Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	atic 6-Month Extension of Time. Only sub		• • • • • • • • • • • • • • • • • • • •	ahina DEMIC							
•	ations required to file an income tax return other than Form 7004 to request an extension of time to file inco			snips, Reivilos	s, and trusts						
Type or	Name of exempt organization or other filer, see insti	ructions.		Taxpaye	ridentification n	umber (TIN)					
print	FUNGI FOUNDATION, INC				85-1478	153					
File by the due date for	Number, street, and room or suite no. If a P.O. box,	see instruct	ions.		00 1170						
filing your return. See	716 MARCY AVE										
instructions.											
Enter the	Return Code for the return that this application is for (file a separat	e application for each return)			0 1					
Applicati	on	Return	Application			Return					
Is For Code Is For											
	or Form 990-EZ	01 Form 990-T (corporation)									
Form 990		02	Form 1041-A	N		08					
Form 4720 (individual) 03 Form 4720 (other than individual)											
Form 990-PF 04 Form 5227											
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870											
1 01111 330	M. CARLACCI, E					12					
• The bo	ooks are in the care of 500 MAMARONECK			RISON, N	Y 10528						
	one No. ► 914-381-8900	· ·	Fax No. ▶								
-	rganization does not have an office or place of busine	ss in the Uni	ted States, check this box								
	s for a Group Return, enter the organization's four digi					up, check this					
box ▶ [. If it is for part of the group, check this box		·								
1 I red	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2021 ,	o file the exen	npt organization	return for					
the	organization named above. The extension is for the or	ganization's	return for:								
▶ļ	calendar year or										
►L	X tax year beginning JUN 30, 2020	, an	d ending <u>DEC 31, 20</u>	20	<u> </u>						
			₹₹ [
2 If th	te tax year entered in line 1 is for less than 12 months,	check reaso	on: X Initial return	Final retur	'n						
	_ Change in accounting period										
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less								
<u>any</u>	nonrefundable credits. See instructions.			3a	\$	0.					
	is application is for Forms 990-PF, 990-T, 4720, or 600					_					
	mated tax payments made. Include any prior year over			3b	\$	0.					
c Bal	ance due. Subtract line 3b from line 3a. Include your p	oayment with	n this form, if required, by								
	ng EFTPS (Electronic Federal Tax Payment System). S			3c	_	0.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021 Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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. JUN 30, 2020 For the 2020 calendar year, or tax year beginning and ending 31, 2020 Check if applicable: C Name of organization D Employer identification number Address change 85-1478153 FUNGI FOUNDATION, INC Name change E Telephone number Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 716 MARCY AVE 347-545-9259 City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return BROOKLYN, NY 11216 Application pending Number > Cash X Accrual **H** Check ▶ if the organization is Accounting Method: Other (specify) Website: ▶ FFUNGI.ORG not required to attach Schedule B Tax-exempt status (check only one) $-\mathbb{X}$ 501(c)(3) 501(c) ()**◄**(insert no.) 4947(a)(1) or [(Form 990, 990-EZ, or 990-PF). ____ Association Form of organization: X Corporation Trust Other 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, 60,660. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 Contributions, gifts, grants, and similar amounts received 60,660 1 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 Investment income 4 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 60,660. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 23,000. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 7,000. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 16 Other expenses (describe in Schedule 0) 16 318. 30,318. 17 17 Total expenses. Add lines 10 through 16 30,342. Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 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 Other changes in net assets or fund balances (explain in Schedule 0) 20 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

30. Form **990-EZ** (2020)

21

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any question	n in this Part II	<u>,</u>		
			(A) Beginning of year	<u> </u>	(B) E	nd of year
22	Cash, savings, and investments		0.	22		30,342.
23	B Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25			0.	25		30,342.
26	Total liabilities (describe in Schedule 0)		0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27		30,342.
Pa	art III Statement of Program Service Accomplishmen	•	,			penses
	Check if the organization used Schedule O to resp	ond to any questior	n in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program se		. In a clear and concise		others.)	
manı	ner, describe the services provided, the number of persons benefited, and other relevant informat	ion for each program title.				
28	SEE SCHEDULE O			_		
				_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u> ▶ □		28a	30,000.
29				_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u> ▶ □		29a	
30				_		
				_		
	(Grants \$) If this amount includes foreign g	rants, check here	_		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here	>		31a	
32	Total program service expenses (add lines 28a through 31a)				32	30,000.
Pa	art IV List of Officers, Directors, Trustees, and Key Er			e the ir	nstructions for	Part IV)
	Check if the organization used Schedule O to resp	ond to any question	n in this Part IV			
		(b) Average hours	(C) Reportable compensation (Forms		alth benefits, ibutions to	(e) Estimated
	(a) Name and title	per week devoted to position	W-2/1099-MISC)	emplo	yee benefit and deferred	amount of other compensation
_		position	(ii not paid, enter -u-)	com	pensation	Compensation
	DANNA FOSTER	1 00				
	RESIDENT	1.00	0.		0.	0.
	NTONIO BACIGALUPO					
	REASURER	1.00	0.		0.	0.
	DSE MINGO MARINETTI	1 00			•	
	ECRETARY	1.00	0.		0.	0.
	ATHALIE KELLEY	1 00				
	RECTOR	1.00	0.		0.	0.
	AUL STAMETS	1 22			^	^
	IRECTOR	1.00	0.		0.	0.
(4)						
	ULIANA FURCI	40.00			•	•
	IULIANA FURCI HIEF EXECUTIVE OFFICER	40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.
		40.00	0.		0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

So Did the organization engage in any significant activity not previously reported to the IRSP ITYes, "provide a detailed description of each activity in Schedule 0 33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
actively in Schedular D Were any significant changes made to the organization of powerning documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of same. Otherwise, explain the change on Schedule D. See instructions 3				Yes	No
34 Were any significant changes made to the organizations cannot be the commendation of the product actions and the organizations the mean (thereads, explaint the change on Schottable O. See instructions on lines 2, 6a, and 7a, among others;? 35 in the organization have undefact flusions goes income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others;? 36 in If yes 1 to line 436, has the organization lined a form 990-1 for the year? If 1% provide an explanation in Schottale 0 37 in the organization as excent 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6030(c) indice, reporting, and proxy tax requirements during the year? If 1% complete specificable parts of Schottale № 38 in If yes 1 to the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 1% complete specificable parts of Schottale № 38 in If we organization before 120-PL for this year? 39 in If the organization before 120-PL for this year? 30 in If the organization before 120-PL for this year? 30 in If the organization before 120-PL for this year? 31 in If year the organization before 120-PL for this year? 32 in If year, complete specificable parts of Schottale № 33 in If year the organization in Fermi 120-PL for this year? 34 in a price year and sill outstanding it the end of the tax year covered by this return? 35 in If year, complete specificable parts of Schottale 1 in Provided to the Schottale 1 in Provided 1 in	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34		activity in Schedule O	33		X
35a Life the organization have unrelated husiness 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?)	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on lines 2, 6a, and 7a, among others)? b If Vest 1 bins 63b, bas the organization field a form 990-T for the year? If Yio; provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subpect to section 603S(c) notice, reporting, and proxy tax reporting tax reporting and proxy tax reporting tax reporting and proxy tax reporting and proxy tax reporting tax r		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
b If Yes' to line 3%, has the organization as each of a form 990-1 for the year? If Yes, provide an evaluation in Schedule 0 Visa the organization a section 501(c)(4, 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule 0, Fart III 356	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
b if Yes* to line 35s, has the organization field a form 990-T for the year? If Yes,* provide an explanation in Schedule 0		on lines 2, 6a, and 7a, among others)?	35a		
requirements during the year? If "Yes," complete Schedule C, Part III 50 Did the organization undergo a liquidation, dissolution, remination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 51 Did the organization file Form 120-P0L for this year? 52 Did the organization file Form 120-P0L for this year? 53 Did the organization file Form 120-P0L for this year? 54 Did the organization file Form 120-P0L for this year? 55 Did the organization file Form 120-P0L for this year? 56 Did the organization file Form 120-P0L for this year? 57 Did the organization file Form 120-P0L for this year? 58 Did the organization file Form 120-P0L for this year? 58 Did the organization file Form 120-P0L for this year? 59 Section 501(c)(7) organizations gat the end of the xay year covered by this return? 50 Did schedule L, Part II, and enter the total amount involved 50 Did schedule L, Part II, and enter the total amount involved 50 Did schedule L, Part II, and enter the total amount involved 50 Did schedule L, Part II, and enter the total amount involved 50 Did schedule L, Part II 50 Did schedule L, Part II, and enter the total amount involved on any of its proof Forms 990 or 990-E27 If Yes, complete Schedule L, Part I 50 Did the organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 50 Did the organization of the year or did it engage in an excess berefit transaction in a prior year that has not been reported on any of its proof Forms 990 or 990-E27 If Yes, complete Schedule L, Part I 50 Did the organization should be proof organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year amount of tax imposed on organization managers or disqualified persons during the year amount of tax imposed on organization amount of tax imposed on organization managers or disqualified persons during the year year year year year year year yea	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
36 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Entire amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0 . 37 b X 38 a X 37 a 37 b X 38 bill the organization before from 1120-PLI, for this year? 38 bill the organization to brow from, or make any loans to, any officer, director, frustee, 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 11 **es, complete Schedule I, Part II, and enter the total amount involved 38 bill who granizations. Enter: a initiation fees and capital contributions included on line 9 b Gross recopits, included on line 9, for public use of club facilities 9 b N / A 39 Scholo 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unders: a limitation fees and capital contributions included on line 9 b Scholo 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dit the organization during the year unders scholar 4912 with a propriation of the properties of the organization organization of the organization of the organization organiza	C				
as a mount of political expenditures, direct or indirect, as described in the instructions b Old the organization file Form 1120-POL for this year? 37		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
The Enter amount of political expenditures, direct or indirect, as described in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 120-POL for this year? 3a Did the organization brorrow 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? 3b N/A 5cetion 501(c/7) organizations. Enter: a initiation fees and capital contributions included on line 9 3ga N/A 5cetion 501(c/7) organizations. Enter anount of tax imposed on the organization during the year under seation 4911 ► 5cetion 501(c/3), 501(c/4), and 501(c/2) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction and the properties of th			36		X
Bid 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? 1					
in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Bornss receipts, included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization during the year under: section 4911 № 26. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in any section 4958 excess benefit transaction for section 4915 № 20. 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 O. de Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the properties of the organization organization and the organization and the organization and the organization of tax in the amount of tax imposed on organization and the organization and the organization organization and the organization organization and to a properties and the organization organization organization and to a properties and the organization organization organization and the organization which a copy of this return is filed ▶ NY 11 the states with which a copy of this return is filed ▶ NY 21 The organization books are care or ▶ M. CARLACCI, ELITE ACCT SVCS Telephone no. ▶ 914-381-890. 21 Telephone no.			37b		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Infliation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 N/A 39 Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under; section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, of 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 994EZP 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 amount of tax imposed on organization managers or disqualified persons during the year amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T 40e X 1 List the states with which a copy of this return is filed ▶ NY 12 I Have a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? b At any time during the calendar year, did the organization have an interest in or as ignature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 42b X 1 "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). 42c X 1 "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) onexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or a	38 a				
39 Section 501(c)(7) graphizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) graphizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990c2-72? If 'vsc, complete Schedule 1, 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 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the section of the complex of tax on line 40c reimbursed by the organization. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organization and party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 1 List the states with which a copy of this return is flet ▶ NY 2 The organization shooks are in care of ▶ NY 2 The organization shooks are in care of ▶ NY 2 The organization shooks are in care of P NY 2 The organization shooks are in care of P NY 2 The organization shooks are in care of P NY 2 The organization shooks are in care of P NY 3 The organization shooks are in care of P NY 4 The organization shooks are in care of P NY			38a		Х
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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? I I*Yes, complete Schedule L, Part I 5 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 C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If I*Yes, complete Form 8886-T 140 I List the states with which a copy of this return is filed ▶ NY 141 List the states with which a copy of this return is filed ▶ NY 142 The organization is books are in care of ▶ M. CARLACCI, ELITTE ACCT SVCS Telephone no. ▶ 914-381-8900 Located at ▶ 500 MAMARONECK AVE, SUITE 301, HARRISON, NY 2IP+4 ▶ 10528 D 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United S			4		
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4915 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0. c 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, of did tengage in an excess benefit transaction of unity of its prior forms 990 or 990-EZ if 11*s; 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 during the year under sections 4912, 4955, and 4958					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 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 manapers or disqualified persons during the year under sections 4912, 4955, and 4958			4		
b Section 4911			4		
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 by the organization and the sayear, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NY 12 List the states with which a copy of this return is filed NY 13 Located at 500 MAMARONECK AVE, SUITE 301, HARRISON, NY DIP +4 10528 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 accounts (FBAR). 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). 1 "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). 2 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 1 Yes, Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services d	40 a				
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Part VI Se All Ch Did the organis the organia Did the organib If "Yes," was	unization engage, directly or indirect aplete Schedule C, Part I ection 501(c)(3) Organizations are section 501(c)(3) organizations neck if the organization used Scanization engage in lobbying activities ization a school as described in sec	ations Only s must answer questions 47 chedule O to respond to an	7-49b and 52, and	d complete the	tables for lines	s 50 and 51.	46		Х
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a Did the orga b If "Yes," was		. ,		-			47	\vdash	X
b If "Yes," was	unization make any transfers to an e						48 49a		X
Complete thi	the related organization a section 5						49b		
-	is table for the organization's five h 00 of compensation from the organ	ighest compensated employee	es (other than officer	rs, directors, trus	tees, and key er	mployees) who e		eived r	nore
ιπαπ φποσίο	(a) Name and title of each en		(b) Average	hours ((C) Reportable	(d) Health benefit	s, (e	e) Estim	ated
	()		per week dev	oted to	pensation (Forms /-2/1099-MISC)	contributions to employee benefit		ount of	
		NONE	position	n	<u> </u>	plans, and deferre compensation	3 CO	mpens	atior
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							+		
	n. If there is none, enter "None." ne and business address of each ind	NONE dependent contractor		(b) Type	e of service	(c)	Compe	ensatio	<u>1</u>
Total numbe	er of other independent contractors	each receiving over \$100,000			-				
Did the orga completed S	nization complete Schedule A? Not Schedule A	te: All section 501(c)(3) organ	izations must attach	ı a		> [X Ye	es [
•	f perjury, I declare that I have exam complete. Declaration of preparer (•			•	•	ge and	belief,	it is
ere	Signature of officer GIULIANA FURCI, Type or print name and title	CHIEF EXECUTI	VE OFFICE	ER		Date			
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SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(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

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Employer identification number

85-1478153

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FUNGI FOUNDATION, INC

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

he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t 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 norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from					
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(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												
		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	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving					
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting					
		organization. You must o	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and an attentiv	/eness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		ide the following information			(i) - +h								
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
	.1						1	1					

(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.)

Calendar year (or fiscal year beginning in) \[\] \[\	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 5 Public support, server time 3 two line 4 6 Public support (State State S	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any "unusual grants.") 2 Tax revenues leviad for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, severative 5 town lev4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities lonas, rents, royaltee, and income from initiars ources 9 Net income from unrelated business activities, etc. (see instructions) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form \$90 is for the organization's first, second, third, fourth, or fifth tax year as a section \$501(c)(S) organization, check this box and stop here. 14 Public support percentage from 2019 Schedule A Part II, line 14 15 Public support percentage from 2019 Schedule A Part II, line 14 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, not line 13 in 16, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization of line 1 the organization of line 1 the organization of line 1 the form of the 10 the organization of line 1 to 4 to 5 to 10 the 10 the organization of line 1 the top and interest and circumstances test. The organization of line 1 to 6 to 5 to 10 the 10 to 10 the organization of line 1 to 6 to 5 to 10 the 10 to 10 the 10 to 10 the 1	1	Gifts, grants, contributions, and						
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b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiza	ation
		meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ıblicly supported o	organization		>
	b	10% -facts-and-circumstances test	2019. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	<u>, </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(=) 0010	(h) 0017	(-) 0010	(4) 0010	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
,	acquired aπer June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						▶∟
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
'nΛ	Drivate foundation If the organization	n did not chack a	hay on line 14 10	a or 10h chock th	are how and coo inc	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
6:		
9b		
00		
9c		
10a		
40.		
10b		

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1	Ш	
566	uon B. Ali Type ili Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	, , , , , , , , , , , , , , , , , , ,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	15)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	$oxed{oxed}$	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ıng Organı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

	 	ne 1; Sectio	Part IV,	Secti s 5, 6	on D,	lines 2	? and 3	; Part	IV, S	ection [Ξ, lines	3 1c, 2	2a, 2b, 3	3a, and 3I	t IV, Section B, li o; Part V, line 1; I is part for any ac	Part V, Sec	tion B, line	Section C, 1e; Part V,
PART	r II	, s	HORT	ΥI	EAR	EXE	PLAN	AT]	ON	:								
THE	ORG	AIN	ZATI	ON	IS	FII	LIN	G P	A S	HORT	YE	AR	FOR	2020	COLUMN.			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

50,000.	48,787
	48,787

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization Employer identification number

FUNGI FOUNDATION, INC 85-1478153

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Chack if your organization	is covered by the General Rule or a Special Rule .				
• •	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1 any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one				
literary, or educa	contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contributior is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

FUNGI FOUNDATION, INC

85-1478153

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	FUNGI PERFECTI, LLC PO BOX 7634 OLYMPIA, WA 98507	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for	

Name of organization Employer identification number

FUNGI FOUNDATION, INC

85-1478153

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of org	ganization			Employer identification numbe	r
FUNGT	FOUNDATION, INC			85-1478153	
Part III) through (e) and the followir charitable, etc., contributions of \$	a line entry. For a	O1(c)(7), (8), or (10) that total more than \$1,000 for the year	ar
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
		(e) Transfo	er of gift		- - -
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee	 _ _ _
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	<u>-</u>
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
					- - -
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	 _ _
		(e) Transfo	er of gift		_
	Transferee's name, address, and ZIP + 4		R	elationship of transferor to transferee	 _ _ _
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	_
					<u>-</u>
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			elationship of transferor to transferee	
					- - -

SCHEDULE 0

(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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FUNGI FOUNDATION, INC **Employer identification number** 85-1478153

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES: AMOUN	T:
BANK CHARGES & FEES	55.
MERCHANT PROCESSING FEES	263.
TOTAL TO FORM 990-EZ, LINE 16	318.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FUNGI FOUNDATION I	S A
GLOBAL ORGANIZATION THAT EXPLORES THE FUNGI TO INCREASE KNOWLEDGE OF	
THEIR DIVERSITY, PROMOTE INNOVATIVE SOLUTIONS TO CONTINGENT PROBLEMS,	
EDUCATE ABOUT THEIR EXISTENCE AND APPLICATIONS, AS WELL AS RECOMMENDIN	G
PUBLIC POLICY FOR THEIR CONSERVATION.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:	
KINGDOM FUNGI IS INDISPENSABLE TO EARTH'S MANY ECOSYSTEMS	
AND THE ORGANISMS THAT INHABIT THE PLANET. OUR MAIN FOCUS	
IS ON RESEARCH, CONSERVATION, EDUCATION, EXPLORATION AND	
DEVELOPMENT OF FUNGI. THE ORGANIZATION ENVISIONS A HEALTHY PLANET IN	
WHICH FUNGI ARE RECOGNIZED AS THE INTERCONNECTORS OF NATURE.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY	, , , , , , , , , , , , , , , , , , ,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY	, ,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

FUNGI FOUNDATION, INC 716 MARCY AVE BROOKLYN, NY 11216

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633

AMOUNT OF TAX:

BALANCE DUE OF \$50

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2021

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990-EZ MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020

Open to Public Inspection

1.General Informati	on		
For Fiscal Year Beginning	g (mm/dd/yyyy) $06/30/2020$ and Ending (mm/dd/yyyy) $12/31/31$	2020	
Check if Applicable: Address Change	Name of Organization: FUNGI FOUNDATION, INC	Employer Identification Number (EIN): 85-1478153	
Name Change	Mailing Address:	NY Registration Number:	
X Initial Filing	716 MARCY AVE	48-16-14	
Final Filing	City / State / ZIP:	Telephone:	
Amended Filing	BROOKLYN, NY 11216	347 545-9259	
Reg ID Pending	Website:	Email:	
	FFUNGI.ORG		
Check your organization's	S	Confirm your Registration Category in the	
registration category:		Charities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification			
See instructions for certifitwo signatories.	ication requirements. Improper certification is a violation of law that may be subject	to penalties. The certification requires	
We cortifu under n	enalties of perjury that we reviewed this report, including all attachments, and to the	host of our knowledge and belief	
	enames or perjury that we reviewed this report, including an attachments, and to the e true, correct and complete in accordance with the laws of the State of New York at		
,	GIULIANA F	· · · · · · · · · · · · · · · · · · ·	
President or Authorized			
		e and Title Date	
	ANTONIO BA	CIGALUPO	
Chief Financial Officer or	Treasurer: TREASURER		
	Signature Print Name	e and Title Date	
3. Annual Reporting	g Exemption		
	hat apply to your filing. If your organization is claiming an exemption under one cate		
	nat apply to your registration, complete only parts 1, 2, and 3, and submit the certific		
	re required. If you cannot claim an exemption or are a DUAL filer that claims only on	e exemption, you must file applicable	
schedules and attachmen	nts and pay applicable fees.		
0. 74 (:::	and a supplication of Tabel and the sticks of the supplication of		
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit			
contributions during the fiscal year.			
3b FPTL 1	filing exemption: Gross receipts did not exceed \$25,000 and the market value of ass	sets did not exceed \$25,000 at any time	
during the fiscal year.			
4. Schedules and A	ttachments		
See the following page			
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer			
schedules and	for fund raising activity in NY State? If yes, complete Schedule	e 4a.	
attachments to			
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.			
5. Fee			
See the checklist on the	7A filing fee: EPTL filing fee: Total fee:	Malara disela desel	
		Make a single check or money order	
next page to calculate you	ur		
next page to calculate you fee(s). Indicate fee(s) you	s 25. \$ 25. \$ 50.	payable to: "Department of Law"	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

The Exempt category releas to an organization 3 WTO registration status. It does not refer to its mot ax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revening filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000. Port is less than \$250,000
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon
	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.
X \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u>
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.charitiesNYS.com .
Send Your Filing	

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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