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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

OMB No 1545-1150

at the end of the year may use this form

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

A	or the	2011 calenda	ar year, or tax year beginning	June 1	, 2011,	and ending		May 31	, 20	12	
В	Check if a	pplicable	C Name of organization				D Emp	loyer ider	ntification number	r	
	Address o	change	Arizona Aloha Festivals, Inc.				<u></u>	86-	0921384		
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not de	elivered to street addres	s)	Room/suite	E Teler	hone nun	nber		
=	Initial retu		P.O. Box 24237				1	602	-697-1824		
∺	Terminate Amended		City or town, state or country, and ZIP + 4				F Gro	Group Exemption			
\equiv		on pending	Tempe, AZ 85285				Nun	nber 🕨			
	-	ting Method	✓ Cash	v) ▶		H	Check	▶ ☐ ıf t	the organization	ıs not	
	Nebsit	•	.azalohafest.org	··					ch Schedule B		
			eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲	1947(a)(1) or	527	(Form 9	90, 990-	EZ, or 990-PF)		
	Check ▶		e organization is not a section 509(a)(3) sup				on and if	s gross i	receipts are norn	nallv	
			0 A Form 990-EZ or Form 990 return is no								
			oses to file a return, be sure to file a comple		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	-,		,		
	-		b, to line 9 to determine gross receipts. If gro		00 or more,	or if total asset	s (Part II,				
			ow) are \$500,000 or more, file Form 990 instea				•	▶ ¢			
_	art I		e, Expenses, and Changes in Ne		d Raland	es (see the	instru	rtions 1	for Part I)		
	ar t		the organization used Schedule O t							. 🗸	
	1		ons, gifts, grants, and similar amounts					1		3,900	
	2		· •					2		3,300	
	3	-	ervice revenue including government f					3			
			up dues and assessments							345	
	4	Investment			 		•	4 * >****			
	5a		ount from sale of assets other than inv	•		 		100 m			
	b		or other basis and sales expenses.					<u> </u>			
	C	•	ss) from sale of assets other than inve	ntory (Subtract line	ob trom i	ine sa)		5c	· · · · · · · · · · · · · · · · · · ·		
	6	-	id fundraising events	- O of amandam di							
ø	а		ome from gaming (attach Schedul	e G ii greater ti		1		3.5			
Revenue		•			· 6a			10 mg			
Š	b		me from fundraising events (not include			f contribution		Shage 100			
ď			aising events reported on line 1) (atta ch gross income and contributions exc			ı					
			-	•	<u> </u>			7.58 Re . 3			
	C.		et expenses from gaming and fundrais	•	. <u> 6c</u>	d Ch and all	h	\$200			
	d		e or (loss) from gaming and fundrais	ing events (add iir	ies oa and	a ob and su	Diraci				
	l _	line 6c) .						6d			
	7a		s of inventory, less returns and allowa	nces				takent			
	b		of goods sold		. <u> 7b</u>			in in the second			
	C		it or (loss) from sales of inventory (Sub					7c			
	8	Other rever	nue (describe in Schedule O)			CEIVE	7:	8		8,308	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a		· · Kt	CEIVE	· /. ► 	9	13.	2,553	
	10		I similar amounts paid (list in Schedule	9∪)	.0.		: jë	10			
40	11		aid to or for members		21-129 SE	P U 7 2012	!()	11			
Expenses	12		ther compensation, and employee ber	nents	THIS IS		ŢĆ	12		2 500	
en	13		al fees and other payments to indeper	ident contractors	e e e e e e e e e e e e e	NENT		13		2,500	
X	14		y, rent, utilities, and maintenance .			DIN)		114		5,870	
Ш	15	• • •	ublications, postage, and shipping.				• •	15		5,119	
	16		enses (describe in Schedule O)					16		4,826	
	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<u></u>		. ▶	17	 	8,315	
ts	18		(deficit) for the year (Subtract line 17 fi					18	1	4,238	
sse	19		or fund balances at beginning of ye					224			
Net Assets		·=	r figure reported on prior year's return					19	13	6,407	
	20		nges in net assets or fund balances (ex					20	 		
_	21	Net assets	or fund balances at end of year. Com	bine lines 18 throu	gh 20 .		. ▶	21	150	0,645	

SANNED SEP 26

Pa	Balance Sheets. (see the instructions	•		D. 14		—
	Check if the organization used Schedul	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			136,407	22	150,645
23	Land and buildings			130,407	23	130,043
24	Other assets (describe in Schedule O)				24	
25	Total assets			136,407	+-+	150,645
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colum	n (B) must agree witl	n line 21)	136,407	27	150,645
Par	Statement of Program Service Accord	nplishments (see th	e instructions for	Part III.)		Expenses
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🗸	(Red	quired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O			501	(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomp	lishments for each o	f its three largest	program services,	_	anizations and section 7(a)(1) trusts, optional
	neasured by expenses. In a clear and concise r		e services provide	d, the number of	1	others.)
	ons benefited, and other relevant information for e	ach program title.		,	ļ	1
28	See Schedule O					
	(Grants \$) If this amoun	t includes foreign ara	ents check here		28a	118,315
29					200	110,313
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ □	29a	
30						
		t includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u></u> ▶□	31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
	Check if the organization used Scheduli		(c) Reportable	Part IV		<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		Estimated amount of other compensation
	• •	devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-			other compensation
Vare	n Berryman	President/Director -		-	\top	
2945	E. Contessa St., Mesa, AZ 85213	5		o	0	0
Dian	a J. Evans	Vice President/				
7701	E. Osborn Rd. Apt. 131W, Scottsdale, AZ 85251	Director - 5		0	0	0
Robe	ert O. Bacon	Treasurer/Director -				
	S. Kachına Circle, Tempe, AZ 85282	15		0	0	0
	edict O. Stillman	Director - 5				_
	E. Monte Vista, Phoenix, AZ 85008			0	0	0
Ken	W. Cinnebar. Glendale, AZ 85302	Director - 5		0	0	0
3322	W. Citiliedal, Gleridale, AZ 83302				+	0
	•••••••••••••••••••••••••••••••••••••••					
					+	
	•••••	-				
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				-	+	

Part	· · · · · · · · · · · · · · · · · · ·]
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37a	4	_	,-
ь 38а	Did the organization file Form 1120-POL for this year?	37b		√
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		√
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9		^	
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		✓
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶		l	ı·
42a	Topicolo in the second and the secon	602-69	7-1824	4
	Located at ► 2514 S. Kachina Circle, Tempe, AZ ZIP + 4 ►	852	282	
ъ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	NO ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		∨
С	Did the organization receive any payments for indoor tanning services during the year?	44c		▼
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		/

								_		Yes	No
46		he organization engage, directly or in									
		andidates for public office? If "Yes,"							46		\
Part \	VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexem	pt cl	naritable t	rusts or	ıly. All	sect	tion	
		501(c)(3) organizations and section	on 4947(a)(1) none:	kempt charitable	trus	sts must a	nswer qu	estion	าร 47	-49t	כ
		and 52, and complete the tables	for lines 50 and 51								
		Check if the organization used Sch	nedule O to respond	I to any question	in th	ıs Part VI					
			· · · · · · · · · · · · · · · · · ·							Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) ele	ction	ın effect d	luring the	tax [$\neg \uparrow$		
		If "Yes," complete Schedule C, Parl							47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." comple	ete S	chedule E		.	48		Ţ
49a											Ţ
		es," was the related organization a se	· ·	-					49b		
50		plete this table for the organization's								s and	d kev
		oyees) who each received more than									
		, , , , , , , , , , , , , , , , , , , ,		1	J	(d) Health I					
	(a) N	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation		contributions t	o employee	(e) Est			
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MI	SC) t	penefit plans, a compens		othe	r comp	ensati	on
None	-							-			
140116		***************************************									
				-	\dashv			<u> </u>			
					\dashv			<u> </u>			
	<u> </u>							<u> </u>			
											
<u>_</u>											
		number of other employees paid over			0						
51		plete this table for the organization's				ontractors	who eacl	recei	ved r	nore	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."							
(a) 1	Name a	nd address of each independent contractor pai	d more than \$100,000	(b) Type of	servic	е	(c) Compe	nsatior	า	
None		···									
		•••••									
		***	·								
	-										
				<u></u>							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	·		0			
52	Did th	ne organization complete Schedule A	? Note: All section 5	01(c)(3) organization	ons a	and 4947(a)	(1)				
	none	xempt charitable trusts must attach a	completed Schedul	e A				▶ 📝	Yes		lo
Under pe	nalties	of perjury, I declare that I have examined this re	eturn, including accompany	ring schedules and stat	temen	ts, and to the t	est of my kr	nowledge	and i	belief,	ıt ıs
true, corr	ect, and	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer ha	s any knowled	ge				
		///////					9	147	12		
Sign		Signature of Officer				Date		, ,			
Here		Robert O. Bacon, Treasurer									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf Pī	ΓIN		
Prepa	arer						self-emplo				
Use C		Firm's name ▶				Firm's	s EIN ▶				
USE (, iiiy	Firm's address ▶				Phon					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				<u>▶ </u>	Yes		10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Ariz	ona Aloha Festivals	, inc.							86-09	21384
Pa	rt I Reason f	or Public Cha	rity Status (All orga	anızatıon	s must c	complete	this pa	rt.) See i	instructio	ons.
The	organization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	I1, check	only one	box.)		
1	A church, con	vention of churc	hes, or association of	churche:	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).	
2	A school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).		
4		earch organizatine, city, and stat	on operated in conjun e:	ction with	n a hospit	tal descri	bed in se	ection 17	0(b)(1)(A)	(iii). Enter the
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	iversity o	wned or	operated	l by a go	vernmen	tal unit described in
6 7										
8			n section 170(b)(1)(A	-	mploto Da	net II \				
9								محمية بجار		ship food and avoor
3	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	tions—su lated bus	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 331/3% of its
10	An organization	on organized and	d operated exclusively	to test fo	or public :	safety. Se	ee sectio	n 509(a)((4).	
11			nd operated exclusive							
			olicly supported organ							
			describes the type of		-		•	ete lines 1		_
	a Typel		• •	☐ Type		•	•			Type III-Other
е		indation manage	that the organization ers and other than one			-				•
f	If the organiz	ation received a	a written determination	on from	the IRS	that it is	a Type	I, Type	II, or Typ	e III supporting
	•	check this box								🗆
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the)	
			ndirectly controls, eitlody of the supported of							nd Yes No
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(iı)
			a person described in							11g(iii)
h	Provide the fo	llowing informat	on about the support	ed organi	zation(s).					
(i)	Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amount of support
			(555	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)	<u>.</u> .		Sec. Committee Assessed	4.7.2	westerhoe?					
Total										

Page 2

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.)

Secti	on A. Public Support	quality array		<u> </u>		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6 072	12 550	14 110	5 222	2 000	42 572
2		6,872	13,550	14,118	5,233	3,900	43,673
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge .			,			
4	Total. Add lines 1 through 3	17,173 24,045	0 13,550	0 14,118	5,233	3,900	17,173 60,846
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	24,043	13,330	14,110	5,233	3,300	00,040
	shown on line 11, column (f)	25.12.00		\$ * *.4*			0
6	Public support. Subtract line 5 from line 4.		, W. 7.24	4 ·**	Milita.		60,846
	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	24,045	13,550	14,118	5,233	3,900	60,846
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,373	841	794	452	345	4,805
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0;	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10			*			65,651
12	Gross receipts from related activities, etc.	•	•			12	132,553
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her						▶ 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6		•			14	92.68 %
15	Public support percentage from 2010 Sch					15	92.01 %
16a	331/3% support test—2011. If the organization qual					3% or more, cr	
b	331/3% support test—2010. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ %	ت ا
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstai	nces" test, che	eck this box an	d stop here. E	xplain in
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	"facts-and-cil s-and-circumst 	rcumstances" ances" test. T	test, check the organization	is box and sto n qualifies as a 	and line op here. publicly .
•	instructions						. ▶ 🗆

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

(Complete only if you checked the box on line 9 of Part I 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.)

Secti	on A. Public Support		TOTO HOTOGRAPOT	5 11, p. 0 0 0 0		,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	received. (Do not include any "unusual grants.")					ļ	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		ļ				
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		 				
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			·			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b	9		k.200 .46** 7.37.23		ntita 1880 n	
	line 6.)			*		- 200	
Secti	on B. Total Support			1200	I		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 [
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	· ·						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		ļ				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization	i's first, secon	d third fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•		•	•		' ' ' '
Section	on C. Computation of Public Support						
15	Public support percentage for 2011 (line 8						%
16	Public support percentage from 2010 Sch					16	<u>%</u>
	on D. Computation of Investment Inc			1 10 1	(0)	1	
17	Investment income percentage for 2011 (li						<u>%</u>
18	Investment income percentage from 2010 331/3% support tests—2011. If the organization		•				% and line
19a	17 is not more than 331/3%, check this box a						
ь	33 ¹ / ₃ % support tests—2010. If the organiza		=			=	_
~	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	_	-			_

Schodula	Δ	/Earm	200	aga.	E7\	2011	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Arizona Aloha Festivals, I	nc		86-0921384
Alizona Alona resuvais, i		······································	00-0321304
Form 990 EZ - Line 8 - Oth	er Revenue		
Sponsorship Fees	\$ 10,590		
Vendor Fees	79,989		
Advertising Revenue	2,120		
Parking Revenue	1,100		
Soad & Water Sales	17,167		
T-Shirt Sales	3,568		
Raffle Ticket Sales	10,755		
Miscellaneous Revenue	3,019		
Total Other Revenue	\$128,308		
Form 990 EZ - Line 16 - Ot	her Expenses		
Stages Expense	\$ 14,816		
Vendor Expense	40,137		
Operations Expense	675		
Activities Expense	2,233	(Includes children's and other hands-on activities)	
Ceremonies Expense	776		
Maintenance & Sanitation	4,309		
Security Expense	15,549	(Includes police, fire, paramedic, and private overnight se	curity)
Liability Insurance	6,213		
Volunteer Expense	2,321		
Soda & Water Expense	5,082		
T-Shirt Expense	2,072		
Raffle Expense	6,522		
Administrative Expense	4,121		
Total Other Expenses	\$104,826		

Name of the organization	Employer identification number
Arızona Aloha Festivals, Inc.	86-0921384
Form 990 EZ - Part III - Primary Exempt Purpose - The primary purpose of Arizona Aloha festivals, Inc. is to	o plan and produce a cultural
festival that provides an opportunity to educate the general public about the cultures and lifestyles and Ha	awaii and other Polynesian
islands.	
Form 990 EZ - Part III - Line 28 - Arizona Aloha Festivals, Inc has successfully produced the Arizona Aloha	Festival for the past 18 years.
Over the years, the Festival has received funding from both state and local arts commissions, local gover	nments, corporations, and the
public at large. The Board of Directors provides strong financial oversight and its members come from di	verse fields. The chairperson
is appointed by the Board and reports directly to them. The Planning Committee is composed of chairs of	the committees responsible for
operations and programming. All Board of Directors and Planning Committee members are volunteers. T	he Festival's programming is
known throughout the community, state, and region and regularly lands on lists of top events in Phoenix.	
The strength of the organization lies in its diversity. A wide range of professional talents serve on the Board	ard or Committee with majority
representation from the South Pacific Islander community. The Festival enjoys strong support from local	South Pacific Islander
organizations such as the Hawaiian Club (28 years in the Valley), dance schools, performing groups, Hawaiian	aiian outrigger canoe clubs and
other sports organizations, corporate supporters, and more.	
The 2012 Arizona Aloha Festival showcased arts from the cultures of Hawaii and other South Pacific Island	ders, thereby increasing cultural
awareness and opening the door for educational opportunities. Performing artists were selected based up	on their reputation in the South
Pacific Islander arts and chosen both based on their ability to provide a meaningful experience to the view	ring public and to enrich the
skills of the local artist community.	
Guest artist programming serves to link the source island culture to the Arizona island cultural artists. As	the two are isolated from one
another, the danger is that the source island culture is romanticized and trapped in time by the Arizona art	tistsnever to evolve as art forms.
This can also happen in reverse: The Arizona artists grow and develop the traditional arts while the source	e cultural art stays stagnant. It is
the interaction between the two that spurs the creativity of both.	
The Festival provided a range of activities to the public and to the collaborating partners, promoting both	cultural diversity and diversity
through the art forms presented. Although we had to turn to local experts and artisans from our vendor ma	arketplace instead of flying in
guest artists from Hawaii due to budget constraints, the Festival was an amazing success. A new artisan v	endor area featured a tiki carver
and a Tahıtıan carver , among others. The Festival also brought in Dr. Rona Halualani, a professor at San	Jose State, who lectured on
Polynesian culture and identity. She also participated in a joint program at Arizona State University on Pol	ynesian cultures.
This year, we had presenters as varied as a builder of hand-made ukuleles, South Pacific drumming, and h	iula lessons.

Name of the organization Arizona Aloha Festivals, Inc.	Employer identification number 86-0921384
Form 990 EZ - Part III - Line 28 - Continued	
Other topics included a how-to class on making lei of candy and making hula adornments. The goal of thi	s program area is to give 'tastes'
of culture in fun and interesting topics to encourage curiosity and learning about South Pacific Island cult	tures and arts.
The popularity of the Festival itself creates a diverse audience. The Festival's annual survey for 201 self-re	eported an audience composed of
22% Pacific Islander, 10% Asıan, 36% Caucasian, 9% Native American, 9% Hispanic/Latino, 3% African Am	nerican, and 9%
"Other" or mixed race.	
To evaluate the success of the Festival in meeting our primary purpose, we utilize a mixture of anecdotal	eedback and survey data. Our
participant surveys from the general public ask for data-driven responses and allow write-in comments to	collect anecdotal feedback. We
seek feedback from the artists as to their experiences within the event. Committee chairs responsible for	the artist-areas actively talk to
participants to seek their feedback and satisfaction with presentations and workshops. We note participa	tion figures to factor in the
popularity of the presentation and whether we have represented content accurately in our descriptions. T	his year, we also invited our web
and Facebook followers to participate in the survey through an on-line component. We also monitored ou	r Facebook comments for feedback
about our activities. At the conclusion of the event, the overall Planning Committee reviews all information	n ın an evaluatıon session. Our
Board of Directors receives both raw data and anecdotal feedback for their overall Festival review process	š.
The estimated attendance for the 2012 Arizona Aloha Festival was in excess of 175,000 over the two day e	vent.
The total amount spent in the furtherance of our primary purpose totaled \$118,315 for the 2012 Arizona Ale	oha Festival.
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