

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2018**Open to Public
Inspection**

A For the 2018 calendar year, or tax year beginning October 1, 2018, and ending September 30, 20 19

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
National Alliance for Filipino Concerns (NAFCON)
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
4681 Mission St
 City or town, state or province, country, and ZIP or foreign postal code
San Francisco, CA 94112

D Employer identification number
45-4128737

E Telephone number
(415) 333-6267

F Group Exemption Number ▶ **n/a**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶ _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.nafconusa.org**

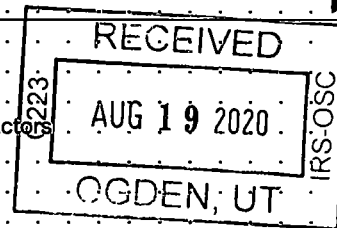
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **60,061**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events:	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2018)

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	58,584	22 14,738
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	58,584	25 14,738
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,584	27 14,738

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

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

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

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

28 Mission to End Modern Slavery (MEMS): See Schedule O

(Grants \$) If this amount includes foreign grants, check here ☐

28a	44,954
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29 Medical Missions: See Schedule O

(Grants \$ **32,539**) If this amount includes foreign grants, check here ☒

29a	32,539
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30 Immigrant Rights Advocacy: See Schedule O

(Grants \$) If this amount includes foreign grants, check here ☐

30a	17,759
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31 Other program services (describe in Schedule O)

(Grants \$ 4,571) If this amount includes foreign grants, check here ☒

31a	4,616
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32 Total program service expenses (add lines 28a through 31a)

32	99.868
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
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		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
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		
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		
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶ California		
42a The organization's books are in care of ▶ Aurora Victoria David Telephone no. ▶ (415) 333-6267 Located at ▶ 4681 Mission St, San Francisco, CA ZIP + 4 ▶ 94112		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		✓
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓
45b		

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		☒

Part VI Section 501(c)(3) Organizations Only

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		☒
48 Is the organization 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 a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

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

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

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

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

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

Sign Here	Signature of officer 	Date <u>Aug. 14, 2020</u>
	Aurora Victoria David, Secretary of Alliance Type or print name and title	

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

National Alliance for Filipino Concerns (NAFCON)

Employer identification number

45-4128737

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 07
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83067	121705	87055	139183	44101	475112
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	83067	121705	87055	139183	44101	475112
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)						220538
6 Public support. Subtract line 5 from line 4						254574

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	83067	121705	87055	139183	44101	475112
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	4	7	7	2	21
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						475133
12 Gross receipts from related activities, etc. (see instructions)					12	549872
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	53.58 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.96 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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2018

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National Alliance for Filipino Concerns (NAFCON)

Employer identification number

45-4128737

Part I, Line 8: Other revenue

Interest income: \$2 (Interest incurred in our bank savings account for the fiscal year)

Part I, Line 10: Grantee

1. Council for Health and Development, Inc at #8 Mines Street, Brgy. Vásra, Quezon City, Philippines - \$16,450 was given for the November 2010 surgical-medical mission supplies, equipment, preparation and logistical expenses, and program fees (travel, food, accommodation) for participants.

2. Ilaw Para sa Kagallangan ng Kababaihan at Bata, Inc. ("Light for the Welfare of Women and Children, Inc.") at 3rd Floor, Romulo Bldg., Blue St., Estela Maris, Barangay Maybunga, Pasig, City, Philippines - \$12,359 was given for the July-August 2019 medical mission supplies, equipment, preparation and logistical expenses, and program fees (travel, food, accommodation) for participants.

Part I, Line 16: Other expenses - \$12,675

Permits (\$15) includes payment for filing government documents such request for extension for Form 990.

Travel (\$8497) includes local commute and airplane travel for meetings and events wherein NAFCON representatives conducted business meetings, presentations, and campaign and networking activities.

Bank fees (\$578) includes transfer fees for transferring funds to partner organizations in the Philippines.

Operations and campaign expenses (\$2189) include logistical needs such supplies, communications, meeting venue, honorarium, and food.

Marketing and website (\$145) includes expenses for publicity and website maintenance.

Membership fees to coalitions and networks (\$300).

Error in recording of rent security deposit (\$900) was also corrected.

There is also a \$50 expense unaccounted for.

Part III: Organization's primary exempt purpose

NAFCON is an alliance of organizations and individuals in the United States that educates the greater community on issues affecting Filipinos and immigrants and mobilize them to address these concerns. NAFCON organizes activities such as trainings, conferences, workshops, forums, cultural shows, and others for outreach and education. We also support underserved communities in the Philippines, including those who are impacted by natural disasters and conflicts. We regularly conduct health, relief, and solidarity missions in these communities.

Part III, Lines 28-30: - Describe program services

28. The Mission to End Modern Slavery is a program that seeks to put survivor voices in the lead of building a community based movement

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2018)

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to end human trafficking. Through MEMS, NAFCON works with community partners to provide a safe and healing space for survivors,

dismantle shame, and reclaim their dignity. For this period, MEMS held the following activities core programs: Education and Leadership

Development and Assistance and Organizing.

Along with a new education curriculum to develop leadership, organizing, and training skills, we held 1 Know Your Rights trainings with 63

participants. We also recruited new advocates among survivor workers and migrant workers.

Over 9 sessions, we built the capacity of young Filipino migrants group to systematize their admission and orientation of new members; and assisted its leaders to program their work in responding to immigration issues arising from the Trump Administration attacks.

We supported young Filipino workers to establish a new organization, Migrant Youth New York. We also assisted 11 workers for referrals

to health and legal resources. Now, 10 of them have enrolled into emergency Medicaid, and 3 enrolled into an Essential Health plan to cover

their health needs. We also conducted regular leadership development workshops and advocacy trainings and meetings for members of

Filipino migrant workers organizations.

Our organizing and advocacy has expanded from our origins in Queens, New York to assisting survivors in New Jersey, Buffalo, Texas,

Boston, Wisconsin, Chicago, Washington DC, and Maryland, allowing us to further bring the issue of human trafficking to the forefront. With

a paralegal team of 5 trafficking survivors and migrant workers, trained by our legal team, we are aiding the processing of T-visas for 16

survivors

We arranged visits to detainees to help support them during their detention. This support decreased detainee isolation and improved their morale, helping prevent self-deportation. We also referred detainees to community organizations and resources for legal and social services.

Total Expenses: \$44,954

a. Executive Director: \$12,000 b. Program Coordinator: \$6,000 c. Legal Associate: \$7,400 d. Administrative/Bookkeeper: \$4,692

e. Development & Communications Consultant: \$3,538 f. Webmaster: \$2,000 g. Volunteers: \$651 h. Videographer: \$500

i. Office and Room Rentals: \$2,885 j. Travel: \$2,302 k. Leadership Training and Legal Assistance: \$1,064 l. Supplies and Operations: \$928

m. Website and Marketing: \$43 n. Security Deposit (erroneous recording): \$900 o. Miscellaneous Expense: \$50

29. Medical missions – \$32,539 (includes foreign grants)

Through health and solidarity missions, we provide concrete support to communities and NGO partners in the Philippines who are impacted

by disasters such as typhoons and earthquakes. In November 2018, we conducted a surgical-medical mission to commemorate the 5th

anniversary of Super Typhoon Haiyan. We mobilized 25 volunteer nurses, health workers and students, and advocates from the US. In

partnership with the Council for Health and Development and other organizations in the Philippines, we provided life-saving surgical, medical

and psychosocial services and medicines to 1,000 Filipinos. In the municipality of Camay, over 600 adults and children received free medical

SCHEDULE O
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check up, which consisted of services such as vital signs, doctor consultations, acupuncture, urinalysis, nebulizer, and pharmacy.

Elementary school students also received psychosocial intervention and training on disaster risk management. In the municipality of

Pambujan, around 100 people underwent surgeries needed for afflictions such as hernia, hydrocele, hemangioma, goiter, and cysts.

Another 200 received free medical check up. The costs of the mission included medical supplies and equipment as well as accommodation,

food, travel expenses for the mission participants and volunteers. Eight participants also participated in a 4-day community-based learning

learning program to integrate with and learn the conditions of peasants in Eastern Visayas.

Total Expenses: \$17,521 a. Medicines and Surgical Supplies: \$12,600 b. Program Fees of Participants (Food, Lodging, Local Travel): \$3,850

c. International Travel: \$891 d. Bank Fees: \$180

In August 2019, in partnership with Community Response for Enlightenment Service and Transformation (CREST) and other organizations in

the Philippines, we mobilized 30 volunteer nurses, health workers and students, and advocates from the US. Over 200 adults and children in

Tondo, Manila, received free medical check up, which consisted of services such as vital signs, doctor consultations, acupuncture, urinalysis

nebulizer, and pharmacy. We also did basic health discussions for folks who were waiting for their check ups and consultation. Four

participants joined in the CBL program.

Total Expenses: \$15,018 a. Medicines Supplies and Equipment, Training: \$3,419 b. Program Fees (Food, Lodging, Local Travel)

c. Donations to Partner Organizations: \$1,000 d. International Travel: \$1,004 e. Bank Fees: \$155

30. Immigrant Rights Advocacy – 17,759

Through partnership with the Filipino Community Center, NAFCON conducted various trainings on immigrant rights, education and advocacy

and campaign development nationally during this past year (October 2018-September 2019). The trainings focused on emerging issues

affecting the immigrant Filipino community and incorporated our partnerships with community organizations, legal groups, media outlets,

church leaders, and research institutions to respond to important service and education needs across the country. We engaged over 300

participants in the workshops and trainings to build the capacity of community groups and organizations in over 10 U.S cities across the

country to respond to these urgent issues in our community through strategic planning support, assessments and evaluations, and resource

sharing with strong partnerships now in place to sustain these efforts over the longer term. The main expense for for this project continues to

be hiring a consultant on a contractual basis to develop program strategies, conduct the trainings, oversee and and implement the work, and

evaluate and share best practices. Expenses on legal clinic honorarium and travel costs for anti-trafficking campaign were also incurred.

Total: \$17,759 a. \$15,400 – professional fees b. \$398 – legal clinic c. \$1962 – travel for anti-trafficking campaign

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

National Alliance for Filipino Concerns (NAFCON)

Employer identification number

45-4128737**Other program services** **Bayanihan Relief and Rehabilitation – \$4,616 (includes foreign grants)**

NAFCON's Bayanihan Disaster Relief and Rehabilitation program are part of our work for environmental and social justice. We provide concrete support to grassroots communities and NGO partners in the Philippines who are impacted by disasters.

a) \$4,571 – donations for typhoon victims b) \$45- bank fees