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200812

OMB No 1545-1150

# Short Form Return of Organization Exempt From Income Tax

## 2008

Form **990-EZ**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

### A For the 2008 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>
		TOGETHER FOR PEACE FOUNDATION		98-0087539
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		C/O BARRY J. HART, 1700 K STREET N.W.		202-282-5794
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
WASHINGTON, DC 20006				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I Website** N/A **H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Organization type** (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** \$ 76,551.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	76,551.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	76,551.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	72,058.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>BANK CHARGES AND OTHER</b> )	16	400.
	17	<b>Total expenses</b> Add lines 10 through 16	17	72,458.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,093.
	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	11,448.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	15,541.

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### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	11,448.	22	15,541.			
23	Land and buildings		23				
24	Other assets (describe _____)		24				
25	<b>Total assets</b>	11,448.	25	15,541.			
26	<b>Total liabilities</b> (describe _____)	0.	26	0.			
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	11,448.	27	15,541.			

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form **990-EZ** (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		
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, or other relevant information for each program title		
<b>28</b>	<b>SEE STATEMENT 3</b>	
	(Grants \$ <b>72,058.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>72,058.</b>
<b>29</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule)	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> <b>72,058.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV)				
(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 other allowances
MARIAPIA FANFANI, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	PRESIDENT 1.00	0.	0.	0.
AMALIA LACROZE DE FORTABAT, C/O WINSTON & STRAWN, 1700 K ST NW,	VICE PRESIDENT 1.00	0.	0.	0.
MARIO VECCHI, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
MARCELLO GIOSCIA, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	BOARD MEMBER 1.00	0.	0.	0.
FABRIZIO COLONNA, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	BOARD MEMBER 1.00	0.	0.	0.
IGNACIO DE LA MATA, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	BOARD MEMBER 1.00	0.	0.	0.
BARRY J. HART, WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC 20006	ASST SECY 1.00	0.	0.	0.
BEATRICE RANGONI MACHIAVELLI, C/O WINSTON & STRAWN, 1700 K ST NW,	PRES AWARD CMTTEE 1.00	0.	0.	0.
MARIO BONDIOLI OSIO, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	CHAIR DIPLOMATIC CMTTEE 1.00	0.	0.	0.
MARIO D'URSO, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC 20006	CHAIR DIPLOMATIC CMTTEE 1.00	0.	0.	0.
GIOVANNI VITALONI, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	CHAIR INSTITUTIONAL CMTTEE 1.00	0.	0.	0.
VITTORIA CAPPELLI, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	CHAIR ORGANIZING CMTTEE 1.00	0.	0.	0.
CRISTINA VALESANI, C/O WINSTON & STRAWN, 1700 K ST NW, WASHINGTON, DC	EXEC DIR 1.00	0.	0.	0.
ALESSANDRA DE LASSOTOVICH, C/O WINSTON & STRAWN, 1700 K ST NW,	DEPUTY SECRETARY 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
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.	
40b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	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		X
41	List the states with which a copy of this return is filed	NONE	
42a	The books are in care of	THE FOUNDATION	
	Located at	VIA DI MONTE GIORDANO, 36, ROME ITALY	
	Telephone no	06 6880 5835	
	ZIP + 4	00186	
42b	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)?		X
	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.		
42c	At any time during the calendar year, did the organization maintain an office outside of the US?	X	
	If "Yes," enter the name of the foreign country	ITALY	
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		<input type="checkbox"/>
		43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the 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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. All entries are NONE.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are NONE.

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

Sign Here: 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. Signature of officer: Barry S Hart, Asst. Secretary. Date: 10/14/10.

Paid Preparer's Use Only: Preparer's signature: Deborah G Kosner, Date: 10/14/10, Check if self-employed: [ ], Preparer's Identifying Number: [ ], Firm's name (or yours if self-employed): TATE AND TRYON, address and ZIP + 4: 805 15TH STREET, NW SUITE 900 WASHINGTON, DC 20005, EIN: [ ], Phone no: (202) 293-2200.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	138,280.	85,150.	57,350.	35,000.	76,551.	392,331.
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 <b>Total.</b> Add lines 1 - 3	138,280.	85,150.	57,350.	35,000.	76,551.	392,331.
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)						353,096.
6 <b>Public Support.</b> Subtract line 5 from line 4						39,235.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	138,280.	85,150.	57,350.	35,000.	76,551.	392,331.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						392,331.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	10.00 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	8.85 %
16a <b>33 1/3% support test - 2008.</b> 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 <input type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> 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 <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2007.</b> 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 <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE A - PUBLIC SUPPORT PERCENTAGE

BECAUSE THE FOUNDATION'S PERCENTAGE OF PUBLIC SUPPORT AS CALCULATED IN PART II OF SCHEDULE A IS LESS THAN 33-1/3 PERCENT, WE WOULD LIKE TO PRESENT ADDITIONAL INFORMATION FOR CONSIDERATION UNDER THE 'FACTS AND CIRCUMSTANCES' TEST OF REG. SEC. 1.170A-9(F)(3):

- IT IS IMPORTANT TO NOTE THAT THE DIRECTORS OF THE ORGANIZATION ARE COMMITTED TO EXPANDING ITS ACTIVITIES AND FUNDRAISING PROCESSES.

- THE FOUNDATION'S FUNDING SOURCES EXISTING TO DATE, ALTHOUGH NOT WIDE AND VARIED, ARE NOT CONCENTRATED WITHIN A PARTICULAR FAMILY OR GROUP OF RELATED DONORS.

- THE FOUNDATION IS IN THE PROCESS OF BROADENING ITS FUNDRAISING PROGRAMS TO THE CORPORATE COMMUNITY.

- DURING THE TAX YEAR, THE FOUNDATION CARRIED ON, AND IS PLANNING, ADDITIONAL DEFINITIVE PROGRAMS IN FURTHERANCE OF ITS EXEMPT PURPOSE.

- THE FOUNDATION'S BOARD OF DIRECTORS IS DIVERSE AND IS DRAWN FROM A CROSS-SECTION OF THE GENERAL PUBLIC.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 1

<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
GENERAL SUPPORT	UNRELATED	
SEMPRE INSIEME PER LA PACE VIA DI MONTE GIORDANO, 36 00186, ROMA, ITALY	FOREIGN CHARITY	72,058.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>72,058.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE FOUNDATION HAS BEEN CREATED WITH THE PURPOSE OF WORKING FOR THE AFFIRMATION OF THE IDEALS OF PEACE AND SOLIDARITY AMONG PEOPLE. IT IS A FOUNDATION OF INTERNATIONAL CHARACTER AND ITS MISSION IS TO CARRY OUT ITS ACTIVITIES EVERYWHERE IN THE WORLD. IT PROMOTES AND PROVIDES FUNDS FOR HELP MISSIONS TO POPULATIONS STRUCK BY SERIOUS NATURAL CALAMITIES OR IN NEED OF A TANGIBLE SIGN OF SOLIDARITY.

THE FOUNDATION IS AN INTERNATIONAL ORGANIZATION INDEPENDENT OF POLITICAL IDEOLOGIES, RELIGIOUS FAITHS, OR SPECIFIC NATIONAL SITUATIONS. ITS PURPOSE IS TO WORK FOR THE AFFIRMATION OF THE IDEALS OF PEACE AND SOLIDARITY AMONG PEOPLE, AND TO PROVIDE SUPPLIES AND ASSISTANCE TO ALL PEOPLE WHO REQUEST IT, ALL OVER THE WORLD.