Fo	.m 9	9 0	Return	of Or	ganizatio	n Exem	pt Fr	om In	icome 1	ľàx	OMB NO. 1545-0047
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_		_				. 2018
			Under section 501(c)					•	- •		· · · · · · · · · · · · · · · · · · ·
De	partment	of the Treasury enue Service			al security num			•	•		Open to Public
Int					gov/Form990 to						Inspection
<u> </u>			ndar year, or tax year t					and endi	رر ng	ne 30	, 20 19
В	Check	if applicable	C Name of organization Se	outhwes	t Chapter Amer	ican Airpor	Execut	ives			yer identification number
닏	Addres	s change	Doing business as					T		95-	/96-6095566
닏	Named	-	Number and street (or P	O. box if r	nail is not delivered	to street add	ress)	Room/s	uite	E Telepho	ne number
닏	Initial re	-	107 S Southgate Dri			1 1 -		1			480-403-4604
님		um/terminated	City or town, state or pro		intry, and ZIP or to	reign postal c	000				
님		ed return	Chandler, AZ 85226		-					G Gross r	
LJ	Applica	tion pending F	F Name and address of prin	ncipal offic	cer.			1		-	subordinates? Yes No
				-				A 1			s included? Yes No a list (see instructions)
<u> </u>		mpt status		₹ 501(c)	(6) < (insert	no) 🔲 4947	(B)(1) or	<u> </u>	/ -		
<u></u>	Websit		swaaae.org			1		V		p exemption	
K			Corporation Trust [Associ	ationOther▶	-1	L Yes	ar of forma	tion: 1947	M State	of legal domicile. CA
	art I	Summa		-1				A	- 1 1-4		
•	1	-	cribe the organizatio			-					
Š			conferences for the S							ence in air	port management by
Ē			forum for education, a							- OEO/ of	
8	2		s box ▶ ☐ if the organ							1 1	
U M	3		f voting members of t f independent voting	-			-		• • •	3 4	13
es C	5		per of individuals em		-	-	-		• • •	5	13
Ę	6		per of individuals employer of volunteers (esti	-	-				• • • •	6	0
Activities & Governance	7a		ated business revenu							- Za	50
•	Ь ,		ted business taxable					ŔĖĊ	EIVED		0
_	 	TTO CONCINC	tod business (daubio	111001110	<u> </u>	7 1, 11110 00	<u> </u>	100			Current Year
-	8	Contributio	ons and grants (Part \	/III. line	1h)			007 6	0.001	€£255	45,371
ã	9		ervice revenue (Part \		-		[취:	OCT P	8 2019	3 3 926	322,296
Revenue	1	-	income (Part VIII, co			d 7d)	`			(1)4 ₁₅	1,012
œ	11	Other rever	nue (Part VIII, column	(A), line	s 5, 6d, 8c, 9c	, 10c, and	11e).	OGD	EN. UT	1,302	568
	12		ue-add lines 8 throu							339,998	369,247
	13		similar amounts paid								
			id to or for members	•		-		[
ç	15	Salaries, oth	ner compensation, em	ployee t	enefits (Part IX	, column (A)	, lines 5	⊢ 10)			
Expenses	16a	Professiona	al fundraising fees (Pa	art IX, co	olumn (A), line	11e)		[
ĝ.	ь	Total fundra	aising expenses (Parl	iX, colu	ımn (D), line 25	5⟩ ▶		,			1
Ū	17	Other exper	nses (Part IX, column	ı (A), line	es 11a-11d, 11	f-24e) .		[373,741	342,049
	18	Total expen	nses. Add lines 13–17	' (must e	equal Part IX, c	olumn (A),	line 25)	· · [373,741	342,049
	19	Revenue les	ss expenses. Subtrac	<u>ct line 18</u>	8 from line 12	<u></u>				-13,743	27,198
ខន្ល								В	eginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16) .					· · L		253,324	275,397
gg.	21	Total liabiliti	ies (Part X, line 26) .					\cdot \cdot $\!$		127,942	122,817
			or fund balances. Sul	btract lir	ne 21 from line	20		<u> </u>	<u></u>	125,382	152,580
Pa	rt II	Signatur	<u>e Block</u>				_				
											knowledge and belief, it is
-Tue	, correct,	ena complete.	. Declaration of preparer (or	HIEF THAN	onicer) is Dased on	eu intormation	O WINCH	preparer r	INSTRUMENT	шдө. ————	
C !-	_		- Christian	HIII.	Eles-						
Sig		Signatur	e of officer	ما	1	· 14	<u></u>		Date	° 10/19	3/19
Her	B	n Jen	niter L. Ma	vies_	- 170	sident	<u>·</u>	_			7. '
			print name and title	· · · · · · · · · · · · · · · · · · ·	Propagation of	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>'</u>	I nat			DTIN
Pai	d	1	preparer's name		Preparer's signatur	1 B	1211-	Date //	n /!/	Check 🗸	
	parer			{	Mine	mp.	~~~~		1-7-1	self-emplo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Use	Only	Firm's name	► Sandra Braun, C	PA .		<u> </u>			Firm'	s EIN ▶	331547192

Firm's address ► 16833 S. 36th Way, Phoenix, AZ 85048

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

R

✓ Yes No Form **990** (2018)

480-759-7304

Phone no.

Cat. No. 11282Y

Form	990 (2018) Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Aviation knowledge for airport managers holding two annual conferences per year for the Southwest membership group. Our
	mission is advancing excellence in airport management by creating a forum for education, advocacy, and professional
	development.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 9,037 including grants of \$) (Revenue \$)
	Scholarships - Granted to college students in the field of aviation and working professionals.
	Awards - For members providing outstanding services in the field of aviation.
	Stipends - To pay members \$500 as a reimbursement to receive accreditation as an airport executive.
	······································
	•••••••••••••••••••••••••••••••••••••••
41	/O
4b	(Code:) (Expenses \$ 225,132 including grants of \$) (Revenue \$ 322,296)
	Aviation Conference - Exhibits and conference meetings that focus on aviation issues and airport management.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Code:) (Expenses \$ 28,100 including grants of \$) (Revenue \$)
40	
	AAAE Foundation - Participating Chapter
	AAAE Airport Legislative Members
	AAAE Airport Regulatory Members
	AAAE National Airports Conference
	AAAE Annual Conference Sponsorship
	AAAE Contract Tower Association
	Board Approved Programs: State Aviation Day Sponsorship, Student Organization Grant Program, and internship
	airport programs.
4 .	
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 262,269



Form 9	990 (2018))		Page
Par	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	118	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		✓_
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		_

12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1
	Schedule D, Parts XI and XII	12a
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ĺ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	

fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . . .

145

15

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17

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	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	_	1
23	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			1
	employees? If "Yes," complete Schedule J	23	╁	╀
24a	\$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			1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
C	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	<u> </u>	<u> </u>
25a	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		
Ь	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		
26	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		1
27	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		√
28	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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	\Box	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	\longrightarrow	✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	$ \bot $	✓_
33	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		✓_
34	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	\rightarrow	√
35a		35a		<u>√</u> _
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	\perp	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	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	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·		<u></u>
4	Franks and based in Day 2 of Frank 1000 Frank 2 of Frank 1000 Frank 2		Yes	No i
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
		1c	<u> </u>	
			990 (2	(018)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a		ŀ	ĺ	Ì
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	 	
b	• • • • • • • • • • • • • • • • • • • •	2b	 	┼—
2~	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?	3a		7
3a b	The state of the s	3b	 	+
4a				-
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a]	1
b				\vdash
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b		5b		/
C		5c		
6а	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
b	gifts were not tax deductible?	6ь		l
7	Organizations that may receive deductible contributions under section 170(c).	100	_	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 1	1 -
	required to file Form 8282? , ,	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	┤ - <u>-</u> -┤		لبرس
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		*
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\dashv	<u> </u>
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			ألل
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ;
10	Section 501(c)(7) organizations. Enter:			}
a _	Initiation fees and capital contributions included on Part VIII, line 12	}		- 1
11	Section 501(c)(12) organizations. Enter:	i		
a	Gross income from members or shareholders			ı
ь	Gross income from other sources (Do not net amounts due or paid to other sources			l
-	against amounts due or received from them.)		_	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	+		
а	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.	1	- 1	
Ь	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			
С	Enter the amount of reserves on hand	,]	ľ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1,	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		\neg	
	excess parachute payment(s) during the year?	15	4	<u>/</u>
	If "Yes," see instructions and file Form 4720, Schedule N.		-	ب
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>'</u>
	If "Yes," complete Form 4720, Schedule O.	Form S	90 %	018)
			LE	,

Form	990 (2018)			Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. 🗸</u>
Sec	tion A. Governing Body and Management		т .	
		_	Yes	No .
18		13		
	If there are material differences in voting rights among members of the governing body, or	-	1.	1
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-	1	
ь		43	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	13		
~	any other officer, director, trustee, or key employee?	2	-	1
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	I	✓
6	Did the organization have members or stockholders?	6	1	
7a			١.	1
	one or more members of the governing body?	7a	/	
Ь				,
	stockholders, or persons other than the governing body?	7b	ļ.—	/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	'	[ļ
_	the year by the following:	8a	-	LI
a b	The governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		 	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	` g		1
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		√
ь	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 form?	11a	1	,
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	400		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	· V	
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	1	
13	Did the organization have a written whistleblower policy?	13	7	
14	Did the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100	-	
_	with a taxable entity during the year?	16a		<u>√</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	-	
Section	on C. Disclosure	1.001		
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sect	ion 50)1(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,	J J .	/
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	olicy,	and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords 🕨	>	
	Verbasing Christopeon 9, Accomistac Inc., 107 S Southgrate Drive, Chandler, A7, 95225, 490-902, 6110			

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Pag	A	•

Form	agn	(2O1	Q1

Don't VIII	Compensation of Office	ro Dirontoro	Tructoce	Kay Employee	e Highaet	Companested	Employage	200
Pair VII	Compensation of Office	5, D 11 C C (01 5,	, ilustees,	IZEA FIIIHIOAEE	o, mynosi	Compensated	Linkioyees,	allo
		-						
	Independent Contractor	e						
	macponacii Commacio	J						

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

- 1a Complete this table for all persons required to be listed. Report componiation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	on c	omp	ensa	ated any currer	t officer, directo	r, or trustee.
					(C)					
(A)	(B)	Position (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Est/mated
	hours per week (list any	_		_	~	or/trus		compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	BA	Former	the	organizations	compensation
	related organizations	覆호	₹	er	9	Ş ğ	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호류) ag		탕	g g		(17 27 1000 111100)		and related
	line)	1 2	2	ł	8	Ę		}		organizations
		%	st ee			Highest compensated employee				
						_				
(1) Jonathan Hudson	10		1							
President			Ш	✓	L.					
(2) Jennifer Maples	10									
1st Vice President				✓	_					
(3) Judy Ross	10									
2nd Vice President				✓			\Box			
(4) Jon Stout	6]			
Past President	ļ	√		_			\sqcup			
(5) Matt Quick	1			J						
Director		/	_	-						
(6) Jeff Leonard	11	, [
Director		/		}						
(7) Dean Schultz	1	,							[
Director		✓	-	\dashv						
(8) Courtney Johnson	1				- 1					
Dírector		✓	\dashv		-		\dashv			
(9) Bryant Garrett	1			i			ı	ļ	l	
Director		✓	\dashv	-+	\dashv		\rightarrow			
(10) Barney Helmick	1		- [- 1	ĺ	ĺ			ĺ	
Director		✓	\dashv	-	\dashv		-+			
(11) Kevin Burnen	1					- 1				
Director (40)			+	\dashv	+	-	\dashv	+		
(12) Andrew Swanson	1			-				1	į	
Director (40)			+	\dashv	+		-			
(13) Corinne C. Nystrom	1			- 1	1	- 1		1	- 1	
Director (14)		<u> </u>	+	+	\dashv	\dashv	-			
(14) Jon Faucher	1		-	-		ł			ŀ	
Representative		V		_L						

Pai	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd l	lighe	st C	ompensated E	mployees (conti	nued)
					•	C)					
	(A) (B) Position (do not check more					опе	(D)	(E)	(F)		
	Average hours per	box,	unles	e be	reon	is both	h an	Reportable compensation	Reportable compensation from	Estimated amount of	
		week (list any		T 7		т—	or/trus	Ť	from	related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	臺	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	중합	盲	Ω,	l g	oyes c	র	(W-2/1099-MISC)		organization
		below dotted	9 5			ğ	ۊّ ا	ļ	l	ļ	and related
		line)	sto.	l ast		क	l ğ				organizations
				8		l	Highest compensated employee		1		
(15)	Nyle S. Mamion	1						-			
3	Representative		1								
(16)	Danette Bewley	1									
3	Director		1		ı						
(17)	Scott Malta	1									
	Director		1								
(18)	Barry A. Rondinella	1			П						
	Representative		✓	_		_					
(19)	Todd McNamee	1		ı	- 1			- 1			
	First Vice Chair			_	_						
(20)			ł	ł	- 1	ı	ł	- 1	1	ł	
				\dashv				_			
(21)				J		J	j		ļ	J	
(00)				+	\dashv	-+		-+			
(22)			İ			- 1		- 1			
(23)				\dashv	╅	\dashv		\dashv			
(20)	······································			1		- 1			ĺ		
124)				+	十	+	$\neg \uparrow$	+			
¥7.22			1	1		ı		ł			
(25)				Ī	十	7		\top			-
2			Ì	ı	-			ı	!		
1b	Sub-total					•	,)	•	0	0	0
C	Total from continuation sheets to Part V						,)	> [
d	Total (add lines 1b and 1c)						. >	<u> </u>	0	0	0
2	Total number of individuals (including but		to the	se I	iste	d a	pove)	wh	o received mo	re than \$100,000	of
	reportable compensation from the organization	ation 🕨		_							
											Yes No
3	Did the organization list any former office									st compensated	
	employee on line 1a? If "Yes," complete So										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations g	reater thai	n \$15	0,00	90?	If	"Yes,	" C	omplete Sche	dule J for such	4
					_ f.	, 	• •		lated armaniza	tion or individual	
5	Did any person listed on line 1a receive or for services rendered to the organization?									tion of individual	5 ✓
Section	n B. Independent Contractors	7 703, 00	,,,pic.				, 0 10		on person .	· · · · · · · · · · · · · · · · · · ·	1 - 1 - 1 - 1
1	Complete this table for your five highest co	mneneated	1 inde	non	der	at co	ontrac	ton	s that received	more than \$100	000 of
•	compensation from the organization. Repo										
	year.					-		,			
	(A)								(B)		(C)
	Name and business address	SS			_		_		Description of serv	/ices (Compensation
							\Box				
			_								
	Total number of independent contractors						l to t	thos	e listed above	e) who	
	received more than \$100,000 of compensati	on from the	orga	niza	tior	<u> </u>			0		
											Form 990 (2018)

Pa	rt VIII			ronnonno er nete tr	any lina la ti	nie Part VIII		
	····	Check if Schedule (J contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Membership dues	🖸	1a b 45,371	,			
	d e f	Related organization	s 1 ntributions) 1 gifts, grants,	ld le			- 4	1
	9 h	Noncash contributions inclu	ded in lines 1a–1f:	\$	AE 23			
		Total. Add lines 1a-1		Business Code	45,37	<u> </u>	<u> </u>	
Program Service Revenue	2a	Summer Conference		813910	165,64	165,64	1	
Æ	Ь	Winter Conference		813910	156,65		· · · · · · · · · · · · · · · · · · ·	
8	c				100,00	100,00	 	
ě	d							
Ē	В			1 1				1
gra	f	All other program ser						
7	g	Total. Add lines 2a-2	f <u>.</u>	🕨	322,29	6		,
	3	Investment income and other similar amo			1,01	2 1,012	2	
	4	Income from investment	t of tax-exempt	bond proceeds ►				
	5	Royalties	<u> </u>	🕨				
	1		(i) Real	(II) Personal		-		
	6a	Gross rents						
	Ь	Less: rental expenses				İ		' 1
	С	Rental income or (loss)				ļ	<u> </u>	
	d	Net rental income or (ļ 	,	
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other			ļ	
	ь	Less: cost or other basis and sales expenses .						
	ď	Gain or (loss) [Net gain or (loss) .						
enue	8a	Gross income from full events (not including \$	ndraising					
Other Revenue		of contributions reporte See Part IV, line 18		а				•
5	ь			b[ļ	
		Net income or (loss) from Gross income from gard See Part IV, line 19 .	ming activities.					
	Ь	Less: direct expenses		b				
		Net income or (loss) fro						
	10a	Gross sales of invertures and allowances						
		Less: cost of goods so						
		Net income or (loss) fro						
		Miscellaneous Re		Business Code				
	11a	Other Income	•••••	813910	568	568		
j	ь		••••••	 			+	
	G	All other revenue		 				
1	ď	All other revenue . Total. Add lines 11a-1						
		Total revenue. See ins		_	568 360 343			
	12	Total I byoliue. Occ IIIS			369,247	323,876		Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b. 9b. and 10b of Part VIII. 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 Fees for services (non-employees). 55,660 55,660 Legal Accounting <u>75</u>0 c d Professional fundraising services. See Part IV, line 17 0 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 13 Office expenses 778 14 Information technology . . 4,892 4,892 15 Royalties Occupancy 16 17 4,677 4,677 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 225,132 225,132 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,964 1,964 23 1,873 1,873 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.) Merchant Services 7,012 7,012 Board Meetings Ь 2,174 2,174 Awards, Scholarships, National Funding C 37,137 37,137 All other expenses

Total functional expenses. Add lines 1 through 24e 46,323 46,323 25 342,049 276,132 65,917 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)

		Check If Schedule O contains a response or note to any line in this Pa			<u>.</u>
			(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest-bearing	57,327		80,2
1	2	Savings and temporary cash investments	184,737		159,1
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
-	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees.		. -	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section]	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	
ASSELS.	_	organizations (see instructions). Complete Part II of Schedule L		6	
3	7	Notes and loans receivable, net		7	
٦ (8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,349	9	33,11
י ו	0a	Land, buildings, and equipment: cost or			
1		other basis. Complete Part VI of Schedule D 10a 17,052			
1.		Less: accumulated depreciation	4,911		2,94
- 1	1	Investments—publicly traded securities		11	
	2	Investments—other securities. See Part IV, line 11		13	
- 1	3	Investments—program-related. See Part IV, line 11		14	
1 '	4	Intangible assets		15	
1	5 e		250 004		275 20
1		Total assets. Add lines 1 through 15 (must equal line 34)	253,324 3,049		275,39 1,68
1		Grants payable	3,049	18	
1		Deferred revenue	124,893		121,13
20	-	Tax-exempt bond liabilities	124,053	20	12()(3
2	-	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
1 -		Loans and other payables to current and former officers, directors,			
2:		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
2		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
28	5	Total liabilities. Add lines 17 through 25	127,942	26	122,817
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	,		
27	7	Unrestricted net assets		27	
28		Temporarily restricted net assets		28	
29		Permanently restricted net assets		29	
27 28 29 30 31 32 33	(Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30) (Capital stock or trust principal, or current funds	S.	30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32	: F	Retained earnings, endowment, accumulated income, or other funds .	125,382	32	152,580
33	1	Total net assets or fund balances	125,382	33	152,580
34		Total liabilities and net assets/fund balances	253.324		275.397

Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	ļ	3(69,247
2	Total expenses (must equal Part IX, column (A), line 25)		34	42,049
3	Revenue less expenses. Subtract line 2 from line 1	.	2	2 7,19 8
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	<u> </u>	12	2 5,38 2
5	Net unrealized gains (losses) on investments	ļ		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	L	15	52,58 <u>0</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·	· ·	No
	Accounting method used to prepare the Form 990: Cash Accrual Other	<u></u>	Yes	NO
1		_		. [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	in		ĺ
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		
28	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	,	 	-
	reviewed on a separate basis, consolidated basis, or both:	" [1 1	- 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ĺ		l
ь	Were the organization's financial statements audited by an independent accountant?	. 2b		-, '
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on			Ť
	separate basis, consolidated basis, or both:	~ ·		i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Į.
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	,t		
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		- 1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			\neg
	Schedule O.		·	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth li	n		
	the Single Audit Act and OMB Circular A-133?	. 3a		✓_
ь	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 (2018)

Form 990 (2018)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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.

➤ Attach to Form 990.

➤ 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 id	entification number
Souti	hwest Chapter American Airport Executives			96-6095566
Pa	ort I Organizations Maintaining Donor A	dvised Funds or Other Similar Fun	ds or Acc	counts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		1	
2	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the assets h	eld in done	or advised
_	funds are the organization's property, subject to			
6	Did the organization inform all grantees, donors			
•	only for charitable purposes and not for the ber	nefit of the donor or donor advisor, or fo	or any othe	r purpose
Par	t II Conservation Easements.			
	Complete if the organization answered	d "Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., recre		a historica	lly important land area
	Protection of natural habitat	☐ Preservation of		
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contributio	n in the for	n of a conservation
_	easement on the last day of the tax year.			Held at the End of the Tax Year
а			. 2a	
ь	Total acreage restricted by conservation easeme			· · · · · · · · · · · · · · · · · · ·
c	Number of conservation easements on a certified			
ď	Number of conservation easements included in			
_				
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or term		ne organization during the
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy re		ection. ha	ndling of
_	violations, and enforcement of the conservation e			
6	Staff and volunteer hours devoted to monitoring, inspi	ecting, handling of violations, and enforcing	conservatio	n easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	onservation	easements during the year
	▶ \$			F 44.44
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of s	ection 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	ind expens	e statement, and
	balance sheet, and include, if applicable, the text		ncial stater	nents that describes the
	organization's accounting for conservation easem		M 01	1
Part			otner Sim	liar Assets.
A .	Complete if the organization answered			tarant and balance about
18	If the organization elected, as permitted under SF works of art, historical treasures, or other simila			
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	describes t	nese items.
.	If the organization elected, as permitted under S			
D	works of art, historical treasures, or other similar			
	public service, provide the following amounts relati	· · · · · · · · · · · · · · · · · · ·	Janori, Of I	Cocaron in fullification of
	•	-		. ¢
	(i) Revenue included on Form 990, Part VIII, line 1			Φ
•	(ii) Assets included in Form 990, Part X	biotoxical traceuros or other similar	P	inappoint gain provide the
2	If the organization received or held works of art			mancial gain, provide the
	following amounts required to be reported under S			•
а	Revenue included on Form 990, Part VIII, line 1 .	. 	🕨	· \$

_	•
Page	12

Schedule	n Æ	orm (mpe	2018	١
Schledme	O II	OHIT !	73U)	2010	J

_	шв D (Form 990) 2018									Page
	t III Organizations Maintainin									
3	Using the organization's acquisition collection items (check all that apply		other red	cords, cl	neck any of	the follo	owing that an	e a si	gnificant us	e of it
а	☐ Public exhibition				an or excha					
ь	Scholarly research		е	☐ Ot	her					
C	Preservation for future generation									
4	Provide a description of the organiz XIII.				-					in Pa
5	During the year, did the organization assets to be sold to raise funds rather									□ N
Par	t IV Escrow and Custodial Art Complete if the organizatio 990, Part X, line 21.		es" on F	orm 990), Part IV, I	ine 9, o	r reported ar	n amo	ount on Fo	rm
1a	Is the organization an agent, trusted included on Form 990, Part X?								☐ Yes [
b	If "Yes," explain the arrangement in F	art XIII and com	plete the	following	table:					
								Am	ount	
C	Beginning balance					. 1	c			
d	Additions during the year					. 10	d			
е	Distributions during the year					. 1	e			
f	Ending balance					. [1				
	Did the organization include an amou									□ N¢
b	If "Yes," explain the arrangement in F	art XIII. Check h	ere if the	explanat	ion has bee	n provid	ed on Part XI	lf	[<u></u>
	V Endowment Funds.									
	Complete if the organization	answered "Ye	s" on Fo	rm 990,						
		(a) Current year	(b) P	rior year	(c) Two ye	ars back	(d) Three years	back	(e) Four years	back
1a	Beginning of year balance		T							
b	Contributions									
C	Net investment earnings, gains, and losses						_			
d	Grants or scholarships				I					
0	Other expenditures for facilities and programs								·	
f	Administrative expenses									
g	End of year balance									
	Provide the estimated percentage of t	he current year e	nd balan	ce (line 1	g, column (a)) heid	as:			
a	Board designated or quasi-endowmen	nt ▶	%	•		•				
ь	Permanent endowment ▶	%	••••							
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and		100%.							
За	Are there endowment funds not in the			ization th	nat are held	and ad	ministered foi	r the		
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related or	ganizations liste	d as requ	ired on S	chedule R?	٠			3b	
4	Describe in Part XIII the intended uses	of the organizat	ion's end	owment :	funds.					
Part '	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes	s" on For	m 990,	Part IV, lin	e 11a. S	See Form 99	0, Pa	ırt X, line 1	0.
•	Description of property	(a) Cost or o			or other basis other)		occumulated preciation	(d) Book value	
1a	Land			Γ						
	Buildings									
	Leasehold improvements									
	Equipment	 	47.052	 -			14,105	$\vdash \vdash$		2,947
d l	Luuldiileiit	1	17.057	1			[4.105			-,
	Other	-	17,052				14,103			

	Complete if the organization ar	iswered tes un re	orm 990. Part IV. Ili	ne 11b. See Fo	mi oco, i ait A, mie
	(a) Description of security or categ (including name of security)		(b) Book value	(c) f	Method of valuation and-of-year market value
(1) Financial	derivatives				
2) Closely-h	neld equity interests	<i></i>			
3) Other					
(A)				<u> </u>	
(B)				_	
(C)					
(D)			· 		
(E) (F)					
(G)			· 	+	
(<u>G</u>)(H)					
) must equal Form 990, Part X, col. (B) line 12.) ▶	,	·		
Part VIII	Investments—Program Relate Complete if the organization and	ed.	rm 990, Part IV, lin	ne 11c. See For	m 990, Part X, line 1
	(a) Description of investment		(b) Book value	(c) N	fethod of valuation nd-of-year market value
(1)					
(2) (3)				 	
(4)					
5)			 	 	
6)					
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8)					
9)	must equal Form 900. Pert Y col. (R) line 13.)				
Part IX	must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) otal. (Column (b) Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, line	e 11d. See Forr	m 990, Part X, line 1
9) otal. (Column (b) Part IX	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) bal. (Column (b) Part IX 1) 2)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) htal. (Column (b) Part IX 1) 2)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) htal. (Column (b) Part IX 1) 2) 3)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) tal. (Column (b) Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) htal. (Column (b) Part IX 1) 22) 33) 44) 55)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) htal. (Column (b) Part IX 1) 22) 33) 44) 55)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	e 11d. See Forr	
9) tal. (Column (b) Part IX 1) 2) 3) 4) 5) 5)	Other Assets. Complete if the organization ans	swered "Yes" on For a) Description	m 990, Part IV, line		
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Page	4

Par	Reconciliation of Revenue per Audited Financial Staten			Retu	rn.
	Complete if the organization answered "Yes" on Form 990			T .	
1	Total revenue, gains, and other support per audited financial statements	s			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	ı	'	
a	Net unrealized gains (fosses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		L	00	
e	Add lines 2a through 2d			2e 3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·	· · · · · · · ·	3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	- <u>-</u> -
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
Ь	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	}			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	· · · · · · .	5	
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	- 4. Da	et IV lines the and Ob.	Dod \	/ line // Post V. line
	s the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
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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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

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Open to Public

Employer Identification number

95-6095566 Southwest Chapter American Airport Executives Form 990 Part VI, Line 11b - A delegated committee will review and approve SWAAAE's Form 990 "Return of Organization Exempt from Income Tax: and supplemental schedules yearly before they are submitted to the Internal Revenue Service. The findings and approval relative to the review will be reported to the Board of Directors prior to the fall board meeting. In all cases, each Director, and any reviewing committee, if any, and the Board of Directors, will record the results of the review, comments made, and the final form 990 in the minutes of the meeting in which the review took place. Form 990, Part VI, Line 12C -SWAAAE makes it a regular practice to take time at a board meeting at least once a year to discuss the types of hypothetical situations that could result in a conflict of interest, and then discuss two the bard would manage that potential conflict, role-playing, so that when a real conflict arises the Board will by ready to manage it with more ease. Minutes of board meetings reflect when a board member discloses that she has a conflict of interest and how the conflict was managed, such as that there was a discussion on the matter without the board member in the room, and that a vote was taken but that the "interested" board member abstained. Form 990 Part VI Line 15 - The governing body reviews the contracts from the management company bi-annually and uses comparability data in determining the fee for services for the management company based on the scope of the work to be performed. Form 990 Part VI Line 19 - Financial statements, governing documents, and conflict of interest policy available on SWAAAE website.