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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) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities 2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

21

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning June 1 , 2012, and ending May 31 . 20 C Name of organization Check if applicable D Employer identification number Address change Arizona Aloha Festivals, Inc. 86-0921384 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 602-697-1824 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Tempe, AZ 85285 G Accounting Method ✓ Cash ☐ Accrual H Check ▶ ☐ if the organization is not Other (specify) ▶ Website: ▶ azalohafest.org required to attach Schedule B **527** (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . 1 2 Program service revenue including government fees and contracts 2 3 353 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory: (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than G Revenue Ф|6а | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule Gaithe sum of such gross income and contributions exceeds \$15,000). Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 2 Gross sales of inventory, less returns and allowances 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 8 121,366 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 132,109 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 6,050 15 Printing, publications, postage, and shipping 15 4,839 16 16 120,540 17 Total expenses. Add lines 10 through 16 17 131,429 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 680 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 150,645 Set 20 Other changes in net assets or fund balances (explain in Schedule O) 20

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

21

151,325

Pa	t II Balance Sheets (see the instructions f		<u> </u>			
	Check if the organization used Schedule	O to respond to ar	y question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			150,645		151,325
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O) Total assets			450.645		454.005
25 26				150,645	26	151,325
27	Net assets or fund balances (line 27 of column		line 21)	150,645		151,325
Par		· · · · · · · · · · · · · · · · · · ·				·
	Check if the organization used Schedule				/Pa	Expenses quired for section
Wha		See Schedule O				(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each of	its three largest	program services.		anizations and section [7(a)(1) trusts, optional
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				others.)
28	See Schedule O	<u> </u>				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🔲	28a	131,429
29						
	(Crosts \$\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	unaludas faraign gra	nto chaol bara		00.	_
30		includes foreign gra	_		298	3
00						
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	▶ □	30a	a
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗌	318	
_	Total program service expenses (add lines 28a				32	
Par						·
	Check if the organization used Schedule		y question in this (c) Reportable	S Part IV	- - 	<u> U</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	.,	devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-			other compensation
Vare	n Berryman	Denoidant/Disactor				
	E. Contessa St., Mesa, AZ 85213	President/Director - 5		0	0	0
Diana	a J. Evans	Vice President/				
<u>1517</u>	E. Jarvis Avenue, Mesa, AZ 85204	Director - 5		0	0	0
	rt O. Bacon	Treasurer/Director -				
	S. Kachina Circle, Tempe, AZ 85282	10		0	0	0
	dict O. Stillman E. Monte Vista, Phoenix, AZ 85008	Director E				
Ken		Director - 5		0	0	0
	W. Cinnebar. Glendale, AZ 85302	Director - 5		0	0	0
					1	
					_	
				-	+	
		1				
					+	
		1				
]			-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne .	-3-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u> .	
			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		1
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			
05-	change on Schedule O (see instructions)	34		✓
35a	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		1
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,		i	١.,
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
30	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0)		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		· 🗸
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		^,	
39	Section 501(c)(7) organizations. Enter:		1.3	(· 2.
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
700	section 4911 ► 0; section 4912 ► 0; section 4955 ► 0	7,3		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1.9
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	200000000000000000000000000000000000000	1	10 a m 1860 a a
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	\$160	âr gai	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	14.	. 🐉	1 82
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			120
u	reimbursed by the organization			3.75
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 ▶	700	L	
42a	The organization's books are in care of ▶ Robert O. Bacon Telephone no. ▶	602-69	7-182	4
	Located at ► 2514 S. Kachina Circle, Tempe, AZ ZIP + 4 ►	85	282	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1 48 ₈ ,	✓
	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	7.00		
	and Financial Accounts.	44.00		5 4
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Ĵ
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			
70	and enter the amount of tax-exempt interest received or accrued during the tax year		- '	- ⊔
	The sine amount of tax exempt interest received of desired 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	<u></u>	-	1342 ·
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	-	✓
_	completed instead of Form 990-EZ	44b	-	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			'n.
	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)	Ľa	ļ	- 1 has

Pa	a	e	

	•						Yes	No				
	bid the organization engage, directly or in						ļ	[]				
	candidates for public office? If "Yes," o		Partl		· · · ·	46	<u> </u>	<u> </u>				
Part VI			ations 47 40h and	50 and ac			حداده:					
	All section 501(c)(3) organization 50 and 51	s must answer que	suons 47–490 and	52, and co	mpiete the	tables i	or iin	es				
	Check if the organization used Sc	hadula O to respond	to any question in	thic Part VI								
	Officer if the organization used oc	riedule O to respond	to any question in	uno i ait vi		• • •	Yes	No				
47 D	oid the organization engage in lobbying	activities or have a	section 501(h) election	on in effect o	during the t	ax	1.00	110				
	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											
48 Is	year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
	olid the organization make any transfers to an exempt non-charitable related organization?											
b If	"Yes," was the related organization a se	ection 527 organizatio	on?			49b						
	Complete this table for the organization's											
e	mployees) who each received more than	1 \$100,000 of comper	nsation from the orga			e, enter "N	lone."					
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amo	unt of				
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred			other compensation					
				comper	ISALION							
None												
	••••••											
-												
					İ							
		•]	<u> </u>								
	otal number of other employees paid ov		· · · · · · · · · · · · · · · · · · ·									
51 \$	Complete this table for the organization 100,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independen one, enter "None."	t contractors	who each	received	more	than				
(a) Na	ame and address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	vice	(c)	Compensat	ion					
None												
-	•••••		_									
			-									
			1									
			1									
d T	otal number of other independent contri	actors each receiving	over \$100,000 .	. •	(0						
	old the organization complete Schedule			s and 4947(a	ı)(1)							
	onexempt charitable trusts must attach					► ✓ Yes		No				
Under pen	alties of penury, I declare that I have examined this ct, and complete Declaration of preparer (order tha	return, including accompar	lying schedules and staten	nents, and to the	best of my knowne	owledge an	d belief	, it is				
	ct, and complete becalation of pegalet to the ma	dased on all link	omation of which preparer	Thas arry known	age /	1.5						
Sign	Signature of Officer			I	<u> </u>	//3						
Here	Robert O. Bacon, Treasurer			Dui	•							
	Type or print name and title					.						
Doid	Print/Type preparer's name	Preparer's signature		ate	T _{Chool} .	, PTIN						
Paid Prepai					Check L self-employ	yed						
Use O	1 - ·	_	Firm's EIN ▶									
	Firm's address ▶			Pho	one no							
May the	IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes	s 🗍	No				

SCHEDULE A (Form 990 dr 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

	na Aloha Festivals		· · · · · · · · · · · · · · · · · · ·	 .		 				21384	
			rity Status (All orga						nstruction	ons.	
he d 1 2	☐ A church, con☐ A school desc	vention of churc cribed in section	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches ch Schedu	describe	ed in sec	tion 170((b)(1)(A)(i)).		
3 4	A medical res	•	spital service organiza on operated in conjuni e:						D(b)(1)(A)	(iii). Enter th	ıe
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or univ	versity ov	wned or	operated	by a gov	vernmen	tal unit desc	ribed in
6 7	✓ An organization	on that normally	nment or government receives a substantia I (A)(vi). (Complete Pai	al part of					nt or fror	n the genera	al public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Con	nplete Pa	ırt II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	ions-sub lated bus	oject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2) ss section	no more	e than 331/3	% of its
10 11	☐ An organizati purposes of e	on organized ar	d operated exclusively and operated exclusive blicly supported organ describes the type of	ely for th	e benefi describe	t of, to to	perform 1 ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See	
е		his box, I certify undation manage	II c Type II that the organization ers and other than on	is not cor	ntrolled d	lirectly or	indirectl	y by one	or more		persons
f		ation received a check this box	a written determinatio	on from t	the IRS t	that it is	а Туре 	I, Type I	ll, or Typ	oe III suppo	rting
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	;		
			ndirectly controls, eit ody of the supported							nd Y	es No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)	$\overline{}$
			a person described in ion about the support							11g(iii)	
h		(ii) EIN	T							I	
(1)	Name of supported organization	(11) E114	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o in col (i) lis governing o	sted in your	the organization in organization in col		(vii) Amount o			
				Yes	No	Yes	No	Yes	No		
A) 											
B)											
C)											
D)											
E)											
ota	 I							23.			

•	(Complete only if you checked the						alify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
	on A. Public Support	(=) 0000	(h) 0000	(-) 0010	(-1) 0044	4-1 0040	
	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	13,550	14 110	F 222	2 000	10 200	47 404
2	Tax revenues levied for the	13,550	14,118	5,233	3,900	10,390	47,191
_	organization's benefit and either paid						
	to or expended on its behalf	o	o	0	0	0	0
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge	ام	n		0	اما	n
4	Total. Add lines 1 through 3	13,550	14,118	5,233	3,900	10,390	47,191
5	The portion of total contributions by			\$ 3 ·	: 48.84	8.3 8	
3	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)						0
6	Public support. Subtract line 5 from line 4.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	144 1	. 4 7 7		/ t	47,191
	on B. Total Support				,	,	·
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	13,550	14,118	5,233	3,900	10,390	47,191
8	Gross income from interest, dividends,			i			
	payments received on securities loans,	ļ					
	rents, royalties and income from similar sources			1			
_		841	794	452	345	353	2,785
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on		_				
10	Other income. Do not include gain or	0	0	0	0	0	0
10	loss from the sale of capital assets						
	(Explain in Part IV.)	0		_	۸ ا	ام	0
11	Total support. Add lines 7 through 10		7.88	3	- U	- U	49,976
12	Gross receipts from related activities, etc		ons)	· · · · ·		12	132,109
13	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere <u> </u>	<u></u>				▶ 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2012 (line			1, column (f))		14	94,43 %
15	Public support percentage from 2011 Sci					15	92.68 %
16a	331/3% support test—2012. If the organi			·		•	
	box and stop here. The organization qua	=		•			. ▶ ✓
b	331/3% support test—2011. If the organ				•	e 15 is 331/3%	
	check this box and stop here. The organ	·-					. ▶ Ц
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part IV how the organization meets the "i						
	organization	iacis-anu-circi	inistances tes	st. The organiz	ation qualifies	as a publicly s	
я.	· ·						. >
b	10%-facts-and-circumstances test – 2						
	15 is 10% or more, and if the organization in Part IV how the organization in						
	supported organization					. qualifies as a	
18	Private foundation. If the organization d	id not check a	box on line 13	. 16a. 16b. 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedu	le A (Form 990 or 990-EZ) 2012						Page 3
Part							
•	(Complete only if you checked th						ler Part II.
Secti	If the organization fails to qualify on A. Public Support	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2000	(b) 2009	(6) 2010	(4) 2011	(e) 2012	(I) TOTAL
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						·
Secti	on B. Total Support		Jan 3		1	·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	_					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			-	ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2012 (line 8	3, column (f) d	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2011 Sch	nedule A, Part	III, line 15 .	<u> </u>		16	%
	on D. Computation of Investment In				(0)	14-	
17 18	Investment income percentage for 2012 (Investment income percentage from 2011						<u>%</u> %
. •	comon moone percentage nom 2011	Jointaule A,	. a			1 10 1	%

33¹/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ □

33¹/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

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).						
· 							
·							
	······································						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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.

Internal Revende Service		- Attack to Form 550 of 550 EL.	inspection
Name of the organization			Employer identification number
Arizona Aloha Festivals, Inc	·		86-0921384
Form 990 EZ - Line 8 - Other	Revenue		
Sponsorship Fees \$	11,355		
Vendor Fees	81,890		
Advertising Revenue	2,720		
Parking Revenue	1,300		
Soda & Water Sales	10,451		
Soua & Water Sales	10,431		
T-Shirt Sales	3,093		
Raffle Ticket Sales	7,390		
Miscellaneous Revenue	3,167		
Total Other Revenue \$	121,366		
			•••••
Form 990 EZ - Line 16 - Other	er Expenses		

Stages Expense	\$ 26,275		
Vendor Expense	18,888		
venuoi Expense	10,000		
Operations Expense	4,116		
Activities Expense	6,342	(Includes children's and other hands-on activities)	
Ceremonies Expense	1,624		
Maintenance & Sanitation	12,704		
Security Expense	17.000	(Includes police, fire, paramedic, and private overnight se	
Security Expense	17,068	(includes police, fire, parametric, and private overnight se	curicy)
Liability Insurance	6,493		
Volunteer Expense	7,260	•	
Soda & Water Expense	4,122		
Jour William Expense			
T-Shirt Expense	2,157		
5 W =			
Raffle Expense	8,437		
Administrative Expense	5,054		
Total Other Expenses	\$ 120,540		
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Name of the organization	Employer identification number
Arizona 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	waii and other Polynesian
islands.	
Form 990 EZ - Part III - Line 28 - Arızona Aloha Festivals, Inc has successfully produced the Arizona Aloha	Festival for the past 19 years.
Over the years, the Festival has received funding from both state and local arts commissions, local govern	ments, corporations, and the
public at large. The Board of Directors provides strong financial oversight and its members come from div	verse fields. The chairperson
is appointed by the Board and reports directly to them. The Planning Committee is composed of chairs of t	the committees responsible for
operations and programming. All Board of Directors and Planning Committee members are volunteers. The	ne Festival's programming is
known throughout the community, state, and region and regularly lands on lists of top events in the Phoen	iix metro area and Arizona.
The strength of the organization lies in its diversity. A wide range of professional talents serve on the Boa	rd or Committee with majority
representation from the South Pacific Islander community. The Festival enjoys strong support from local S	
organizations such as the local Hawaiian Civic Club (29 years in the Valley), dance schools, performing gro	oups, Hawaiian outrigger canoe
clubs and other sports organizations, corporate supporters, and more.	
The 2013 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	ing public and to enrich the
skills of the local artist community. Performing groups from neighboring states were also included to broad	aden the Festival's offerings.
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	istsnever to evolve as art forms.
This can also happen in reverse: The Arizona artists grow and develop the traditional arts while the source	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 of	cultural diversity and diversity
through the art forms presented. The Festival turned to local experts and artisans from our vendor market	
artist from Hawaii to expand our offerings. The Festival also provided a stipend to a dance group from Nw	Zealand to perform and teach
during the weekend. The 2013 Festival was an amazing success, despite the threat of rain during setup an	nd the first day, drawing more than
150,000 attendees and provided free cultural activites and performances over the two day event.	
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