

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492324001122

D Employer identification number

2011

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

# **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, 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

, and ending 06-30-2012

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

**Open to Public Inspection** 

		change HAWALI PEACE AND JUSTICE	27-460353	4
	ame ch	E	Telephone r	number
	ıtıal ret ermınat	uni	(80	8) 988-6266
_		City or town, state or country, and ZIP + 4	Group Exem	nption
_		Honolulu, HI 96822 on pending	Number	<b>•</b>
		required to the required to the required to require	attach S	organization is <b>not</b> chedule B , or 990-PF)
		www havaiipeaceandjustice org  pt status(check only one)—  501(c)(3)  501(c)( )   (insert no )  4947(a)(1) or  527		
norm	ally <b>n</b>	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the organization of the organization of the organization of the organization chooses to file a return, be sure to file a complete return		
L Add more,		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 Form 990 instead of Form 990-EZ    • \$ 106,185	5, column (B	) below) are \$500,000 or
	rt I		ructions fo	or Part I)
	1	Contributions, gifts, grants, and similar amounts received	1	106,027
	2	Program service revenue including government fees and contracts	2	109
	3	Membership dues and assessments	3	0
	4	Investment income	4	49
	5a	Gross amount from sale of assets other than inventory 5a	0	
<u>.</u>	b	Less cost or other basis and sales expenses 5b	0	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0
ě	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	О	
	b	Gross income from fundraising events (not including $\$ \ \underline{0}$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $\$15,000$ )		
			0	
	c	Less direct expenses from gaming and fundraising events 6c	0	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	0	
	b	Less cost of goods sold	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,185
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	53,722
8 9 2	13	Professional fees and other payments to independent contractors	. 13	8,083
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	7,338
<u>₩</u>	15	Printing, publications, postage, and shipping	15	1,661
	16	Other expenses (describe in Schedule O)	16	11,448
	17	Total expenses. Add lines 10 through 16	17	82,252
£	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,933
9.50	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
etAssets		end-of-year figure reported on prior year's return)	19	1,025
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	24,958

Cat No 10642I

Check if the organization use	ed Schedule O to respond to	any question in this F	art II		
(See the ınstru	ctions for Part II)	(A	<b>)</b> Beginning of year		(B) End of year
22 Cash, savings, and investments .			1,025	22	46,630
23 Land and buildings		🗀	0	1 1	
24 Other assets (describe in Schedule (	0)		0	24	6,228
25 Total assets		🗀	1,025	25	52,858
26 Total liabilities (describe in Schedule	20)		0		27,900
27 Net assets or fund balances (line 27		th line 21)	1,025	27	24,958
Part III Statement of Program Check if the organization use	ed Schedule O to respond to		Part III .		Expenses quired for section 501 (3) and 501(c)(4)
What is the organization's primary exemp To create a more peaceful, just and pono Describe the organization's program serv measured by expenses In a clear and cobenefited, and other relevant information	Hawaii through education, or ice accomplishments for eac ncise manner, describe the s	ch of its three largest	program services, as	orga 494	anizations and section 47(a)(1) trusts, ional for others)
28 See Additional Data Table  (Grants \$ ) If the second se	nis amount includes foreign (	grants, check here .	▶┌	28a	
(Grants \$ ) If the	nis amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$ ) Iftl	nis amount includes foreign (	grants, check here .	▶⊏	30a	
<b>31</b> Other program services (describe in S (Grants \$ )	chedule O) . . . . nıs amount ıncludes foreıgn q	grants shack hara			
32 Total program service expenses (add li			<u>'</u>	31a 32	52,352
Part IV List of Officers, Directors, Ti	ustees, and Key Employees.	List each one even if not	compensated (See the ins		
Check if the organization use	(b) Title and average	(c) Compensation	(d) Contribution	s to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens	lans &	
See Additional Data Table					

Pa	Other Information (Note the 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		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		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income or Form 990-T	1		
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		No
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> 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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	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			
		40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on 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		No
	List the states with which a copy of this return is filed 🕨 HI			
42a	The organization's books are in care of Page Renie Wong Lindley Telephone no	<b>►</b> <u>(80</u>	8)988	-6266
	2426 Oahu Ave Located at ► Honolulu, HI ZIP + 4	<b>▶</b> 96	6822	
_		<u> </u>		
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)?	42b	Yes	<b>No</b> 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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		Νo
	If "Yes," enter the name of the foreign country 🕒			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	<b>▶</b> Г
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation			
	ın Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)	45b		No

2012 VI Section 501 (c) (3) organizations and section 4947(a) (1) nonexempt charitable trusts only.  All section 501 (c) (3) organizations and section 4947(a) (1) nonexempt charitable trusts must answer question 501 (c) (3) organizations and section 4947(a) (1) nonexempt charitable trusts must answer question.  Check if the organization used Schedule O to respond to any question in effect during the tax year?  If you is the organization ased Schedule O to respond to any question in effect during the tax year?  If you is the organization ased schedule O to respond to any question in effect during the tax year?  If you is the organization as chool described is section 170(b)(1)(4)(0)? If yea, complete Schedule E  Is the organization as chool described is section 170(b)(1)(4)(0)? If yea, complete Schedule E  Is the organization as the section 170(b)(1)(4)(0)? If yea, complete Schedule E  Is the organization in the complete to an exempt non-charitable related organization?  Of Cemplete this table for the organization is five highest compensated employees (other than officers, directors, instead and the employees) allowed in the organization?  ONE  Total number of other employees paid over \$100,000								Yes	No
All section 50 (c)(2) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question 47.49b and 52.  Check if the organization used Schedule 0 to respond to any question in this Part VI  Total the organization engage in lobbying activities or have a section 501(b) election in effect during the lax year?  17. Did the organization engage in lobbying activities or have a section 501(b) election in effect during the lax year?  18. In the organization as school described in section 170(b)(3)(A)(ii)? If Yes,* complete Schedule E  19. Did the organization make any transfers to an exempt non-charitable related organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 327 organization?  19. Did Tres, was the related organization as exclose 328 organization as the first organization of the first organization organizati					behalf of or I	n opposition to	46		No
Check rithe organization used Schedule O to respond to any question in this Part VI  Vas No  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  18 If Yes, "complete Schedule C, Part II  19 If Yes, "complete Schedule C, Part II  19 If Yes, "complete the tax organization is section 170(s)(1)(A)(ii)? If Yes, "complete Schedule E  19 Did the organization make any transfers to an exempt one-chambale related organization?  10 Complete this table for the organization is two highest compensation from the organization II There is none, enter Yours employees between each received more than \$100,000 of compensation from the organization II there is none, enter Yours employees between the stable of the organization II there is none, enter Yours between year week devoted to position  10 Name and address of each employee and over \$100,000 of compensation from the organization of the stable for the organization II there is none, enter Yours of the position of preparer (other than officer) is based on all information of which preparer has a controlled by the position of the position of preparer (other than officer) is based on all information of which preparer has controlled by the position of the position	Part VI	All section 501(c)(3) organ			-			_	stions
17   Did the organization engage in labbying activities on have a section SO1(h) election in effect during the tax year?   47   180   181   18			d Schedule O to respond	to any question in this	Part VI .				Г
If Yes, 'complete Schedule C, Part II  If Is the organization a school described in section 170 (b)(1)(A)(n)? If 'Yes, 'complete Schedule E  If Is the organization make any transfers to an exempt non-chantable related organization?  Described the organization with the organization is two highest compensated employees (other than officers, directors, trusties) and key employees (who each necessor more than 190,000 of compensation from the organization if three is none, enter 'None'  (a) Name and address of each employee by the organization is none than 190,000 of compensation from the organization if the organization is none, enter 'None'  (b) Total number of other employees paid over \$100,000  If Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000  If Complete this table for the organization if their is none, enter 'None'  (a) Yiams and address of sach independent contractor paid more than \$100,000  If Complete this table for the organization if their is none, enter 'None'  (a) Yiams and address of sach independent contractor paid more than \$100,000  NE  Total number of other independent contractors paid more than \$100,000  (b) Type of service  (c) Compensation on the organization of the organization if there is none, enter 'None'  (a) Yiams and address of sach independent contractors paid more than \$100,000  NE  Total number of other independent contractors each receiving over \$100,000  (b) Type of service  (c) Compensation and \$100,000  (c) Compensation and \$100,000  (d) Type of service  (e) Compensation and \$100,000  (e) Type of service  (f) Compensation and \$100,000  (e) Type of service  (f) Compensation and \$100,000  (h) Type of service  (h)								Yes	No
Total number of other employees pard over \$100,000   (a) Type of service   (c) Compensation and address of each employees pard over \$100,000   (b) Type of service   (c) Compensation   (d) Total number of other independent contractors each receiving over \$100,000   (e) Type of service   (e) Compensation   (e) Total number of other independent contractors each receiving over \$100,000   (e) Type of service   (e) Compensation   (e) Total number of other independent contractors each receiving over \$100,000   (e) Type of service   (e) Compensation   (e) Total number of other independent contractors each receiving over \$100,000   (e) Type of service   (e) Compensation   (e) Total number of other independent contractors paid more than \$100,000   (e) Type of service   (e) Compensation   (e) Total number of other independent contractors paid more than \$100,000   (e) Type of service   (e) Compensation   (e) Type of service   (e) Compe				ection 501(h) election ii	n effect durir	ng the tax year?	47		No
Total number of other employees paid over \$100,000   Districts of the organization of the independent contractors who each received more than \$100,000   Complete this table for the organization is five highest compensation from the organization. If there is none, enter house paid more than \$100,000   Complete this table for the organization is five highest compensation from the organization. If there is none, enter house paid more than \$100,000   Complete this table for the organization is five highest compensation from the organization. If there is none, enter house per week devoted to position   Complete this table for the organization if the highest compensation from the organization is not expense in the organization of each independent contractors each receiving over \$100,000    Total number of other independent contractors each receiving over \$100,000    Total number of other independent contractors each receiving over \$100,000    Total number of other independent contractors each receiving over \$100,000    Total number of other independent contractors each receiving over \$100,000    Total number of other independent con	<b>18</b> Is the		48		No				
De If Yes, "was the related organization a section 527 organization?  O Complete this table for the organization of the 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 "Yone"  (a) Rame and address of each employee paid over \$100,000 of compensation from the organization of the employee pend of the employee	<b>9a</b> Didth	e organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		Νo
O 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 of there is none, enter "None"  (a) Name and address of each employee hours per week evoted to position  ONE  Total number of other employees paid over \$100,000  1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000  1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 or compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation or compensation from the organization if the received more than \$100,000 or compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation or compensation from the organization of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation on the received more than \$100,000 (b) Type of service (c) Compensation on the received more than \$100,000 (b) Type of service (c) Compensation on the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type of service (c) Compensation of the received more than \$100,000 (c) Type	<b>b</b> If"Ye:	s," was the related organization	a section 527 organizat	tion?			49b		
(a) Name and address of each employee paid more than \$100,000  NE  Total number of other employees paid over \$100,000  Total number of other employees paid over \$100,000  Compensation employee benefit plans a deferred compensation of the allowances  Total number of other employees paid over \$100,000  Compensation from the organization if there is none, empensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, empensation from the organization if there is none, empensation more than \$100,000  (b) Type of service (c) Compensation  ONE  Total number of other independent contractor paid more than \$100,000  (b) Type of service (c) Compensation  ONE  Total number of other independent contractor paid more than \$100,000  (b) Type of service (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  (c) Type of service (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  (d) Type of service (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  (d) Type of service (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  (d) Type of service (c) Compensation  (e) Expenses  Fytes No.  Total number of other independent contractors each receiving over \$100,000  (e) Type of service (c) Compensation  (e) Compensation  (f) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (e) Compensation	5 <b>0</b> Compl	ete this table for the organization	on's five highest comper	nsated employees (othe					
Total number of other employees paid over \$100,000	(a) Name a	and address of each employee	<b>(b)</b> Title and average hours per week		(d) Cor employee	ntributions to benefit plans &	( <b>e</b>	) Exper	and
Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation on the organization of the independent contractors each receiving over \$100,000  1 Total number of other independent contractors each receiving over \$100,000  2 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tr	ONE								
1 Complete this table for the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Order penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my owledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a covered general section of the preparer of the self-self-self-self-self-self-self-self-									
1 Complete this table for the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Order penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my owledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a covered general section of the preparer of the self-self-self-self-self-self-self-self-									
Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation.  DIE  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. NOTE: All Section 501(c)(3) organiza									
1 Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable truster must attach a complete Schedule A. Note: All Section 501(c)(3									
1 Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  ONE  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts would be completed. Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts with a section of preparer (other than officer) is based on all information of which preparer has a coviledge.  Signature of officer  Ein Pepaarer's Signature of officer  Signature									
Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts or a note: All Section 501(c)(3) organizations and 4947(a)(1) n	Tota	I number of other employees pa	ld over \$100.000 .				<b>.</b>		
one compensation from the organization of the real subset of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation one one of the real subset of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation one of the real subset of period of the real subset of period of the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts in the penalties of perjuny. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a nowledge.    Signature of officer	, 0.0	Thamber or other employees pu	14 0101 \$100,000						
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  ONE  I Total number of other independent contractors each receiving over \$100,000					ractors who	each received n	nore tha	an \$100	000, د
Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Personalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a nowledge.  Signature of officer  Date  Preparer's  Signature of officer  Date  Preparer's supplying the dependent contractors each receiving over \$100,000  Preparer's signature of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge.  Date  Check if self-employed  Signature of officer  Date  Preparer's taxpayer identification number (See instructions)  Firm's name (or yours of self-employed), and the self-employed in the self-emplo					<b>(b)</b> Typ	e of service	(c) C	ompens	ation
Total number of other independent contractors each receiving over \$100,000	ONE		·	· ·				•	
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	ONE								
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
aid  Preparer's signature  Preparer's taxpayer identification number (See instructions)  EIN	<b>i2</b> Did	the organization complete Sche	dule A? <b>NOTE:</b> All Secti	on 501(c)(3) organizati			npt cha	rıtable ' <b>es</b>	trusts <b>No</b>
Signature of officer  Kyle Kajıhıro CEO Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Date  Check if self-employed  Firm's name (or yours if self-employed), address, and ZIP + 4	nowledge ar								
Signature of officer  Kyle Kajıhıro CEO Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Date  Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4		2012 11 15							
Preparer's signature  Date  Check if self-employed  Firm's name (or yours if self-employed), address, and ZIP + 4  Date  Check if self-employed  Firm's name (or yours if self-employed), address, and ZIP + 4  EIN  Firm's name (or yours if self-employed), address, and ZIP + 4		Signature of officer							
self-employed F (See instructions)  reparer's self-employed, address, and ZIP + 4    Self-employed F (See instructions)	еге								
reparer's se Only   Firm's name (or yours if self-employed), address, and ZIP + 4   EIN		· ·	ι					fication r	umber
se Only If self-employed), address, and ZIP + 4	aid .	· •				(See Instructions)	)		
Phone no P	lea Only	ıf self-employed),				EIN Þ			

Form 990-EZ (2011)

Page **4** 

### OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

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. ▶ See separate instructions.

Inspection **Employer identification number** 

Name of the organization HAWAII PEACE AND JUSTICE 27-4603534

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	olete this p	art.) See in	structions	
				te foundation becaus							
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).			
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ıle E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed ın <b>sectio</b>	n 170(b)(1)(	(A)(iii).		
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(:	<b>L)(A)(iii).</b> Er	nter the
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit descr	ıbed ın
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )						
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	<b>▽</b>	describ	ed in	at normally receives		il part of its	support from	a governme	ntal unit or fr	om the gene	ral public
8	_			( <b>A)(vi)</b> (Complete P described in <b>sectior</b>		A)(vi) (Com	nloto Part II	١			
9	<u>'</u>			at normally receives					utions mam	harchin faac	and arose
9	'			rities related to its ex							
		•		oss investment inco	•			•			
		•		ganization after June				•		.ux) Holli bus	
10	$\overline{}$	•		ganized and operated	•			•	•		
11	<u>'</u> _			ganized and operated						carry out th	ne nurnoses of
	'	one or the box	more public	ly supported organiz bes the type of supp <b>b</b> Type I	atıons descr oortıng organ	ıbed ın sectı ızatıon and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se jh 11h	e <b>section 50</b>	
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not contr	olled directly	or indirectly	by one or m	ore disqualit	fied persons
				on managers and ot	her than one	or more pub	licly support	ed organizati	ons describe	d in section	509(a)(1) or
f			1509(a)(2)	received a written de	etermination	from the IPS	Sthatitica	Tyna I Tyna	II or Type I	II supportin	a organization
•			this box	received a writter di	ecerminacion	nom the 11.	J CHAC IC IS A	iype i, iype	ii oi iype i	11 supporting	
g				2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		
			ig persons?	rectly or indirectly c	antrala auth	aralono ort	agathar with	narcana das	aribad in (ii)		Yes No
				governing body of th				persons des	cribed iii (ii)	11g(	
		•		er of a person descri	• •	_	icion.			11g(	<del></del>
			-	lled entity of a perso			hove?			11g(i	
h				ng information about						119(	··/
		1 10114		ng miormation about	ти варрони	ou organizaci	011(0)				
				(iii)	(iv)						
				Type of	Is the	<u> </u>	(v)	ufu tha	(vi)		
	(i) Name		(ii)	organization (described on	organızatı		Dıd you not organızatı		Is the organizati		(vii)
	uppoi		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (ı) orga		A mount of
	ganız			or IRC section	your gove docume		suppor		ın the U		support?
				(see		ı					
				ınstructions))	Yes	No	Yes	No	Yes	No	
Total											
			<u> </u>	l .	l	l	L	L	l	I .	

Schedule A (Form 990 or 990-EZ) 2011 Part II

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(	) (	0	1,025	106,027	107,052			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(	)	0	0	0	0			
3	The value of services or facilities furnished by a governmental unit to	(	)	0	0	0	0			
4	<b>Total.</b> Add lines 1 through 3			0	1,025	106,027	107,052			
5	The portion of total contributions by each person (other than a						· · ·			
	governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,500			
6	<b>Public Support.</b> Subtract line 5 from						83,552			
	line 4									
	ection B. Total Support endar year (or fiscal year beginning									
<b>-</b>	in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) 2011	<b>(f)</b> Total			
7	Amounts from line 4	0	0	0	1,025	106,027	107,052			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	0	0	0	0	49	49			
9	sources Net income from unrelated business activities, whether or not the business is regularly	0	0	0	0	0	0			
10	carried on Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0			
11	Total support (Add lines 7 through 10)						107,101			
	Gross receipts from related activiti					12	109			
	First Five Years If the Form 990 is check this box and stop here		·	, third, fourth, or f	ıfth tax year as a	501(c)(3) organı	zation, ▶☑			
	ection C. Computation of Public Support Paragraphs 201			11 column (f))		1				
14	Public Support Percentage for 201	-		11 column (T))		14				
15	Public Support Percentage for 201	•	•			15	<del> </del>			
	<ul> <li>33 1/3% support test—2011. 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</li> <li>33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this</li> </ul>									
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2011. 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.									
b 18	organization  10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization  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 A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, 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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492324001122

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization HAWAII PEACE AND JUSTICE	Employer ident if i	cation number
	27-4603534	

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Bus Regis Fee \$405, Bank Fee \$66, Liab &D O Ins \$1,815, Food/Program \$2,711, Transportation/Program \$1,287, Youth Incentives/Program \$916, Other Costs/Program \$2,792, T-Shirts \$665, Mtgs and Conferences \$541, Travel \$250, Total = \$11,448
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Accounts Receivable American Friends Service Comm \$3,728, Hawaii Council for the Humanities \$2,500 Total = \$6,228
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Accounts Payable is Grant funds forwarded, as follows Hawaii Community Foundation \$5,500, Hawaii Peoples Fund \$4,500, Honolulu Friends Meeting \$5,000, 7th Generation Fund \$5,000, Expenses for "Rise Up" grant payable \$7,900 Total = \$27,900

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 27-4603534

Name: HAWAII PEACE AND JUSTICE

### Form 990-EZ, Special Condition Description:

### **Special Condition Description**

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	501(	Expenses uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
28 HPJ is committed to developing youth leaders for making positive social change. Since 2009, we have conducted an environmental justice education program with Wai'anae youth. The program uses popular education methods and hands-on place-based and culture-based learning to develop critical understanding of the social and environmental conditions in their community as well as the skills for making social change. This year we worked with students in the agriculture program at Wai'anae. High School, a school with low graduation and college enrollment rates. Through a process of field observation, research and discussion, we designed and painted a mural to express their hopes and dreams about. Wai'anae. The group creative process was essential to our pedagogy to develop socially aware and engaged youth. The mural has stimulated interest and conversation about the many images and themes depicting a struggle between the elements of hope, life and positivity and the encroachment of threats and problems that harm the people and the land. HPJ worked with youth of Kalihi in our Rise Up! program where the students go out into their community and map sites, the history of certain locations, the cultural or personal importance of place. Self-identity is also entwined in this work. The next step was for the students themselves to create a program inviting members of the community. This program is called. "Stations of the Cross", partly because so many of the Filipino students attending had a historical relationship to the term and the ritual, and because it was a way of showing how to breathe meaning into old context. The students broke up into small groups and each group chose a site which was meaningful to their lives in some way, and created a way of showing that to the community. For some it was a skit, or a poem or prayer, or a song, or an activity involving audience participation. A round 80 people from the Kalihi community participated this last March (Grants \$ 20,970).  If this amount includes foreign grants, check	<b>28a</b>	20,970
29 HPJ was part of the organizing committee with the International Forum on Globalization and Pua Mohala I ka Po, of the 3-day Moana Nui Conference which brought together panelists of 80 academics, indigenous leaders, and activists from 30 Pacific countries to discuss the impact of economic globalization in the Pacific HPJ sent a speaker to the Japan Peace Conference in Okinawa, which featured a large international delegation from Guam, Marshall Islands, Belau, Hawai'i, Korea, and the Philippines HPJ hosted the Global Network for Peace delegates from California, Maine and U K for a conference including neighbor island peace activists HPJ sent a member of the International Network of Women Against Militarism to their international meeting in Puerto Rico HPJ sent a speaker to the International Funders for Indigenous Peoples Conference in San Francisco HPJ created a monthly series of presentations on the topic of "Militarization in the Pacific" with Church of the Crossroads, UCC, which was attended each session by 20-60 people Current work is to 1) challenge the military's proposed expansion of personnel and dependents and proposed plan to base MV-22 (O sprey) aircraft into a Marine Corps Base very close to a residential area, and 2) work with Native Hawaiian grassroots organizations to promote awareness of effects of militarization and demil opportunities in their local communities (Grants \$ 5,000)  If this amount includes foreign grants, check here	<b>29</b> a	22,700
30 The Pu'uloa project objective was to increase public awareness about the history, cultural and social significance of Pearl Harbor ("Pu'uloa") The 10 tours served 250 students and adults. This DeTour reframes the narrative, offering critical perspectives on the history of war, militarization, and the U.S presence in Hawai'i, and countering with Kanaka Maoli perspectives and visions of peaceful and sustainable alternatives. A corresponding curriculum was created, as well as a collection of original research materials and a public forum which reached 30 attenders.  (Grants \$ 6,712)  If this amount includes foreign grants, check here	30a	6,712
HPJ sent a peace witness to Gangjeong Village on Jeju Island, Korea, to participate in the non-violent resistance to the construction of a US/South Korean naval base that will house Aegis missile defense systems and nuclear submarines. Our witness networked with many people on the international peace team (Grants \$ 1,970)  If this amount includes foreign grants, check here		1,970

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot her allowances
Soo Sun Choe 3632 Keolele Pl Honolulu, HI 96813	co-clerk, Board of Directors 2	0	0	0
Ikaika Hussey 1123 A Clio St Honolulu, HI 96822	co-clerk, Board of Directors 2	0	0	0
Deja Marie Ostrowski 751 Kaipuu St 5 Honolulu, HI 96826	asst clerk, Board of Directors 1	0	0	0
Steve Dinion 1441 Victoria St 505 Honolulu, HI 96822	recording clerk, Board of Directors 2	0	0	0
Kyle Kajihiro 657 Hausten St B Honolulu, HI 96826	finance clerk, Board of Directors 2	0	0	0
Jamie Oshiro 1801 B 10th Ave Honolulu, HI 96816	Board of Directors 1	0	0	0
Sandy Yee 3680 Lilinoe Pl Honolulu, HI 96816	Board of Directors 1	0	0	0
Jeff Acıdo 1122 Rıchard Ln B Honolulu, HI 96819	Board of Directors 1	0	0	0
Renie Wong Lindley PO Box 765 Haleiwa, HI 96712	Executive Director 27	13,500	0	0
Terrı Kekoolanı 3704 Pelu Pl Honolulu, HI 96816	program staff 27	23,400	5,088	0