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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2015**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning June 1 , 2015, and ending May 31 , 20 16	
B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Arizona Aloha Festivals, Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 24237 City or town, state or province, country, and ZIP or foreign postal code Tempe, AZ 85285
D Employer identification number 86-0921384	
E Telephone number 602-697-1824	
F Group Exemption Number ▶	
G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶	
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ azalohafest.org	
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 160,134	

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 ☒																																																				
Revenue	<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> <td>8,006</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td></td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td></td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td>443</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td></td> </tr> <tr> <td>b Less: cost or other basis and sales expenses</td> <td>5b</td> <td></td> </tr> <tr> <td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> <td></td> </tr> <tr> <td>a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> <td></td> </tr> <tr> <td>b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b</td> <td></td> </tr> <tr> <td>c Less: direct expenses from gaming and fundraising events</td> <td>6c</td> <td></td> </tr> <tr> <td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d</td> <td></td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> <td></td> </tr> <tr> <td>b Less: cost of goods sold</td> <td>7b</td> <td></td> </tr> <tr> <td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> <td></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> <td>151,685</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9</td> <td>160,134</td> </tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1	8,006	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3		4 Investment income	4	443	5a Gross amount from sale of assets other than inventory	5a		b Less: cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events			a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		c Less: direct expenses from gaming and fundraising events	6c		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a Gross sales of inventory, less returns and allowances	7a		b Less: cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O)	8	151,685	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	160,134
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Net Assets	<table border="1"> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>6,339</td> </tr> <tr> <td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td> <td>19</td> <td>178,905</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> <td>-1</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21</td> <td>185,243</td> </tr> </table>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,339	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	178,905	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-1	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	185,243																																							
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2015)

SCANNED OCT 04 2016

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	178,905	22 185,243
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	178,905	25 185,243
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,905	27 185,243

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	See Schedule O		
	(Grants \$) If this amount includes foreign grants, check here	28a	153,795
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	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	✓
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	✓
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	✓
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	
c 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	✓
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 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	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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), 501(c)(4), and 501(c)(29) 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	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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 ▶		
42a The organization's books are in care of ▶ Robert O. Bacon Telephone no. ▶ 602-697-1824 Located at ▶ 2514 S Kachina Cir, Tempe, AZ ZIP + 4 ▶ 85282		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	✓
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	✓
c 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	✓
b 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)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 **0**

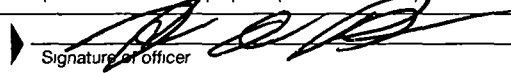
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer  Date **9/8/16**
Robert O. Bacon - Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Arizona Aloha Festivals, Inc

Employer identification number

86-0921384

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,900	10,390	16,088	8,255	8,006	46,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,900	10,390	16,088	8,255	8,006	46,639
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 shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						46,639

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,900	10,390	16,088	8,255	8,006	46,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	345	353	336	425	443	1,902
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 VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						48,541
12 Gross receipts from related activities, etc. (see instructions)					12	160,134
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.08 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.82 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

**SCHEDULE O
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**

Name of the organization

Arizona Aloha Festivals, Inc.

Employer identification number

86-0921384

Form 990 EZ - Line 8 - Other Revenue

Sponsorship Fees \$ 16,575

Vendor Fees 98,565

Advertising Revenue 3,370

Parking Revenue 2,550

Soda & Water Sales 11,355

T-Shirt Sales 4,164

Raffle Ticket Sales 10,953

Miscellaneous Revenue 4,153

Total Other Revenue \$ 151,685

Form 990 EZ - Line 16 - Other Expenses

Stage Expense \$ 30,572

Vendor Expense 21,327

Operations Expense 12,710

Activities Expense 4,247 (Includes children's and other hands-on activities and presentations)

Ceremonies Expense 4,484

Maintenance & Sanitation 16,534

Security Expense 18,431 (Includes police, fire, paramedic, and private overnight security)

Liability Insurance 7,093

Volunteer Expense 9,156

Soda & Water Expense 5,575

T-Shirt Expense 2,133

Raffle Expense 6,601

Administrative/Misc. Expense 4,106

Total Other Expenses \$ 142,969

Form 990 EZ - Line 20 - Other Changes: -\$1.00 difference is due to rounding

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

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 plan and produce a cultural festival providing an opportunity to educate the general public about the cultures and lifestyles of Hawaii 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 22 years.

Over the years, the Festival has received funding from both state and local arts commissions, local governments, corporations, and the public at large. The Board of Directors provides strong financial oversight and its members come from diverse 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. The Festival's programming is

known throughout the community, state, and region and regularly lands on lists of top events in the Phoenix metro area and Arizona.

The strength of the organization lies in its diversity. The Festival enjoys strong support from local South Pacific Islander organizations

such as the local Hawaiian Civic Club (30 years in the Valley), dance schools, performing groups, Hawaiian outrigger canoe clubs and other sports organizations, corporate supporters, and more.

The 2016 Arizona Aloha Festival showcased arts from the cultures of Hawaii and other South Pacific Islanders, thereby increasing cultural

awareness and opening the door for educational opportunities. Performing artists were selected based upon their reputation in the South

Pacific Islander arts and chosen both based on their ability to provide a meaningful experience to the viewing public and to enrich the

skills of the local artist community. Performing groups from neighboring states were also included to broaden 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 artists...never 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 cultural diversity and diversity

through the art forms presented. The Festival utilized local experts and artisans from our vendor marketplace as well as having guest

artists from Hawaii to expand our performance and educational offerings

The 2016 Festival was very successful, drawing in excess of 150,000 attendees and provided free cultural activities and performances

for both adults and children over the two day event. The Festival also coordinated an ukulele workshop with two well-known artists

on Saturday evening