	200	200	0
	RW3 EAST FENCE	12/31/15	5,445	5,445	272	273	273	Ö
404	AIRPORT MASTER PLAN	12/31/15	88,233	88,233	4,412	4,411	4,411	0
405 406	TAXIWAY RECONSTRUCTION PHASE TAXIWAY RECONSTRUCTION PHASE		174,198 185,801	174,198 185,801	8,710 9,290	8,710 9,290	8,710 9,290	$0 \\ 0$
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	Ö
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
412 413	2014 TAXIWAY ADDITIONS TAXIWAY RECONSTRUCTION PH II	7/01/15 12/31/15	2,014,726 198,581	2,014,726 198,581	151,104 9,929	100,737 9,929	100,737 9,929	$0 \\ 0$
	TERMINAL FRONT WALKWAY	4/12/16	10,157	10,157	762	1,015	1,015	Ö
	RESTAURANT AIRSIDE FENCING	3/21/16	5,002	5,002	188	250	250	0
	NEW SOUTHWEST GATE	3/24/16	15,672	15,672	588	783	783	0
417 418	E3S2C: PARKING LOT DESIGN PARKING KIOSK	5/31/16 10/31/16	2,064 9,308	2,064 9,308	60 517	103 3,103	103 3,103	$0 \\ 0$
	SURVEILLANCE SYSTEM	12/21/16	23,363	23,363	0	2,336	2,336	ő
	3 FURNACE SYSTEMS FOR TERMINAL		19,223	19,223	0	1,922	1,922	0
	ATM MACHINE	11/09/16	2,045	2,045	114	681	681	0
	E7F2A#1 TERMINAL PARKING LOT LAWN MOWER	12/31/16 6/30/16	188,396 3,280	188,396 3,280	0 547	9,420 1,093	9,420 1,093	$0 \\ 0$
	PHASE 1 ELECTRICAL UPGRADE	2/18/00	21,800	21,800	1,090	1,093	1,093	0
425	KUBOTA CAB TR	6/27/16	39,596	39,596	3,960	7,919	8,184	265
	PAPI #1 AND 2 - DESIGN PHASE	6/01/16	25,246	25,246	0	0	0	0
	PAPI #3 - DESIGN PHASE PAPI #4 - DESIGN PHASE	7/06/16 7/26/16	8,824 900	8,824 900	0	0	0	$0 \\ 0$
	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	0,420	ő
	PAPI #6 - DESIGN PHASE	9/29/16	2,550	2,550	0	0	0	0
	PAPI #7 - DESIGN PHASE OVERLOOK PARKING ENTRANCE	11/23/16 7/19/17	7,234 125	7,234 125	$0 \\ 0$	0 3	0 3	$0 \\ 0$
	FUEL FARM RELOC	10/31/17	4,362	4,362	0	0	0	0
	PARKING LOT ENGINEERING	12/20/17	9,683	9,683	ő	$\overset{\circ}{0}$	0	ő
436	OVERLON GUARD BUILDING	3/02/17	7,778	7,778	0	648	648	0
	OVERLOOK ELECTRICAL	7/12/17	3,200	3,200	0	160	160	0
	VENDING MACHINE & GUARD SHACK AIRPORT MASTER PLAN	//1 //1 / 5/21/17	10,440 51,398	10,440 51,398	$0 \\ 0$	435 1,499	435 1,499	$0 \\ 0$
	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 REL	C 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
	Total Other Depreciation	-	9,427,708	9,427,708	2,366,812	346,815	339,500	-7,315
	Total ACRS and Other Depre	eciation _	9,427,708	9,427,708	2,366,812	346,815	339,500	7,315
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	-	9,457,702 0 0	9,457,702	2,373,584	348,876 0 0	341,290 0 0	-7,586 0 0
	Net Grand Totals	=	9,457,702	9,457,702	2,373,584	348,876	341,290	7,586

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Form Unit Asset

Depreciation Adjustment Report

Tax

AMT

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FYE: 12/31/2017 All Business Activities

Description

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

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Future Depreciation Report FYE: 12/31/18

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Future Depreciation Report FYE: 12/31/18

		Date In			
<u>Asset</u>	Description	Service	Cost	<u>Tax</u> _	AMT
159	Fire Protection Sys. Design	1/09/08	920	46	0
160	Apron A Extension	1/09/08	797	40	0
161 162	Taxiway Rehab Design PERIMETER ROAD	1/09/08 1/09/08	336 456	17 23	0
163	AWOS DESIGN	1/09/08	769	0	0
164	RUNWAY SAFETY AREA	1/09/08	413	ő	Ö
165	APRON A EXPANSION	1/04/08	760	38	0
166	TAXIWAY REHAB	2/01/08	4,637	232	0
167 168	APRON A EXPANSION RUNWAY SAFETY AREA	3/05/08 4/02/08	1,398 5,802	69 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
174 175	APRON A EXPANSION TAXIWAY REHAB	5/01/08 5/22/08	405 2,946	20 147	0
176	APRON A EXPANSION	5/22/08	5,853	292	ő
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
180 181	APRON A EXPANSION RUNWAY SAFETY AREA	7/15/08 8/13/08	449 4 . 877	23 244	0
182	RUNWAY SAFETY AREA	8/21/08	797	40	ő
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
187 188	TAXIWAY REHAB HANGAR PAD EXTENSION	12/22/08 12/22/08	949 2,521	47 127	0
189	APRON A EXPANSION	12/22/08	5,281	264	0
190	RUNWAY SAFETY AREA	12/29/08	7,513	376	Ö
195	HP COLOR PRINTER CP2025n	12/03/09	299	0	0
196	MAKITA AIR COMPRESSOR	2/17/09	423	0	0
197 198	BRUSH CUTTERS (2) STIHL MS 180 CHAINSAW	5/12/09 7/08/09	1,199 219	$0 \\ 0$	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
203 204	BEDLINER FOR GMC CHAINLINK FENCE W GATE	1/28/09 6/30/09	545 985	$0 \\ 0$	0
205	AWOS EQUIPMENT 2009	6/23/09	15,506	0	ő
206	HANGAR EXCAVATION AND DRAINAGE	6/12/09	25,036	1,252	0
207	REFURBISH OVERLOOK BINOS	7/08/09	2,244	0	0
208 209	TAXIWAY A REHAB APRON A EXPANSION	3/03/09 6/08/09	1,699	85	$0 \\ 0$
210	TAXIWAY A OMPROVEMENT/EXTENSION	8/25/09	119 145	6 7	0
211	HANGAR PAD EXT & IMPROVE	8/25/09	296	15	Ö
212	HANGAR PAD - EXTEND	8/25/09	354	17	0
213	SOUTHWEST APRON DESIGN	8/25/09	616	30	0
215 216	Taxiway A Rehab FENCING, GROUNDSIDE, SAFETY AREA	7/09/09 7/01/14	1,197 7,145	60 455	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
231 235	TAXIWAY A EXTENSION CABINETS & FIXTURES	10/22/09 2/18/10	6 11,818	1 748	$0 \\ 0$
242	CONFERENCE TELEPHONE	2/05/10	542	0	ő
243	OFFICE CHAIRS (3)	2/28/10	381	0	0
244	OFFICE CHAIRS (2)	2/05/10	260	0	0
245 246	ELECTRICAL UPGRADE FBO COFFEE SERVICE CABINETS	3/04/10 3/15/10	818 1,291	41 82	0
256	ADOT E8S20 - APRON RECONSTRUCTION	6/03/10	1,247	62 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
262 264	AWOS POWER SUPPLY ASSEM TERMINAL A/C FAN MOTOR	7/08/10 7/20/10	618 760	$0 \\ 0$	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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Asset	Description	Date In Service	Cost	Tax	AMT
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		3/30/09	1,450	72	0
288 289	TAXIWAY A REHAB 2009-2 TAXIWAY A REHAB 2009-3	5/19/09 5/26/09	59 59	3 3	$0 \\ 0$
290	APRON A EXPANSION 2009-3	6/17/09	794	40	Ö
291	APRON A EXPANSION 2009-4	8/25/09	608	30	0
293 294	DELL XPS 7100 COMP & MONITOR - ADMI DELL XPS 7100 COMP & MONITOR- OPS	2/17/11 2/17/11	1,293 1,293	$0 \\ 0$	$0 \\ 0$
294	DIGITAL CCTV SYSTEM	6/03/11	2,321	0	0
297	COFFEE MAKER	9/11/11	688	Õ	0
298	R&R FUEL TANK PUMP MOTORS	1/26/11	2,480	0	0
300 301	BEACON ROOM GATE & ELECTRONIC OPERESTAURANT BUILDING	1/12/11 1/01/12	3,504 1,082,434	0 21,649	$0 \\ 0$
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
310 311	PAPI SYSTEM ELECT UPGRADES- MOTHEL HANGAR PAD EXTENTION	6/27/11	3,665 769	26 38	$0 \\ 0$
312	APRON A RECONSTRUCTION/EXPANSION	6/27/11	2,039	102	ő
313	TAXIWAY B7 DESIGN	9/08/11	1,570	79	0
314	NEW FURNACE & DUCT WORK	1/11/11	6,256	313	0
315 316	GRINDER PUMP FOR SEPTIC SYSTEM RESTAURANT PLANNING & DESIGN	5/17/11 1/01/12	1,228 333,817	50 8,346	$0 \\ 0$
317		1/21/12	2,590	246	ő
318	DELL T420 SERVER	8/19/12	4,022	0	0
320	FUEL TANK TRAILER W/ JACKS	4/24/12	2,879	370	0
321 322	DIESEL FUEL TANK & EQUIPMENT DIESEL & MOGAS TANK FLOW	5/29/12 7/01/12	1,692 928	217 119	$0 \\ 0$
323	DELINEATOR POSTS (30)	9/04/12	1,179	152	ő
328	TERMINAL RESTROOM PLUMBING	4/30/12	1,237	83	0
329 330	AC UNIT REPLACED AC UNIT REPLACED	7/13/12	1,800	144	0
331	AC UNIT REPLACED AC UNIT REPLACED	7/19/12 12/22/12	2,000 685	160 54	$0 \\ 0$
332	STRUCTURE REPAIR	10/15/12	2,786	186	0
333	WATERLINE	10/16/12	4,500	225	0
334 335	RESURFACING/PARKING LOT IMPROVEM PAVING/LARGE DRAINAGE	10/31/12 12/12/12	14,972 700	748 35	$0 \\ 0$
336	TRAILER MOUNTED SPRAYER	6/13/12	1,188	0	0
338	RESTAURANT STORAGE	12/17/12	8,575	429	0
339		12/31/12	57,372	2,868	0
340 341	BUILDING PERMIT ADA RAMP DESIGN	12/31/12 12/31/12	1,700 250	85 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	965 471	0
345 346	FIRE SUPPRESSION SPRINKLER MODULAR BLD AHA	12/31/12 12/31/12	4,956 694	471 27	0
347	MODULAR PERMIT REVIEW FEE	12/31/12	384	19	ŏ
348	MODULAR OFFICE BUILDING-RR	12/31/12	55,481	2,774	0
349 350	WINDOWS CABINETS & COUNTERTOPS	12/31/12 12/31/12	841 8,118	84 771	$0 \\ 0$
351		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
354 355	TAXIWAY SURFACE TRATMENT (10% MA' APRON A EXPANSION SW- FAA	1/10/12 3/19/12	34,666 75	1,733 3	$0 \\ 0$
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
359 360	TAXIWAY GRADING/DRAINAGE TAXIWAY GRADING/DRAINAGE	5/29/12 6/04/12	240 1,674	12 83	$0 \\ 0$
361	TAXILANE B7 DESIGN	6/11/12	1,572	78	ŏ
362	APRON A EXPANSION SW-FAA	6/11/12	3,928	196	0
363 364	RUNWAY LIGHTS TAXILANE B7 DESIGN	6/15/12 6/30/12	810 748	40 38	$0 \\ 0$
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 25	0
368	TAXILANE B7 DESIGN	8/14/12	499	25	0

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Asset	Description	Date In Service	Cost	Tax	AMT
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
372 373	TAXILANE B7 DESIGN LAND	12/10/12 3/08/12	5,421 1,971	271 0	$0 \\ 0$
374	WATER LINE & ALL WEATHER FAUCET- C		742	37	0
375	WATERLINE IMPROVEMENTS	7/29/12	2,295	115	ő
376	ENVIRONMENTAL STUDY	9/30/12	792	39	0
377	SWPPP DEVELOPMENT	10/31/12	3,485	174	0
378 379	TERMINAL WATERLINE REPAIR & VALVE WATERLINE BACKFLOW PREVENTER	11/20/12	1,838 829	92 42	0
380	ENVIRONMENTAL STUDY	11/30/12	4,322	216	ő
381	GENERATOR ELECTICAL TRANSFER SYS	12/06/12	963	82	0
382	FIELD GENERATOR	12/19/12	3,711	318	0
384 385	TERMINAL BLDG-CONCRETE FENCING-PARKING LOT EXPANSION	8/22/13 6/03/13	5,545 4,603	370 307	0
386	FENCING-CHAIN LINK FENCING	7/16/13	4,676	312	0
387	SAA NEW RESTNT PLNG & DESIGN-OUTSI		1,000	25	0
388	SAA NEW RESTNT PLN&DESIGN-RESTROC		2,790	70	0
389	MODULAR COMPLEX INFRA-MODULAR C SAA LEASHOLD IMP-SWPPP DEV	5/24/13 12/02/13	61,735	3,086	0
390 391	SAA LEASHOLD IMP-SWPPP DEV SAA LEASEHOLD IMP-FURNACE	9/24/13	3,429 6,182	172 619	0
392	SAA MAINT EQP-WORKFORCE SCISSORS 1	7/03/13	1,800	180	ő
393	SAA MAINT EQP-STIHL TRIMMER	7/25/13	415	48	0
398	HANGAR IMPROVEMENTS-FIRE EQUIP	5/31/13	2,875	144	0
399 400	HANGAR IMPROVEMENTS-HANGAR IMPR TAXIWAY & OTHER IMPROVEMNTS-TAXI	8/01/13	15,600 20,098	780 1,005	0
401	TAXIWAY & OTHER IMPRVMNTS-PARKING	2/08/13	3,528	177	0
402	TAXIWAY & OTHER IMROVMNTS-ELECTR	7/30/13	4,003	200	0
403	RW3 EAST FENCE	12/31/15	5,445	272	0
404 405	AIRPORT MASTER PLAN TAXIWAY RECONSTRUCTION PHASE I	12/31/15 12/31/15	88,233 174,198	4,412 8,710	0
405	TAXIWAY RECONSTRUCTION PHASE II	12/31/15	185,801	9,290	0
407	INFIELD DRAINAGE DESIGN	12/31/15	331,341	16,567	ő
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
411 412	AIRPORT MASTER PLAN 2014 2014 TAXIWAY ADDITIONS	12/31/15 7/01/15	103,449 2,014,726	5,172 100,736	0
413	TAXIWAY RECONSTRUCTION PH II	12/31/15	198,581	9,929	ő
414	TERMINAL FRONT WALKWAY	4/12/16	10,157	1,016	0
415	RESTAURANT AIRSIDE FENCING	3/21/16	5,002	250	0
416 417	NEW SOUTHWEST GATE E3S2C: PARKING LOT DESIGN	3/24/16 5/31/16	15,672 2,064	784 104	$0 \\ 0$
418	PARKING KIOSK	10/31/16	9,308	3,102	ő
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
421 422	ATM MACHINE E7F2A#1 TERMINAL PARKING LOT	11/09/16 12/31/16	2,045 188,396	682 9,420	$0 \\ 0$
423	LAWN MOWER	6/30/16	3,280	1,093	ő
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
426 427	PAPI #1 AND 2 - DESIGN PHASE PAPI #3 - DESIGN PHASE	6/01/16 7/06/16	25,246 8,824	$0 \\ 0$	0
428	PAPI #4 - DESIGN PHASE	7/26/16	900	ő	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
431 432	PAPI #6 - DESIGN PHASE PAPI #7 - DESIGN PHASE	9/29/16 11/23/16	2,550 7,234	$0 \\ 0$	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
436 437	OVERLON GUARD BUILDING OVERLOOK ELECTRICAL	3/02/17 7/12/17	7,778 3,200	778 320	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
441 442	AIRPORT WATER SYSTEM OVERLOOK CAMERA	8/15/17 8/09/17	5,400 1,839	540 184	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

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Asset	Description	Date In Service	Cost	Tax	AMT
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
	Total Other Depreciation		9,460,060	358,613	0
	Total ACRS and Other Depreciation		9,460,060	358,613	0
	Grand Totals	9,460,060	358,613	0	

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Asset	Description	Date In Service	Cost	AZ
159	Fire Protection Sys. Design	1/09/08	920	46
160	Apron A Extension	1/09/08	797	40
161	Taxiway Rehab Design	1/09/08	336	17
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
170 171	TAXIWAY REHAB AWOS DESIGN	4/02/08 4/17/08	6,007	300
171	AWOS DESIGN AWOS DESIGN	5/02/08	153 617	$0 \\ 0$
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
186 187	APRON A EXPANSION SW TAXIWAY REHAB	12/22/08	689 949	35
188	HANGAR PAD EXTENSION	12/22/08 12/22/08	2,521	47 127
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	Õ
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 CHAINLINK FENCE W GATE	1/28/09	545	0
204 205	AWOS EQUIPMENT 2009	6/30/09 6/23/09	985 15,506	$0 \\ 0$
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, GROUNDSIDE, SAFETY AREA	7/01/14	7,145	497
217 218	RRA FIELD EQUIPMENT HANGAR IMPROVEMENTS	7/01/14 7/01/14	1,100 5,526	0 383
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
258 260	BROTHER 2820 LASER FAX MAIN GATE OPERATOR REHAB	6/09/10 7/01/10	142 1,506	$0 \\ 0$
262	AWOS POWER SUPPLY ASSEM	7/01/10	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

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Asset	Description	Date In Service	Cost	AZ
	<u> </u>			
276 281	PLATFORM LADDERS (2) LAND	10/01/10 6/30/10	499 12,501	$0 \\ 0$
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
290 291	APRON A EXPANSION 2009-3	6/17/09	794 608	40
291	APRON A EXPANSION 2009-4 DELL XPS 7100 COMP & MONITOR - ADMI	8/25/09 2/17/11	1,293	30
294	DELL XPS 7100 COMP & MONITOR- OPS	2/17/11	1,293	ő
296	DIGITAL CCTV SYSTEM	6/03/11	2,321	0
297	COFFEE MAKER	9/11/11	688	0
298 300	R&R FUEL TANK PUMP MOTORS BEACON ROOM GATE & ELECTRONIC OPI	1/26/11	2,480 3,504	$0 \\ 0$
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
310 311	PAPI SYSTEM ELECT UPGRADES- MOTHEL HANGAR PAD EXTENTION	6/20/11	3,665 769	262 38
312	APRON A RECONSTRUCTION/EXPANSION		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
316 317	RESTAURANT PLANNING & DESIGN CONFERENCE ROOM CARPETING AND CO	1/01/12	333,817 2,590	8,346 259
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
323 328	DELINEATOR POSTS (30) TERMINAL RESTROOM PLUMBING	9/04/12 4/30/12	1,179 1,237	169 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
332 333	STRUCTURE REPAIR WATERLINE	10/15/12 10/16/12	2,786 4,500	186 225
334	RESURFACING/PARKING LOT IMPROVEM		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 57,272	429
339 340	MODULAR OFFICE BUILDING-AHA BUILDING PERMIT	12/31/12 12/31/12	57,372 1,700	2,868 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
344 345	ADA RAMP MODULAR 1 FIRE SUPPRESSION SPRINKLER	12/31/12 12/31/12	10,715 4,956	1,071 495
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
349 350	WINDOWS CABINETS & COUNTERTOPS	12/31/12 12/31/12	841 8,118	84 812
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
355 356	APRON A EXPANSION SW- FAA APRON A EXPENSION SW-FAA	3/19/12 4/05/12	75 410	3 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
360 361	TAXIWAY GRADING/DRAINAGE TAXILANE B7 DESIGN	6/04/12 6/11/12	1,674 1,572	84 78
362	APRON A EXPANSION SW-FAA	6/11/12	3,928	78 196
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
366 367	APRON A EXPANSION SW-FAA TAXIWAY GRADING/DRAINAGE	7/09/12 7/30/12	977 1,297	49 65
368	TAXILANE B7 DESIGN	8/14/12	499	25

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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- (742	37
375 376	WATERLINE IMPROVEMENTS ENVIRONMENTAL STUDY	7/29/12 9/30/12	2,295 792	115 40
370	SWPPP DEVELOPMENT	10/31/12	3,485	175
378	TERMINAL WATERLINE REPAIR & VALVE		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		963	137
382 384	FIELD GENERATOR TERMINAL BLDG-CONCRETE	12/19/12 8/22/13	3,711 5,545	530 142
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		1,000	26
388	SAA NEW RESTNT PLN&DESIGN-RESTROC		2,790	71
389	MODULAR COMPLEX INFRA-MODULAR C	5/24/13	61,735	3,087
390 391	SAA LEASHOLD IMP-SWPPP DEV SAA LEASEHOLD IMP-FURNACE	12/02/13 9/24/13	3,429 6,182	172 619
391	SAA MAINT EQP-WORKFORCE SCISSORS 1		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		15,600	780
400	TAXIWAY & OTHER IMPROVEMNTS-TAXI	8/01/13	20,098	1,005
401	TAXIWAY & OTHER IMPRVMNTS-PARKING	2/08/13	3,528	177
402 403	TAXIWAY & OTHER IMROVMNTS-ELECTR RW3 EAST FENCE	7/30/13 12/31/15	4,003 5,445	200 272
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
409 411	CIP - RUNWAY CRACK SEAL AIRPORT MASTER PLAN 2014	12/31/15 12/31/15	256,909 103,449	12,845 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
416 417	NEW SOUTHWEST GATE E3S2C: PARKING LOT DESIGN	3/24/16 5/31/16	15,672 2,064	784 104
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
423 424	LAWN MOWER PHASE 1 ELECTRICAL UPGRADE	6/30/16 2/18/00	3,280 21,800	1,093 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 PAPI #5 - DESIGN PHASE	7/26/16	54,276	5,428
430 431	PAPI #6 - DESIGN PHASE	9/29/16 9/29/16	13,960 2,550	$0 \\ 0$
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
436 437	OVERLON GUARD BUILDING OVERLOOK ELECTRICAL	3/02/17 7/12/17	7,778 3,200	778 320
437	VENDING MACHINE & GUARD SHACK	7/12/17	3,200 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
443 444	PARKING LOT CAMERAS COMPUTER & PRINTER OPS MGR	12/07/17 6/01/17	2,342 1,292	234 258
445	DESK & HUTCH OPS MGR	6/01/17	732	147

407450 SEDONA-OAK CREEK AIRPORT AUTHORITY 07/3 86-0251142 AZ Future Depreciation Report FYE: 12/31/18 07/31/2018 4:18 PM 86-0251142

Asset	Description	Date In Service	Cost	AZ
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
	Total Other Depreciation		9,457,702	367,681
	Total ACRS and Other Depreciation		9,457,702	367,681
	Grand Totals		9,457,702	367,681

Form 990	Tax Return History				
Name	SEDONA-OAK CREEK AIRPORT AUTHORITY	Employer Ide	entification Number 51142		

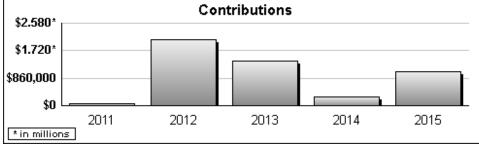
_	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	62,104	2,067,237	1,381,532	286,109	1,068,205	
Membership dues						
Program service revenue _						
Capital gain or loss		-24,411		-32,288		
Investment income	840	491	675	2,064	11,839	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	998,012	1,224,798	1,271,924	1,308,415	1,631,185	
Total revenue	1,060,956	3,268,115	2,654,131	1,564,300	2,711,229	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		130,737	143,738	134,142	78,471	
Other compensation		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		129,246	177,927	315,013	341,290	
Other expenses		296,018	358,643	433,319	384,124	
Total expenses		1,058,733	1,168,684	1,376,681	2,198,607	
Excess or (Deficit)	-77 , 768	2,209,382	1,485,447	187,619	512,622	
_						
Total exempt revenue	1,060,956	3,268,115	2,654,131	1,564,300	2,711,229	
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	

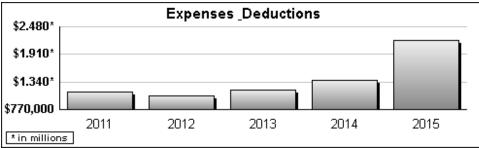
Form 990T Tax Return History 2017

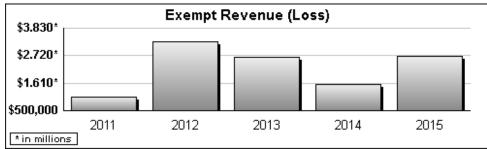
Name
SEDONA-OAK CREEK AIRPORT AUTHORITY

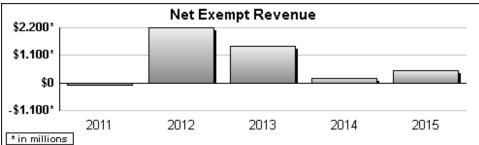
Employer Identification Number 86-0251142

	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						
Total trade or business income.						
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						





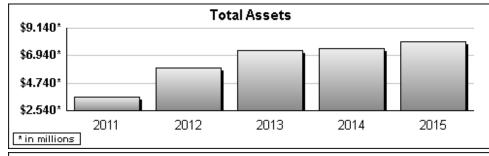


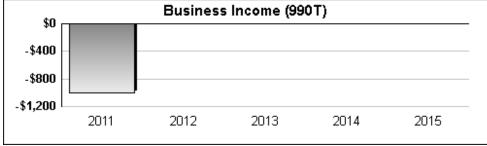


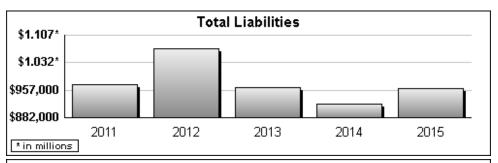
Form 990T	Tax Return History			
Name	SEDONA-OAK CREEK AIRPORT AUTHORITY	Employer Identification Number 86-0251142		

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
ncome after expense and deductions	-1,000					
ncome tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









407450 SEDONA-OAK CREEK AIRPORT AUTHORITY
86-0251142 Federal Statements

7/31/2018 4:18 PM

FYE: 12/31/2017

86-0251142

Tax-Exempt Interest on Investments

Descript	ion					
		Amount	Unrelated Business Code		Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST INCOME						
	\$	11,839		14		
TOTAL \$		11,839				

Federal Statements

FYE: 12/31/2017

86-0251142

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

Description	Ex	Total kpenses	Program Service	Manage Gen		Fund Raising
CONSULTING SECURITY	\$	6,901 1,896	\$ 6,901 1,896	\$		\$ _
TOTAL	\$	8,797	\$ 8,797	\$	0	\$ 0

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

Description	E	Total xpenses		Program Service	Man (agement & 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	\$	145,718	\$	129,563	\$	16,155	\$	0

407450 SEDONA-OAK CREEK AIRPORT AUTHORITY 7/31/2018 4:18 PM **Federal Statements** 86-0251142 FYE: 12/31/2017 Schedule A, Part III, Line 1(e) Description Amount 243,484 GENERAL - SCENIC OVERLOOK ARIZONA DEPT OF TRANSPORTATION 824,721 TAXIWAY IMPROVEMENTS FEDERAL AVIATION ADMINISTRATION TAXIWAY IMPROVEMENTS YAVAPI COUNTY TAXIWAY IMPROVEMENTS TOTAL 1,068,205 Schedule A, Part III, Line 2(e) Description Amount 1,601,447 FUEL SALES & MISC COMMERCIAL/HANGER RENTAL 810,698 TOTAL 2,412,145 Schedule A, Part III, Line 10a(e) Description **Amount** INTEREST INCOME 11,839 11,839 TOTAL

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	1,601,447		
Less: Cost of goods sold	780,960		
Gross profit from business activities		820,487	
Interest		11,839	
Dividends			
Rents and royalties		810,698	
Gain or (loss) from sales of assets			
Dues, assessments, etc., from member	ers		
Dues, assessments, etc., from affiliate	d organizations		
Contributions, gifts, grants, etc. receive	ed	1,068,205	
Other income			
Total income			2,711,229
Expenses			
Administrative expenses		2,113,030	
Disbursements from current income		<u>85,577</u>	
Disbursements from principal			
Other disbursements			
Total expenses			2,198,607
Accumulation of income in o	current year		512,622
Accumulation of income at b	peginning of year		6,561,781
Accumulation of income at e	nd of year		7,074,403
Penalty for late filing or inco	mplete filing		
	Ralance Sheet		

Balance Sheet

	Beginning	Ending	Differences
Assets	7,481,341	8,033,848	
Liabilities	919,560	962,209	
Net assets	7,481,341	8,033,848	552,507
		•	

Miscellaneous Information

Amended return	_
Return / extended due date	

Arizona Form **Arizona Exempt Organization Annual Information Return** 99 For the X calendar year 2017 or fiscal year beginning and ending CHECK ONE: Employer Identification Number (EIN) SEDONA-OAK CREEK AIRPORT AUTHORITY Original 86-0251142 Address - number and street or PO Box Amended Business Telephone Number 235 AIR TERMINAL DR #1 (with area code) State ZIP Code City, Town or Post Office 928-282-4487 **SEDONA** AZ86336 Check box if return filed under extension: 68 Check box if: This is a first return Name change Address change 82 82F Α Date Arizona operations began: В Nature of Arizona activities: REVENUE USE ONLY. DO NOT MARK IN THIS AREA. С Federal form filed: |**X**| 990 990-EZ Other (specify) 88 NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -NMMD Registry Identification Number: What type of entity is the dispensary? Limited Liability Company (LLC) | Partnership S corporation Corporation RCVD 81 PM Sole Proprietorship 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 1120 1120-S 1065 Other (specify) Sources of Income 1,601,447 1 Gross sales from business activities 780,960 **2** Less cost of goods sold or of operations: Include itemized statement 2 3 Gross profit from business activities: Subtract line 2 from line 1 820,487 00 3 11,839 4 Interest 4 00 Dividends 5 Rents and royalties 6 810,698 6 00 Gain or (loss) from sales of assets, excluding inventory items Dues, assessments, etc., from members 8 00 Dues, assessments, etc., from affiliates 00 9 1,068,205 00 10 Contributions, gifts, grants, etc., received 10 11 Other income: Include itemized statement 00 11 2,711,229 12 Total income: Add lines 3 through 11 Administrative Expenses Compensation of officers, directors, trustees, etc. **78,471** 00 13 497,597 **14** Salaries and wages other than amounts included on line 2 14 00 Interest 15 00 16 67,587 00 16 Taxes 17 00 18 Depreciation: Include schedule SEE STATEMENT 2 341,290 18 Miscellaneous expenses: Include itemized statement 1,128,085 SEE STMT 3 19 2,113,030 00 20 Total expenses: Add lines 13 through 19 20 Disbursements 21 85,577 00 21 Disbursements from current income for exempt purposes from page 2, line A6 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

24 Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23

27 Penalty for late filing or incomplete filing. See instructions

25 Accumulation of income at beginning of year

26 Accumulation of income at end of year: Add lines 24 and 25

Penalty

Accumulation of Income

512,622 00

6,561,781 7,074,403

24

25

26

450 07/	31/2018 4:18 PM								
Name	(as shown on page	•			EIN				
		SEDONA-OAK CI	REEK AIRPORT AU	JTHO	RITY		<u>86-0</u> 2	251142	
901		Disbursements From (Current Income for Ex	omnt	Durnosos				
					ruiposes	00			
AI	Cantributions	nents, etc., paid to affiliates		A1					
		gifts, grants, etc., paid		A2		00			
A3		nts to or for members or their d							
		ckness, hospitalization, disability		A3a	05 577	00			
		nefits		A3b	85,577	00			
		other distributions to members,	•	A4		00			
Α5	Other			A5		00		0= ===	
A6	Total: Add lines	s A1 through A5. Enter total here	e and on page 1, line 21				A6	85 , 577	00
		1							
		Disbursements From I		urpos	es				
В1	Dues, assessn	nents, etc., paid to affiliates		B1		00			
B2	Contributions,	gifts, grants, etc., paid		B2		00			
		nts to or for members or their de							
	B3a Death, si	ckness, hospitalization, disability	, or pension benefits	ВЗа		00			
	B3b Other be	nefits		B3b		00			
В4	Dividends and	other distributions to members,	shareholders, or depositors	B4		00			
B 5	Other			B5		00			
B6	Total: Add lines	s B1 through B5. Enter total here	e and on page 1, line 22				В6		00
SCI	HEDULE C	Balance Sheet							
NOTE	: Amounts reporte	ed in included schedules and in this c	column should be end of year amou	unts.	(a)			(b)	
		Assets			Beginning of Year			End of Year	
C1	Cash				513,112	00	C1	260,132	00
		ivable	C2a 81,79	6 00	_				
	C2b Less allow	vance for doubtful accounts	C2b	00					
		less line C2b. Enter difference in col		100	46,075	00	C2c	81,796	00
C3a		loans receivable: Include schedule	C3a	00			0_0	- ,	
Ju		vance for doubtful accounts	C3b	00					
		ess line C3b. Enter difference in col		100		nn	C3c		00
C4					36,818			44,458	
C5	Investments (e	securities): Include schedule			30,010		C5	11,130	00
CG	Investments (s	sthor): Include schedule				-	C6		00
C70	Lond buildings	other): Include schedules, and equipment; basis:	C72 9 470 66	7 00		100	C0		00
Gra	C7b	ulated depreciation: Include schedule	C7b 2,612,46	7 00					
					6,306,103	٥٥	C70	6,858,200	00
00		ess line C7b. Enter difference in col	` '		579,233			789,262	
	Other assets (·	EMENI 3						
C9	lotal assets:	Add lines C1 through C8			7,481,341	100	C9	8,033,848	00
		1.1.1							
		Liabilities			20 102	١	212	02 504	
		ble and accrued expenses			29,193			92,584	
		d other notes payable: Include s			000 355	_	C11		00
		(describe): SEE STAT			890,367	_		869,625	
C13	Total liabilities	s: Add lines C10 through C12			919,560	00	C13	962,209	00
		Net Asset	S						

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

Capital stock or trust principal

Paid-in or capital surplus

C18 Total liabilities and net assets: Add lines C13 and C17

Total net assets: Add lines C14 through C16

Retained earnings or accumulated income

00 **C14**

C16

00 C15

6,561,781 00

6,561,781 00 C17

7,481,341 | 00 | C18

00

7,071,639 00

7,071,639 00

8,033,848 00

 430 01/31/2010 4.10 FW					
Name (as shown on page 1)					EIN
	SEDONA-OAK	CREEK	AIRPORT	AUTHORITY	86-0251142

Declaration	Under penalties of perjury, I declare that I have examined this return, in the best of my knowledge and belief, it is a true, correct and complete root to the income tax laws of the State of Arizona.	. ,	•
Please Sign Here	OFFICER'S SIGNATURE HAROLD IDELL	DATE TIT	TLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE GUEST, SCHUTTE & COSPER, CPAS, LLI FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 603 N BEAVER ST. FIRM'S STREET ADDRESS FLAGSTAFF CITY	DATE P AZ STATE	P00065852 PAID PREPARER'S PTIN 86-0556567 FIRM'S X EIN OR SSN 928-774-7371 FIRM'S TELEPHONE NUMBER 86001 ZIP CODE

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

86-0251142 FYE: 12/31/2017

Arizona Statements

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

Description	Amount
FUEL SALES & MISC	780,960
TOTAL	780,960

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

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

Arizona Statements

FYE: 12/31/2017

Description	Amount
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	
EPRIMETER 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	23
RUNWAY SAFETY AREA	
APRON A EXPANSION	38
TAXIWAY REHAB	231
APRON A EXPANSION	70
RUNWAY SAFETY AREA	70
RUNWAY SAFETY AREA	
TAXIWAY REHAB	301
AWOS DESIGN	301
AWOS DESIGN	
APRON A EXPANSION	0.1
	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)	

FYE: 12/31/2017

Arizona Statements

Description	Amount
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	0.5
TAXIWAY A REHAB APRON A EXPANSION	85
TAXIWAY A OMPROVEMENT/EXTENSION	6 8
HANGAR PAD EXT & IMPROVE	15
HANGAR PAD - EXTEND	18
SOUTHWEST APRON DESIGN	31
TAXIWAY A REHAB	60
TAXIWAY A EXTENSION	0.0
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)	10
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	105
BEACON ROOM GATE & ELECTRONIC O	425
RESTAURANT BUILDING	21,648 5,304
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
111101. 11 1010010110011011/ 1111111010	102

407450 SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 **Arizona Statements**

FYE: 12/31/2017

NEW FURNACE & DUCT WORK GRINDER PUMP FOR SEPTIC SYSTEM RESTAURANT PLANNING & DESIGN 8,345 CONFERENCE ROOM CARPETING AND C DELL T420 SERVER FUEL TANK TRAILER W/ JACKS JEEL TAUS SERVER FUEL TANK TRAILER W/ JACKS JESSEL FUEL TANK & EQUIPMENT JESSEL FUEL TANK & LEVEN TANK JESSEL FUEL TAN	Description	Amount
RESTAURANT PLANNING & DESIGN 8,345 CONFERENCE ROOM CARPETING AND C 246 PUEL 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 155 STRUCTURE REPAIR 185 MATERLINE 225 RESURFACING/PARKING LOT IMPROVE 749 PAVING/LARGE DRAINAGE 258 BUILDING PERMIT 85 BUILDING PERMIT 85 ADA RAMP DESIGN 126 CABINETS & COUNTERTOPS 388 ADA RAMP MODULAR 1 161 FIRE SUPPRESSION SPRINKLER 471 MODULAR DEFICE BUILDING-RR 22 TAXIMAN SEPRASION SW-FAA 20 APRON A EXPANSION SW-FAA 172 RESIGN 42 RESTAURAN 37 RESTRON SW-FAA 172 APRON A EXPANSION SW-FAA 172 RESIGN 37 RANNING RANNING 37 RANNING 37 RANNING RANNING 37 RANNING ACCUMPLEX INFRASTRUCTURE 37 RANNING 38 RA	TAXIWAY B7 DESIGN	78
RESTAURANT PLANNING & DESIGN CONFERENCE ROOM CARPETING AND C DELL T420 SERVER FUEL TANK TRAILER W/ JACKS JOISEL FUEL TANK & EQUIPMENT DIESEL & MOGAS TANK FLOW DIESEL & MOGAS TANK FLOW TERMINAL RESTROOM PLUMBING AC UNIT REPLACED AC UNIT REPLACED AC UNIT REPLACED AC UNIT REPLACED STRUCTURE REPAIR AC UNIT REPLACED STRUCTURE AC UNIT REPLACE STRUCTURE AC UNIT REPLACE STRUCTURE STRUCTURE AC UNIT REPLACE	NEW FURNACE & DUCT WORK	313
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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 TAXILANE B7 DESIGN 25 APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 6		12
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 TAXILANE B7 DESIGN 25 APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		84
APRON A EXPANSION SW-FAA 197 RUNWAY LIGHTS 41 TAXILANE B7 DESIGN 37 TAXIWAY GRADING/DRAINAGE 25 APRON A EXPANSION SW-FAA 49 TAXILANE B7 DESIGN 25 APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		79
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		197
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 66		41
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		37
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		25
TAXILANE B7 DESIGN 25 APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		49
APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		65
APRON A EXPANSION SW-FAA 7 APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		25
APRON A EXPANSION SW-FAA 112 APRON A EXPANSION SW-FAA 6		7
APRON A EXPANSION SW-FAA 6		112
TAXILANE B7 DESIGN 271		6
	TAXILANE B7 DESIGN	271

407450 SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 **Arizona Statements**

FYE: 12/31/2017

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 ELECTICAL 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 IMPROVEMNTS-TAX	1,005
TAXIWAY & OTHER IMPRVMNTS-PARKI	176
TAXIWAY & OTHER IMROVMNTS-ELECT	200
FENCING, GROUNDSIDE, 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 FIDNACE SYSTEMS FOR TERMINAL	2,336 1,922
3 FURNACE SYSTEMS FOR TERMINAL ATM MACHINE	681
	9,420
E7F2A#1 TERMINAL PARKING LOT	
LAWN MOWER PHASE 1 ELECTRICAL UPGRADE	1,093
	1,090
KUBOTA CAB TR PAPI #1 AND 2 - DESIGN PHASE	8,184
PAPI #1 AND 2 - DESIGN PHASE PAPI #3 - DESIGN PHASE	
LULT #9 _ DESTON LUVSE	

FYE: 12/31/2017

Arizona Statements

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

Description	Amount
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	341,290

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

Description	Amount
	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

FYE: 12/31/2017

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	1,128,085

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

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

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

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

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

Description	Beginnii of Yea		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	\$ 890	,367 \$	869,625

Form

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) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

<u> </u>	For the 2017	alendar year, or tax year beginning		, and ending				
В	Check if applicable:	C Name of organization				D	Employer	identification number
	Address change	SEDONA-OAK	CREEK A	AIRPORT AUTHOR	ITY			
Ħ	Name change	Doing business as DBA SEDONA	A AIRPORT	C ADMINISTRATION	ON	8	36-0	251142
\equiv	•	Number and street (or P.O. box if mail is not deliver	ed to street addres	s)	Room/si		Telephone	
_	Initial return	235 AIR TERMINAL DR #1		<u> 128-</u>	282-4487			
	Final return/ terminated	City or town, state or province, country, and ZIP or						
	Amended return	SEDONA	AZ 86336			G	Gross rec	eipts \$ 3,492,189
Ħ		F Name and address of principal officer:			H(a)	Is this a group r	roturn for s	ubordinates? Yes X No
Ш	Application pending	HAROLD IDELL			H(a)	is this a group i	etuiii ioi s	
		235 AIR TERMINAL DE	₹ #1		H(b)	Are all subordi	nates incl	uded? Yes No
		SEDONA	AZ	86336		If "No," atta	ach a list.	(see instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) () t						
J	Website: u V	WW.SEDONAAIRPORT.ORG			H(c)	Group exempti	on numbe	er u
ĸ	Form of organization	X Corporation Trust Association	Other u		L Year of form	mation: 197	70	M State of legal domicile: AZ
P	Part I S	ımmary			•			v
		escribe the organization's mission or most	significant act	ivities:				
a)		SCHEDULE O	g					
ŭ	********							
Ľ	*********							
Governance	2 Check th	is box u if the organization discontinu	ed its operation	ns or disposed of more	than 25% of its	 e net accete		
		of voting members of the governing body (3	7
დ თ	4 Number	of independent voting members of the gov	vorning body (F	Part \/Llina 1h\			4	7
iţi	F Total pur	wher of individuals employed in colonder w	enting body (i	All vi, line 1b)			5	27
Activities		mber of individuals employed in calendar y					6	0
Ă	I	mber of volunteers (estimate if necessary)		40			<u> </u>	0
	/a Total un	related business revenue from Part VIII, co	onumin (C), line	12			7a	0
	b Net unre	lated business taxable income from Form	990-1, line 34		· · · · · · · · · · · · · · · · · · ·	Prior Year	7b	Current Year
	8 Contribu	ions and grants (Part VIII, line 1h)				286,	109	1,068,205
Revenue		comics revenue (Dort \/III line 2a)			l			0
Ver		nt income (Part VIII, column (A), lines 3, 4				-30,	224	11,839
Re	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8d	a_1 , and a_2 , a_1 , a_2 , a_3 , a_4 , a_5	110)	·····	1,308,		1,631,185
	I					1,564,		2,711,229
		enue – add lines 8 through 11 (must equa				L,JUT,	300	0
		nd similar amounts paid (Part IX, column (0
	I	paid to or for members (Part IX, column (A		· · · · · · · · · · · · · · · · · · ·		538,	651	729,232
es	15 Salaries,	other compensation, employee benefits (F	aπ ix, column	1 (A), lines 5–10)		536,	654	729,232
ens	16a Professio	anal fundraising fees (Part IX, column (A),	ine 11e)					<u> </u>
Expenses	b Total fur	draising expenses (Part IX, column (D), lin		0		020	027	1 460 275
_	I Tourier ex	penses (Part IX, column (A), lines 11a-11				838,		1,469,375
	1	penses. Add lines 13–17 (must equal Part		, line 25)	<u>-</u>	1,376,		2,198,607
(19 Revenue	less expenses. Subtract line 18 from line	12		Rogina	187,		512,622 End of Year
Net Assets or	20 Total ass	ets (Part X line 16)				7,481,		8,033,848
ASSE	20 Total lick	ets (Part X, line 16)				919,		962,209
let	21 Total liai	ts or fund balances. Subtract line 21 from				6,561,		7,071,639
		qnature Block	III e 20		······ \	<u> </u>	/ O I	7,071,033
		-	:			4- 4	a.f l	andadas and ballof it is
		perjury, I declare that I have examined this retu omplete. Declaration of preparer (other than offi					or my kn	owledge and belier, it is
							T	
o:.		Signature of officer					Date	
Sig)'' <u>'</u>	•					Date	
He		HAROLD IDELL						
	<u> </u>	Type or print name and title	I Barra de de			D-4	T	DT''
D-'	٠. ا	e preparer's name	Preparer's signa	ture		Date	Check	X if PTIN
Pai	DAVE	COSPER					self-em	
	parer Firm's na			PER, CPAS, L	LP	Firm's	EIN }	86-0556567
US	Only	603 N BEAVER S						
	Firm's a	dress } FLAGSTAFF, AZ	86001			Phon	e no.	928-774-7371
Ma	y the IRS discu	ss this return with the preparer shown abo	ve? (see instru	ictions)				X Yes No

) (Revenue \$

(Expenses \$

Total program service expenses u

207,620

including grants of \$

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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	·····		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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,			l
	Part III	5		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			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
	complete Schedule D, Part III	8		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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a	х	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	<u>12a</u>	- 21	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the consideration and take an effect condenses on another state of the Helter Octor			X
b	Did the organization maintain an office, employees, or agents outside of the United States? 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 unless to 19400 000 on many 0.15 files it assemble to Ocharlete E. Borto Land IV.	14b		х
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 expeniention? If "Voe" complete Schoolule F. Doute II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to as far farsign individuals? If "Vos." complete Schodule F. Deste III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	····· ···		
-	Port IV column (A) lines 6 and 1102 If "Vos " complete Schodule C. Port I (and instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII lines 1s and 9s2 If "Vos." complete Schodule C. Part II	18		х
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	19		х

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	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? If "Yes," complete Schedule I, Parts I and II	21		Х
2	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? If "Yes," complete Schedule I, Parts I and III	22		X
3	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? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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?			
	If "Yes," complete Schedule L, Part I	25b		2
6	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? If "Yes," complete Schedule L, Part II	26		2
7	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? If "Yes," complete Schedule L, Part III	27		2
8	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
С	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? If "Yes," complete Schedule L, Part IV	28c		2
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		2
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Σ
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		2
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	ĺ

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 21 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14h

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

Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7									
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 7											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with											
	any other officer, director, trustee, or key employee?											
3												
	supervision of officers, directors, or trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X						
6	Did the organization have members or stockholders?			6		X						
7a	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?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:									
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	X							
9	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			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue Co	<u>)de.)</u>		г						
					Yes	 						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
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?			10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe in Schedule O how this was done			12c	37	X						
13	Did the organization have a written whistleblower policy?			13	Х	37						
14	Did the organization have a written document retention and destruction policy?			14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by											
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37							
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			15b	Х							
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			46-		х						
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		_^						
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the											
				16h								
500	organization's exempt status with respect to such arrangements? tion C. Disclosure	<u> </u>		16b		<u> </u>						
	List the states with which a copy of this Form 000 is required to be filed as 77											
17 18	List the states with which a copy of this Form 990 is required to be filed u AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5)											
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	J 1 (U)(3	jo Ully)									
	X Own website Another's website X 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 inter	aet nal	icy and									
13	financial statements available to the public during the tax year.	cai pui	ioy, ariu									
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: ••										
	ELSON DURKEE 235 AIR TERMINAL DR	.us. u										
	EDONA AZ 8633	36	928	-28	2-4	487						

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Part VII	II 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.

X 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	off	x, unle icer ai	ess pe nd a d	ition more rson i	than or	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	roganization (W-2/1099-MISC) Former Highest compensaled employee			, , ,	organization and related organizations	
(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										
(0,000 = 0.000	1.00									
DIRECTOR	0.00	х						0	0	0
(4) GIORGIO CAGLIERO										
•	1.00									
PRESIDENT	0.00			x				0	0	0
(5) PAM FAZZINI										
•	1.00									
VICE PRESIDENT	0.00			х				0	0	0
(6) JIM BROCK										
SECRETARY/TREASURER	1.00			x				0	0	0
(7)								-		
(8)										
(9)										
	·									
(10)										
(11)										

Form **990** (2017)

407450 07/31/2018 4:18 PM Form 990 (2017) **SEDONA-OAK CREEK AIRPORT AUTHORITY** 86-0251142

Part VII Section A. Officers								and Highest Compensated	Employees (continued)				age '
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both a officer and a director/truste						Position Reportable Reportable compensation from related d a director/trustee) the Compensation Reportable compensation from related double compensation (W-2/1/99-MISC)					
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WISC)	or a	from the ganizationd relation ganization	on ed	
· · · · · · · · · · · · · · · · · · ·													
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion <i>i</i>	Δ			u u u						
Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	e) who received more than	\$100,000 of				
3 Did the organization list any for	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	loyee, or highest compensa	ated			Yes	No X
employee on line 1a? If "Yes," For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum nizations greater	of rother	epor	table 50,00	con	npen If "Ye	satio	on and other compensation complete Schedule J for su	from the och		4		X
individualDid any person listed on line for services rendered to the o	1a receive or acordanization? If ")	crue /es."	com	pens	ation	n froi hedu	m ar le J	ny unrelated organization of for such person	r individual		5		х
Section B. Independent Contracto	ors												
Complete this table for your fi compensation from the organi	zation. Report co							dar year ending with or with	nin the organization's tax ye	ear.		(C)	
Name and	(A) d business address							Descrip	(B) tion of services		Com	(C) pensatio	<u>nc</u>
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2017) SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (B) Related or Total revenue excluded from tax exempt husiness function under sections revenue 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) Program Service Revenue Contributions, f All other contributions, gifts, grants, and similar amounts not included above 1,068,205 824,721 g Noncash contributions included in lines 1a-1f: 1,068,205 h Total. Add lines 1a-1f. u Busn. Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 11,839 11,839 Income from investment of tax-exempt bond proceeds ${\bf u}$ Royalties ... (ii) Personal 810,698 6a Gross rents **b** Less: rental exps. 810,698 c Rental inc. or (loss) d Net rental income or (loss) ... 810,698 810,698 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 1,601,447 **b** Less: cost of goods sold 780,960 b 820,487 820,487 c Net income or (loss) from sales of inventory 11 Miscellaneous Revenue Busn, Code 11a

2,711,229

1,631,185

11,839

d All other revenue

12 Total revenue. See instructions. . .

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, Bb, 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,		4	24 222	
	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)	400 500	200 550	100 030	
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)	05 577	F1 246	24 221	
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):				
	Management	70F F24	705 524		
b	9	705,534	705,534		
C	Accounting	29,630	29,630		
d	Lobbying Professional fundraising controls See Part IV line 17				
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	0,757	0,757		
13	Office expenses				
14	Office expenses Information technology				
15					
16	Royalties 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.)				
а	OUTSIDE SERVICES	56,848	56,848		
b	UTILITIES	55,841	53,049	2,792	
С	CREDIT CARD FEES	52,598	52,598		
d	EQUIPMENT RENTAL	47,433	47,433		
е	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 u if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	art >	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
\Box	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					
		trustees, key employees, and highest compensated e		,			
		Operation Post II of Ophradula I				5	
	6	Loans and other receivables from other disqualified po	ersons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B	•				
		sponsoring organizations of section 501(c)(9) voluntal					
s l		organizations (see instructions). Complete Part II of S		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			36,818	8	44,458
	9	Prepaid expenses and deferred charges			24,734	9	25,986
	_	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	6,306,103	10c	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 O Dt IV P 44			554,499	15	763,276
	16	Total assets. Add lines 1 through 15 (must equal line			7,481,341	16	8,033,848
\neg	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 Schedu	ile D		21	
,,		Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated employees		-,			
اق		disqualified persons. Complete Part II of Schedule L				22	
≝	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	s to related	third			
		parties, and other liabilities not included on lines 17-2					
		of Schedule D			80,550	25	87,415
	26	Total liabilities. Add lines 17 through 25			919,560	26	87,415 962,209
		Organizations that follow SFAS 117 (ASC 958), che			_		•
è		complete lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets			6,561,781	27	7,071,639
Bal	28	Temporarily restricted net assets		28			
Net Assets or Fund Balances		_ ' '				29	
ᇳ		Organizations that do not follow SFAS 117 (ASC 9	58), check	here u and			
ō		complete lines 30 through 34.	•				
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipme	4 £			31	
t l	32	Retained earnings, endowment, accumulated income,				32	
z	33	Total and annuts on fined belower			6,561,781	33	7,071,639
	34	Total liabilities and net assets/fund balances			7,481,341	34	8,033,848

Form **990** (2017)

_	art XI Reconciliation of Net Assets		-		ı uç	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	2,71	1,2	229
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	2,19	8,6	507
3	Revenue less expenses. Subtract line 2 from line 1	3		51	2,6	522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,56	51,7	781
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	-2,	764
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7,07	11,6	539
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>		
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? 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.			3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.				
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)					
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio i	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 organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in					
			(b)(1)(A)(iv). (Complete Part	•								
6	Н	•		overnmental unit described in s			~ /					
7	Ш	-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support from omplete Part II.)	om a gove	ernmental	unit or from the general public	;				
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)							
9		-	•	cribed in section 170(b)(1)(A)(or agriculture (see instructions).			•	ge				
		university:										
10	X	receipts from support from	activities related to its exem gross investment income ar	 more than 33 1/3% of its sup not functions—subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2) 	exception	s, and (2 ss section) no more than 33 1/3% of its 511 tax) from businesses	OSS				
11			•	exclusively to test for public safe			•					
12	П	•	•	exclusively for the benefit of, to	•			ses				
	ш	_		zations described in section 50								
		Check the bo	ox in lines 12a through 12d th	hat describes the type of suppo	rting orga	nization a	nd complete lines 12e, 12f, and	d 12g.				
	а	the suppo	orted organization(s) the pow	erated, supervised, or controlled ver to regularly appoint or elect omplete Part IV, Sections A a	a majority			ng				
	b		• •	pervised or controlled in connec		its suppo	rted organization(s), by having					
	-			ting organization vested in the				ed				
		organizat	ion(s). You must complete	Part IV, Sections A and C.								
	С			supporting organization operated structions). You must complete				ith,				
	d		• ,,,	I. A supporting organization ope				on(s)				
				e organization generally must sa								
				nust complete Part IV, Section								
	е			eived a written determination fron In-functionally integrated suppor			a Type I, Type II, Type III					
	f	Enter the nur	mber of supported organizati	ons				[
	g	Provide the f	ollowing information about the	ne supported organization(s).								
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount o	of			
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (: instructions)	see			
				above (eee meademeney)	Yes	No	include items	inoti dottorio)				
(A)					1							
(',												
(B)												
(C)												
(C)												
(D)												
(E)												
Tota	ı											

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Page 2

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
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 firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)		
	organization, check this box and stop her	e					<u>.</u>	▶
Sec	tion C. Computation of Public Si	upport Percen	tage					
14	Public support percentage for 2017 (line 6	, column (f) divided	d by line 11, colun	nn (f))			14	%
15	Public support percentage from 2016 Sche	edule A, Part II, lin	e 14				15	%
16a		ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this		
	box and stop here. The organization qual	fies as a publicly	supported organiza	ation				▶ □
b	33 1/3% support test—2016. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	ore, check		
	this box and stop here. The organization	qualifies as a publ	licly supported org	anization				▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test	, check this box ar	nd stop here. Expl	ain in		
	Part VI how the organization meets the "fa organization			•		•		▶ □
b	10%-facts-and-circumstances test—201	6. If the organizati	on did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	" test, check this b	oox and stop here.	•		
	Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" te	est. The organization	on qualifies as a p	ublicly		
	supported organization							▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee		
	instructions							▶ □

Schedule A (Form 990 or 990-EZ) 2017

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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.)

Sec	tion A. Public Support	quality direct the	o tooto notoa b	olow, ploado de	imploto i art ii.)		
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(4) 2010	(6) 2014	(6) 2010	(a) 2010	(6) 2017	(i) Total
•	fees received. (Do not include any "unusual grants.")	62,104	2,067,237	1,381,532	286,109	1,068,205	4,865,187
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,307,532	2,360,229	1,974,061	1,878,346	2,412,145	10,932,313
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						15,797,500
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,369,636	4,427,466	3,355,593	2,164,455	3,480,350	15,797,500
		2,303,030	4,427,400	3,333,333	2,104,455	3,400,330	13,737,300
10a	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	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	840	491	675	2,064	11,839	15,909
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	e				<u> </u>	<u></u>
	tion C. Computation of Public S						
15	Public support percentage for 2017 (line 8						99.90 %
16	Public support percentage from 2016 Sche					16	99.96 %
	tion D. Computation of Investme					147	0/
17	Investment income percentage for 2017 (I			column (f))			<u>%</u>
18	Investment income percentage from 2016						%
19a	33 1/3% support tests—2017. If the orga 17 is not more than 33 1/3%, check this be						<u></u> ▼
b	33 1/3% support tests—2016. If the orga		-				
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did		=			-	▶ □

Schedule A (Form 990 or 990-EZ) 2017

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-ru		
	46		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	33		
	10a		
	10b		
A (Fo	rm 99	0 or 990-	EZ) 2017

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Page 5

Schedul	e A (Form 990 or 990-EZ) 2017 SEDONA-OAK CREEK AIRPORT AUTHORITY 86-025114	2		Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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.	2		
Section	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	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)? 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).	1		
Section	on D. All Type III Supporting Organizations			l
	7. 2. 7. 1)po in capporting cigamizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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?	1		
2				
2	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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
Soction	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions).		
		1		
	ctivities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (see
instructions).			
		Schedule A	A (Fo

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

SEDONA-OAK CREEK AIRPORT AUTHORITY Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2017: 3 **b** From 2013 **d** From 2015 e From 2016. f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016.

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form	n 990 or 990-EZ) 2017	SEDONA-OAK	CREEK	AIRPORT	AUTHORITY	86-0251142	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a and 3b; Part V,	Section A, lines 1, 2 art IV, Section C, line	2, 3b, 3c, 4 e 1; Part l' on B, line	4b, 4c, 5a, 6, 9 V, Section D, 1e; Part V, Se	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part ction D, lines 5, 6,	t; Part II, line 17a or b, and 11c; Part IV, E IV, Section E, lines and 8; and Part V, Structions.)	Section 1c, 2a, 2b,
•							
•							
•							
•							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number

86-0251142

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the General Rule or a Special Rule . I, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under secti 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, 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						
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(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 Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	raine, address, and En T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

SEDONA-OAK CREEK AIRPORT AUTHORITY

Employer identification number 86-0251142

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	pace 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	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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 Open to Public Inspection

Name of the organization Employer identification number SEDONA-OAK CREEK AIRPORT AUTHORITY 86-0251142 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III	Organizations Maintainin	g Collections of		Treasures, o	r Other Simi	lar Assets	(contin		agc <u>=</u>
	organization's acquisition, accessitems (check all that apply):		•				,		
a Publi	c exhibition	d 🗌	Loan or exchange	programs					
b Scho	larly research	е 🗌	Other						
c Prese	ervation for future generations	_							
4 Provide a	description of the organization's	collections and explain	how they further	the organization's	exempt purpose	in Part			
XIII.									
5 During th	e year, did the organization solici	t or receive donations	of art, historical tre	asures, or other s	imilar			_	-
	be sold to raise funds rather than		part of the organiza	ation's collection?			. L Ye	es _	No
Part IV	Escrow and Custodial A Complete if the organization 990, Part X, line 21.		on Form 990,	Part IV, line 9,	or reported a	an amount	on Forn	า	
	ganization an agent, trustee, custo								,
included	on Form 990, Part X?						. L Ye	es _	No
b If "Yes," e	explain the arrangement in Part X	III and complete the fo	ollowing table:						
.							Amoun	[
c Beginning	balance					1c			
	during the year					1d			
	ons during the year					1e			
f Ending b	alance					1f			٦
	rganization include an amount on							-	No
	explain the arrangement in Part X	III. Check here if the e	xplanation has bee	n provided on Par	t XIII				
Part V	Endowment Funds.	on anguared "Vee"	on Form 000	Dort IV line 10	.				
	Complete if the organization						1 () =		
4- 5		(a) Current year	(b) Prior year	(c) Two years	s back (d) In	ree years back	(e) Fou	r years	раск
	g of year balance								
	ons								
	tment earnings, gains, and								
losses									
	scholarships								
	penditures for facilities and								
	ative expenses								
	ear balance								
	he estimated percentage of the cu	•	e (line 1g, column	(a)) held as:					
	signated or quasi-endowment u								
	nt endowment \mathbf{u} %								
	rily restricted endowment ${f u}$								
•	entages on lines 2a, 2b, and 2c s								
3a Are there	endowment funds not in the pos	session of the organiza	ation that are held	and administered t	for the				1
organizati	•							Yes	No
(i) unrela	ated organizations						3a(i)		
(ii) relate	d organizations						3a(ii)		
b If "Yes" o	n line 3a(ii), are the related organ	nizations listed as requi	red on Schedule F	₹?			. 3b		
	in Part XIII the intended uses of		owment funds.						
Part VI	Land, Buildings, and Eq				_				
	Complete if the organization	on answered "Yes"	on Form 990,	Part IV, line 11	la. See Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other I	basis (b) Cos	st or other basis	(c) Accumulate	ed	(d) Book	value	
		(investment)		(other)	depreciation				
				19,353					<u>353</u>
b Buildings			4	,813,137	1,766	, 497	3,04	16,	<u> 640</u>
c Leasehole	d improvements								
	nt			90,563		, 796			767
e Other				<u>,547,614</u>	800	,174	3,74		
Total. Add lines	s 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), lin	e 10c.)		u	6,8	58,	200

251142	Page
STITE	Page

	orm 990) 2017 SEDONA-OAK CREEK AIR.	PORT AUTHORITY	86-0251142	Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11h See Form 990 Pai	t Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year n	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
		I		
		1		
		1		
(L1)				
	ın (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
	,, ,	,,	Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.	l		
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11d. See Form 990. Pai	t X. line 15.
	(a) Description			(b) Book value
(1)	CERTIFICATE OF DEPOSIT	1		511,689
(2)	CERTIFICATE OF DEPOSIT			251,587
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	763,276
Part X	Other Liabilities.		_	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.	,		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
	AL SECURITY DEPOSITS	27,688		
	JED PAYROLL	24,410		
(4) ACCRU		16,537		
	RRED RENTAL INCOME	7,554		
(-)	OLL TAXES PAYABLE	5,534		
(-)	R LIABILITIES	5,301		
(8) SALES		391		
(9)		1 22=		
	n (b) must equal Form 990, Part X, col. (B) line 25.) u	87,415		

Schedule D (Fo	orm 990) 2017	SEDONA-OAK	CREEK	AIRPORT	AUTHORITY	86-0251142	Page 5
Part XIII	Supplementa	I Information (c	ontinued)				
				• • • • • • • • • • • • • • • • • • • •			

SCHEDULE M (Form 990)

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

 \boldsymbol{u} Go to www.irs.gov/Form990 for the latest information.

Employer identification number 86-0251142 SEDONA-OAK CREEK AIRPORT AUTHORITY Part I Types of Property

	it Types of Froperty		I	(0)				
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	ınts		
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							
13	contribution — Historic							
14	structures Qualified conservation							
15	contribution — Other Real estate — Residential							
15	Real estate Communici							
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 u (ADOT)	X	1	824,721				
26	Other u ()							
27	Other u ()							
28	Other u (
29	Number of Forms 8283 received by	the organi	zation during the tax yea	ar for contributions for				
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization	receive b	y contribution any propei	ty reported in Part I, lines	1 through			
	28, that it must hold for at least three	e years fro	m the date of the initial	contribution, and which isn't	t required			
	to be used for exempt purposes for	the entire	holding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard				
	. !!!			-		31		х
32a	Does the organization hire or use th							
		•	J			32a		x
b	If "Yes," describe in Part II.					J_u		
33	If the organization didn't report an ar	nount in c	olumn (c) for a type of p	roperty for which column (a) is checked.			
	describe in Part II.		(5) .c. a type of pi	(a	,			

Schedule M (Form 9		SEDONA-OAL	CREEK	ATRPORT	AUTHORITY	86-0251142	Page 2
Part II	Supplen	nental Informati	on. Provide t	he informatio	n required by Par	rt I, lines 30b, 32b, and 33, and whether	
	the erge	nization is reporti	na in Dort I	oolumn (b) tk	on number of con	tributions the number of items received	
	the orga	nization is reporti	ng in Part i,	column (b), tr	ie number of con	tributions, the number of items received	,
	or a con	nbination of both.	Also comple	te this part fo	r any additional i	nformation.	
			•	<u> </u>	,		
							·

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047
2017

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. 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 86-0251142 SEDONA-OAK CREEK AIRPORT AUTHORITY 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 BOOK / TAX DEPRECIATION DIFFERENCE \$ -2,762 TOTAL -2,764PAGE 1 OF 1