

## 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



Form 990-EZ

#### **Short Form Return of Organization Exempt From Income Tax**

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

2012 (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

2012, and ending

Open to Public Inspection

. 20

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) at the end of the year may use this form

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

Check if applicable C Name of organization D Employer identification number HAWAII PEACE AND JUSTICE Address change 27-4603534 Name change Number and street (or P Q box, if mail is not delivered to street address) E Telephone number Initial return 808-988-6266 2426 OAHU AVENUE Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return HONOLULU HI 96822-Number ▶501C H Check▶ If the organization is not G Accounting Method Cash X Accrual Other (specify) ▶ I Website: ▶ WWW. HAWAIIPEACEANDJUSTICE. ORG required to attach Schedule B J Tax-exempt status (check only one) -X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) K Check | 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 77,738. 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 Contributions, gifts, grants, and similar amounts received . Program service revenue including government fees and contracts 2 Membership dues and assessments 3 44. 4 Investment income 5a 5 a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events be a company 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 exceed \$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 7 a Gross sales of inventory, less returns and allowances 7a 7b 25 b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 8 77,738. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 37,582.12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors... FEB 2 5 20% 8,696. 13 13 7,286. 14 Occupancy, rent, utilities, and maintenance 14 1,297. 15 Printing, publications, postage, and shipping 15 8,722.16 Other expenses (describe in Schedule O) 16 63,583. 17 Total expenses. Add lines 10 through 16 17 14,155. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 24,958. end-of-year figure reported on prior year's return) .... 19 Other changes in net assets or fund balances (explain in Schedule O) 20 39,113 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)





Page 2

	Check if the organization used	Schedule O to res	pond to any question in	this Part I	١.				X
_			<u> </u>		(A) Beginr	ning of ye	ar	(B	) End of year
22	Cash, savings, and investments					5,630		Γ	39,744.
	Land and buildings						23		•
	Other assets (describe in Schedule O)				(	5,228	. 24		
	Total assets					2,858			39,744.
	Total liabilities (describe in Schedule	O)				7,900			251.
	Net assets or fund balances (line 27		t agree with line 21)	⊢ ⊢		1,958		<u> </u>	39,493.
_	art III Statement of Program		<del></del>						
_	Check if the organization used		•			/ []			Expenses
Wh	at is the organization's primary exempt						(R	duired	for section 501(c)(3)
Des	scribe the organization's program service asured by expenses. In a clear and cor	ce accomplishments	for each of its three lar	gest prog	ram service:	s, as			)(4) organizations and 47(a)(1) trusts,
me ber	asured by expenses. In a clear and cor nefited, and other relevant information f	ncise manner, descr for each program titl	ibe the services provide e	d, the nur	mber of pers	ons			or others )
	YOUTH - PEACE IN AC			E ANI	JUST	ICE	1		
	CLUBS		***************************************				-		
	SEE SCHEUDLE O FOR	FURTHER D	ISCUSSION				-		
	(Grants \$ 10,000.) If	this amount include	es foreign grants, check	here .		<b>•</b>	28	Ba	38,935.
29	DEMIL - WOMENS VOICE	CES WOMEN	SPEAK			1			<u> </u>
		FURTHER D			<del> </del>		-		
							-		
	(Grants \$ 6,200.) If	this amount include	es foreign grants, check	here .		<b>•</b>	「   <sub>29</sub>	a	13,312.
30			· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
	-						-		
							-	ĺ	
	(Grants \$ ) If	this amount include	es foreign grants, check	here		<b>•</b>	「 <b> </b> 30	)a	
31	Other program services (describe in S								
			es foreign grants, check	here .		. ▶ 🗆	31	la	
32	Total program service expenses (ac	id lines 28a through	31a)			▶	3	2	52,247.
	10 IV		Toronto a contra contra				4.1		ructions for Bort IV/
Pa	art IV List of Officers, Directors, T	rustees, and Key t	=mpioyees. List each	one even	if not compe	ensated (	see tr	ne inst	delibits for Part IV
Pa	Check if the organization used	_		this Part	V				
Pa	Check if the organization used	_	pond to any question in	this Part	V	(d) Heali	h bene	fits,	(e) Estimated
	Check if the organization used (a) Name and title	_	pond to any question in (b) Average hours per week devoted to position	this Part (c) Rep	V	(d) Healt	h bene	fits, s to plans	<u>, N</u>
	Check if the organization used  (a) Name and title  OO SUN CHOE	d Schedule O to res	pond to any question in (b) Average hours per week devoted to position DIRECTOR	this Part (c) Rep	ortable ensation 1099-MISC) d, enter-0-)	(d) Healt	h bene ibutions benefit	fits, s to plans	(e) Estimated amount of
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Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruct Part V.) Check if the organization used Schedule O to respond to any question in this Part V	tions fo	or	П
	Tart V ) Officer in the digalization added confedence of to respond to any question in this Fart V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each			
	activity in Schedule O	33		X
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		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<sub>v</sub>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
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,	25.		
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		$\vdash$
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30	52 W	
ora b	Did the organization file Form 1120-POL for this year?	37b	E 2 2	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Lainin	Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	7.7		77773, 31
39	Section 501(c)(7) organizations Enter	(g.)		Call
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			3
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	\$-		à.
	section 4911▶ , section 4912▶ , section 4955▶			
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	ļ		-
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization		1.00	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d				
	the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40-	<u> </u>	X
	If "Yes," complete Form 8886-T	40e	L	^
41 42a	List the states with which a copy of this return is filed ► HI  The organizations books are in care o► HAWAII PEACE AND JUSTICE Telephone no ► 808	-98	8-6	266
42a		22-		200
h	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		Yes	No
	account)?	42b	<del>                                     </del>	X
	If "Yes," enter the name of the foreign country ▶		6	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	7		33
	and Financial Accounts.			<u> </u>
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			
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		_	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		L	<b>/</b>
	of Form 990-EZ	. 44b	<u> </u>	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	لبا	L	1
	explanation in Schedule O	44d	<u> </u>	<del>  ,,</del>
45a		45a		X
45b	3.3.			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		L	1
	Form 990-EZ (see instructions)	. 45b	1	X

Form 99	90-EZ (2012) HAWAII PEACE A	ND JUSTICE			2	7-460	03534	Pí	age 4
01111	20 11 (2012)							Yes	No
								* **	
	id the organization engage, directly or inditional indicates for public office? If "Yes," complete the complete in the complete in the complete indicates the co	- ·			or in opposition to	)	. 46	2022	X
Part \			•••••	· · · · · · · · · · · · · · · · · · ·	<del></del>		.   40		
		· · · · · · · · · · · · · · · · · · ·							
	All section 501(c)(3) organizations n	nust answer questions 47	'–49b an	d 52, and comp	lete the tables for	lines			
	50 and 51  Check if the organization used Sche	dula O to roopend to on	, augotio	n in this Dort \/I					П
	Check if the organization used Sche	dule O to respond to any	questio	ii iii uiis rait vi	••	•••	··· · · · ·	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax									
	ear? If "Yes," complete Schedule C, Part II				•••		. 47		X
	the organization a school as described in					•	. 48	<b> </b>	X
	id the organization make any transfers to a "Yes," was the related organization a secti			organization?		• • •	49a 49b	<b></b>	^
	omplete this table for the organization's fiv	_				rustees :		ployee	s) wh
	ach received more than \$100,000 of compo								
	-	(b) Average	(c) F	teportable	(d) Health benefits contributions to emp		(e) Estimate	ed amou	ınt
(a)	Name and title of each employee	hours per week devoted to position		mpensation V-2/1099-MISC)	benefit plans, and de compensation	ferred	of other com		
NONE	paid more than \$100,000		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·					
.0112									
	· · ·								
		-							
		1							
con	mplete this table for the organization's five inpensation from the organization. If there is make and address of each independent con	s none, enter "None "			e of service		an \$100,000 c) Compens		
NONE	1								
							<del></del>		
	4								
				_					
		· · · · · · · · · · · · · · · · · · ·				l			
<b>d</b> Tot	al number of other independent contractors	s each receiving over \$10	Ω00,00	<b>&gt;</b>					
	the organization complete Schedule A? N		organiza	ations and 4947	(a)(1) nonexempt				
	intable trusts must attach a completed Sch					▶	X Yes		No
	nalties of perjury, I declare that I have examined this retuind complete. Declaration of preparer (other than officer):				best of my knowledge	and belief,	it is true,		
Sign	02/20/2014								
Here	Signature of officer			מדת	Date				
	IKAIKA HUSSEY  Type of print name and title			HAIR				——-	
	Print/Type preparer's name	∧ Preparer's sign	atu/re	Dat	te c	heck X	ıf PTIN		
Paid	SUSAN M SOWDERS	Misan M.	Youd	01/	′25/2014 se	elf-employe	a P00	825	
Prepan Use Or	Fillistiane POODOTINDO COL							343	1
	ווא ו 15.m's ▶902–551 עיי Ism's	IALA ST			Dhon	A 00 '	808-23	. 11 — /	<b>∢</b> ∪ ∟

May the IRS discuss this return with the preparer shown above? See instructions

KAPOLEI

▶902-551 UHIUALA ST

HI 96707-1011

▶ X Yes No Form **990-EZ** (2012)

808-230-7395

Phone no

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

▶ See separate instructions.

OMB No 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service

8

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Inspection **Employer identification number** 

27-4603534 HAWAII PEACE AND JUSTICE 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) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ... . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization?. 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h

(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ	he organ- (v) Did you (vi) Is the		(vii) Amount of
organization		(described on lines 1-9	ization in col	notify the	organization in	support
		above or IRC section	(i) listed in your	organization in	col (i)	
		(see instructions))	governing	col (i) of your	organized	
			document?	support?	ın the US?	
			Yes No	Yes No	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 )

Sec	tion A. Public Support	7-			-		
Cale	ndar 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 received (Do not						
	include any "unusual grants ")			1025.	106027.	77694.	184746.
2	Tax revenues levied for the organization's	-					
	benefit and either paid to or expended on						
	ıts 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			1025.	106027.	77694.	184746.
5	The portion of total contributions by each					t a	
	person (other than a governmental unit	# - A	State No.				
	or publicly supported organization)						
	included on line 1 that exceeds 2% of						
	the amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4				255		184746.
	tion B. Total Support		r			<del></del> -	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4			1025.	106027.	77694.	184746.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar				10		0.0
_	sources				49.	44.	93.
9	Net income from unrelated business						
	activities, whether or not the business is						
40	regularly carried on						<del></del>
10	Other income Do not include gain or		;				
	loss from the sale of capital assets						
41	(Explain in Part IV) Total support. Add lines 7 through 10	(	Fill the Set			144.4	184839.
	Gross receipts from related activities, etc. (se	ee instructions/	***************************************	tra-		12	104039.
	First five years. If the Form 990 is for the or	•			ear as a section		<del></del> -
	organization, check this box and stop here		coona, ama, iod	-			▶ 🏻
Sec	tion C. Computation of Public Sup		ge .	••••		• •• ••	· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2012 (line 6, c			n (f))		14	0.00 %
	Public support percentage from 2011 Schedi					15	0.00 %
	33 1/3% support test - 2012. If the organiza						
	and stop here The organization qualifies as						. ▶ 🗆
b	33 1/3% support test - 2011. If the organiza	ition did not check	a box on line 13	or 16a, and line	15 is 33 1/3% o	r more, check the	s box
	and stop here. The organization qualifies as						▶ □
17a	10% facts-and-circumstances test - 2012.	If the organization	did not check a	box on line 13, 1	6a, or 16b, and	line 14	
	is 10% or more, and if the organization meet						
	in Part IV how the organization meets the "fa						
	organization						▶ 🗍
b	10%-facts-and-circumstances test - 2011.	If the organization	did not check a	box on line 13, 1	l6a, 16b, or 17a	and line	Ч
	15 is 10% or more, and if the organization m						
	Explain in Part IV how the organization meet				-		
	supported organization						▶ □
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b	o, 17a, or 17b, ch	neck this box an	d see	J
	instructions		<u></u>		<u></u>	<u> </u>	▶ □
ВСА	<del></del>				Schedu	le A (Form 990	or 990-EZ) 2012

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

▶ Attach 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.

2012

OMB No 1545-0047 **2012** 

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 27-4603534

HAWAII PEACE AND JUSTICE	27-4603534
PART I, LINE 16 - OTHER EXPENSES CONSIST OF PROGRAM EX	XPENSES, SUPPLIES,
INSURANCE, REGISTRATION FEES AND BANK FEES.	
PART II, LINE 26 - LIABILITIES CONSIST OF PAYROLL TAX	ES.
PART III - THE HAWAII PEACE AND JUSTICE, IN A SPIRIT	OF MUTUAL RESPECT
AND SOLIDARITY WITH PEOPLES OF HAWAII, THE REGION AND	THE WORLD, STRIVE
TO CREATE A MORE PEACEFUL, JUST AND PONO HAWAII THROUGH	GH EDUCATION,
ORGANIZING AND NONVIOLENT ACTION.	
DURING 2013 THERE WERE TWO MAJOR PROGRAMS:	
YOUTH - HAWAII PEACE AND JUSTICE (HPJ) IS COMMITTED TO	O DEVELOPING YOUTH
LEADERS FOR MAKING POSITIVE SOCIAL CHANGE THRU ENVIRON	NMENTAL JUSTICE
EDUCATION PROGRAMS WITH WAI'ANAE YOUTH, USING POPULAR	EDUCATION METHODS
AND HANDS-ON PLACE-BASED AND CULTURE-BASED LEARNING TO	O DEVELOP CRITICAL
UNDERSTANDING OF SOCIAL AND ENVIRONMENTAL CONDITIONS	IN THEIR COMMUNITY
AS WELL AS SKILLS FOR MAKING SOCIAL CHANGE. IN 2013,	THE PEACE IN
ACTION PROJECT WORKED WITH THE FARRINGTON PEACE AND J	USTICE CLUB TO
ORGANIZE A CAMPAIGN TO EDUCATE AND MOBILIZE FELLOW ST	UDENTS TO PROTECT
THEIR RIGHT TO PRIVACY FROM MILITARY RECRUITERS.	

Name of the organization
HAWAII PEACE AND JUSTICE

Employer identification number 27-4603534

DEMIL - WOMENS VOICES WOMENS SPEAK PROJECT ORGANIZED A SERIES OF
EDUCATIONAL EVENTS, STRATEGIC PLANNING RETREATS, AND PILGRIMAGES TO
NATIVE HAWAIIAN SACRED SITES TOWARDS THE DEVELOPMENT OF A NATIVE
HAWAIIAN WOMEN'S PRINCIPLES OF GENUINE SECURITY. MEMBERS OF THIS
PROJECT ALSO PARTICIPATED IN A SCHOLAR-ACTIVIST CONFERENCE AT UCLA AND
IN A SOLIDARITY CONFERENCE IN THE PHILIPPINES. OUR ONGOING WORK
INCLUDES REGULAR SPEAKING EVENTS AT COMMUNITY AND UNIVERSITIES. OUR
GUEST TALKS AT THE UNIVERSITY OF HAWAII INCLUDED CLASSES IN POLITICAL
SCIENCE, ETHNIC STUDIES, HAWAIIAN STUDIES AND WOMEN'S STUDIES.

HPJ ORGANIZED A SERIES OF EDUCATIONAL EVENTS INCLUDING PRESENTATIONS BY

INTERNATIONALLY RECOGNIZED PEACE AND HUMAN RIGHTS LEADERS AND EXPERTS

ABOUT THE CONDITIONS IN GAZA, VIOLENCE AGAINST WOMEN IN THE MILITARY

AND THE LEGACY OF GOVERNMENT SPYING ON ACTIVIST GROUPS. A NUMBER OF

OUR EDUCATIONAL EVENTS FOCUSED ON THE IMPACTS OF MILITARIZATION IN THE

PACIFIC REGION AND PEOPLES MOVEMENTS TO COUNTER THESE IMPACTS. HPJ

CO-SPONSORED THE WATADA LECTURE SERIES VISIT TO CRITICALLY EXAMINE THE

MILITARY POLICY IN THE ASIA PACIFIC REGION, ORGANIZED A STUDENT GROUP

AT THE UNIVERSITY OF HAWAII THAT BUILDS SOLIDARITY BETWEEN DIFFERENT

ASIANS AND PACIFIC ISLANDERS ON CAMPUS TO DEVELOP A COMMON AGENDA FOR

PEACE AND JUSTICE, CO-SPONSORED A COMMEMORATION EVENT FOR THE

MARSHALLESE SURVIVORS OF THE BIKINI ATOLL NUCLEAR TEST, AND

PARTICIPATED IN THE MOANA NUI II CONFERENCE IN BERKELEY, CALIFORNIA.

OUR EDUCATIONAL GEOPOLITICAL TOURS OF OAHU ARE BECOMING VERY POPULAR.

IN 2013, WE CONDUCTED NINE TOURS FOR OVER 130 PEOPLE.

Name: HAWAII PEACE AND JUSTICE

ID: 27-4603534

Description: PART	I,	LINE	16,	OTHER	EXPENSES:
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Туре	Amount
PROGRAM EXPENSES	5,723.
INSURANCE	1 966
BUSINESS REGISTRATION FEES	1,966. 317.
SUPPLIES	629.
BANK AND MERCHANT FEES	87.
DANK AND PIEKCHANT FEES	87.
	<del>-</del>
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	-
	<del></del>
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Total	8,722.
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