# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 48-16-14 Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury

#### 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. Co to www.irc.gov/Earm990 for in structions and the latest infor



Intern	al Revenue	Service Go to www.irs.gov/Form990 for instructions and t	ine latest in		inspection
<u>A</u> F	or the 2	022 calendar year, or tax year beginning and	ending		
<b>В</b> с а	B Check if applicable: C Name of organization number				
	Address change	FUNGI FOUNDATION, INC			
	Name change	Doing business as		85-14781	53
	Initial		Room/suite	E Telephone number	
	 Final return/	716 MARCY AVE		347-545-9	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	343,638.
	Amended return	BROOKLYN, NY 11216		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: GIULIANA FURCI SAME AS C ABOVE		for subordinates' H(b) Are all subordinates ind	
ΙT	ax-exem	pt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	1	list. See instructions
	Vebsite:			H(c) Group exemptior	
ΚF	orm of or	ganization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2020 N	State of legal domicile: NY
		Summary			
-		iefly describe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m \underline{E2}}$			
Activities & Governance	K	NOWLEDGE OF THEIR DIVERSITY, PROMOTE INN			
erna	2 Cł	neck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove					6
2 5		umber of independent voting members of the governing body (Part VI, line 1b)			6
es		tal number of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$			2
iviti		tal number of volunteers (estimate if necessary)			6
Act					0.
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	• •	antributions and grants (Dort )/III line 1b)		541,058.	343,357.
ne		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)		0.	0.
Revenue		ogram service revenue (Part VIII, line 2g) /estment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Re		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,000.	281.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		542,058.	343,638.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		34,555.	113,185.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,065.	184,871.
ISe		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		tal fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	<b>17</b> Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		99,703.	124,863.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		200,323.	422,919.
	<b>19</b> Re	evenue less expenses. Subtract line 18 from line 12		341,735.	-79,281.
s or ces			Be	ginning of Current Year	End of Year
Net Assets or -und Balances	<b>20</b> To	tal assets (Part X, line 16)		377,199.	296,936.
21 Total liabilities (Part X, line 26) 5,122.					4,140.
		et assets or fund balances. Subtract line 21 from line 20		372,077.	292,796.
Ра	rt II	Signature Block			

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	Signature of officer		Date
Here	GIULIANA FURCI, CHIE	F EXECUTIVE OFFICER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	EVA MRUK	EVA MRUK	01/31/24 self-employed P00543254
Preparer	Firm's name PKF O'CONNOR	DAVIES ADVISORY, LLC	Firm's EIN 87-3231666
Use Only	Firm's address 500 MAMARONE	CK AVENUE, SUITE 301	
	HARRISON, NY	10528-1633	Phone no. 914-381-8900
May the I	RS discuss this return with the preparer s	shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction	Act Notice, see the separate instructions.	Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		5-1478153	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO EXPLORE THE FUNGI TO INCREASE KNOWLEDGE OF THEIR DIVERS INNOVATIVE SOLUTIONS TO CONTINGENT PROBLEMS, EDUCATE ABOUT EXISTENCE AND ADDITIONS OF MELL AS DECOMMENDING DUBLIES	THEIR	
	EXISTENCE AND APPLICATIONS, AS WELL AS RECOMMENDING PUBLIC THEIR CONSERVATION.	POLICI FC	
2	Did the organization undertake any significant program services during the year which were not listed on the		
L	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		s 🚺 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	s 🚺 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t revenue, if any, for each program service reported.	he total expenses, a	and
4a	KINGDOM FUNGI IS INDISPENSABLE TO EARTH'S MANY ECOSYSTEMS	AND THE	0.)
	ORGANISMS THAT INHABIT THE PLANET. OUR MAIN FOCUS IS ON RE		
	CONSERVATION, EDUCATION, EXPLORATION AND DEVELOPMENT OF FU ORGANIZATION ENVISIONS A HEALTHY PLANET IN WHICH FUNGI ARE		רדי
	AS THE INTERCONNECTORS OF NATURE.	RECOGNIZE	עני
	AS THE INTERCONNECTORS OF NATORE.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
			/
<u></u>	Other program services (Describe on Schedule O.)		
4d		١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     413,872.	)	
-10		Form	<b>990</b> (2022)
232002	<sup>2</sup> 12-13-22 <b>3</b>	1 on 1	(2022)

2022.05040 FUNGI FOUNDATION, INC 15550121

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Form 990 (2022) FUNGI FOUNDATION, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. 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	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	<u>11a</u>		
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- 23
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 IE		- 21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII	u		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2022)
 FUNGI FOUNDATION, INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0,		
	• • • • • • • • • • • • • • • • • • • •	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(22.5.5)
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Form	990 (2022) FUNGI FOUNDATION, INC	85-1478	153	P	age <b>5</b>
Par					
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	1		
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
	If "Yes," complete Form 6069.				
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	c .				、 ·/

<sup>6</sup> 2022.05040 FUNGI FOUNDATION, INC 15550121

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### FUNGI FOUNDATION, INC

Yes No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		_6								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			6								
	Enter the number of voting members included on line 1a, above, who are independent	1b		쒸								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				0		T					
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			···	2		+					
3	of officers, directors, trustees, or key employees to a management company or other person?				3							
	Did the organization make any significant changes to its governing documents since the prior Form 9				<u> </u>		$^{+}$					
4	Did the organization make any significant changes to its governing documents since the phoreorms. Did the organization become aware during the year of a significant diversion of the organization's as				4 5		+					
5 6					<u>5</u> 6		+					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			F	0		╉					
7a					7a							
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			F	<i>1</i> a		t					
b					7b							
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			···	70		t					
8			-	- 1	0-	Х	ľ					
a L	The governing body? Each committee with authority to act on behalf of the governing body?			··	8a 01-	<u></u>	╉					
				···	8b		╉					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9							
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		_					
500	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (	<u>Code.)</u>			Yes	٦					
10-	Did the expenientian have lead chapters, branches, or effiliates?			Г	10a	res	-					
	Did the organization have local chapters, branches, or affiliates?			F	10a		-					
D		• •	· · ·		10b							
44~	and branches to ensure their operations are consistent with the organization's exempt purposes?						+					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belore	s ming the form	' F	<u>11a</u>		1					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1	10-	Х	1					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			···· <b>г</b>	<u>12a</u> 12b	X	-					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			····	120	л	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			40.	х						
40	on Schedule O how this was done			··· ⊢	12c	X	┥					
13	Did the organization have a written whistleblower policy?				13	X	-					
14 45	Did the organization have a written document retention and destruction policy?			-	14	~	+					
15	Did the process for determining compensation of the following persons include a review and approva	ai by inc	lependent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.	х	1					
	The organization's CEO, Executive Director, or top management official				15a	~	+					
a	Other officers or key employees of the organization			···	15b		-					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40		1					
	taxable entity during the year?			-	16a		-					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			- 1	166		1					
Sac	exempt status with respect to such arrangements?		<u></u>	<u>  </u>	16b		_					
							-					
17 18	List the states with which a copy of this Form 990 is required to be filed <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000	T (contion E01/-	<u>)(0)</u>								
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990-		,,(3)5 (	Jiny)	avalid	1C					
			,	004	finon							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	UTILICE O	muerest policy,	and I	mano	Jai						
19	statements available to the public during the tax year.											
			rooordo		State the name, address, and telephone number of the person who possesses the organization's books and records $M = 0.14 - 3.81 - 80.00$							
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records									
19 20		oks and	records				_					

Form 990 (	2022)
Part VII	Coi

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GIULIANA FURCI	40.00	_	-			1 0	<u> </u>			
CHIEF EXECUTIVE OFFICER				x				93,836.	Ο.	0.
(2) JOANNA FOSTER	20.00									
CHAIR		х		x				0.	Ο.	0.
(3) NATHALIE KELLEY	5.00									
SECRETARY		х		x				0.	Ο.	0.
(4) MICHELLE LOBO	20.00									
TREASURER		х		x				0.	0.	0.
(5) PAUL STAMETS	5.00									
DIRECTOR		х						0.	Ο.	0.
(6) JR RAHN	1.00									
DIRECTOR		х						0.	Ο.	0.
(7) NANCY TURNER	1.00									
DIRECTOR		Х						0.	Ο.	0.
232007 12-13-22										Form <b>990</b> (2022)

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232007 12-13-22

	990 (2022) FUNGI FOU		-							85-14	78	153	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,				
(A) (B) Name and title Average hours per week (list any					(C) Position (do not check more than one box, unless person is both an officer and a director/trustee				(D) (E) Reportable Reportable compensation compensation from from related the organizations			other		of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org an	om th anizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VII								93,836.		0.			0.
	Total (add lines 1b and 1c)								93,836.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Mara	0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		-	•	•		Ŭ				3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services		5		x
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wi	hin		ear.				
	(A) (B) Name and business address NONE Description of services							C	ompe)	<b>C)</b> nsatio	n			
								_						
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than		Form	990 (	2022)

232008 12-13-22

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O c	contains a respo	nse o	r note to any line				
						<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b						
S, G	с	Fundraising events	1c						
Sifts ar /	d	Related organizations	1d						
is, C	е	Government grants (contri	ibutions) <b>1e</b>						
tion sr S	f	All other contributions, gifts,	grants, and						
ibu Othe		similar amounts not included			343,357.				
ontr od C	g	Noncash contributions included in I				242 255			
<u>a Č</u>	h	Total. Add lines 1a-1f	<u></u>			343,357.			
	-			-	Business Code				
Program Service Revenue	2 a								
erv ue	b								
am Ser evenue	c d								
gra Re	e u			—					
Pro		All other program service	revenue	_					
	a	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)	-						
	4	Income from investment o							
	5	Royalties	· <u></u>						
			(i) Real	I	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)			(ii) Others				
	7 a	Gross amount from sales of	(i) Securit	les	(ii) Other				
		assets other than inventory	7a						
Ð	a	Less: cost or other basis	74						
Revenue	~	and sales expenses Gain or (loss)	7b 7c						
leve		Net gain or (loss)	· · · · ·						
	8 a	Gross income from fundraisir	na events (not						
Other	• -	including \$							
•		contributions reported on							
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	с	Net income or (loss) from t	fundraising ever	nts _					
	9 a	Gross income from gaming	-						
		Part IV, line 19		9a					
		Less: direct expenses		9b					
		Net income or (loss) from		s					
	10 a	Gross sales of inventory, le							
	L.	and allowances		10a 10b					
		Less: cost of goods sold							
	C	Net income or (loss) from s	Sales OF Inventor	iy	Business Code				
sni	11 a	OTHER INCOME		ŀ	900099	281.			281.
neo	b			—		2010			
scellaneo Revenue	c			—					
Miscellaneous Revenue	d	All other revenue							
Σ		Total. Add lines 11a-11d				281.			
	12	Total revenue. See instructio				343,638.	0.	0.	281.
23200	9 12-13-	-22							Form <b>990</b> (2022)

FUNGI FOUNDATION, INC

Form 990 (2022)

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85-1478153 Page 9

Form 990 (2022
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FUNGI FOUNDATION, INC Part IX Statement of Functional Expenses

Total expenses Program service Management and Fundrais		Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	<u>2</u> (D)
and domestic governments. Ske Part IV, line 12		1 1	Total expenses	Program service expenses	Management and	<b>(D)</b> Fundraising expenses
2       Grants and other assistance to domestic individuals. See Part IV, line 22       Image: Comparison of Current of Circuits of Circuits individuals. See Part IV, line 15 and 16         4       Benefits paid to or for members       93,836.         5       Compensation of Current of Circuits of Circuits individuals. See Part IV, line 28       93,836.         6       Compensation of Current of Circuits of ABS(II(1)) and persons (as Circuits of ABS(II(1)) and persons described in section 4958(II(1)) and person (III) and 403(I) employer contributions (III) furstment management be Logal       84,000.       84,000.         9       Other employee benefits 0       7,035.       7,035.       0         9       Other employee contributions (IIII) furstment management be Logal       5,027.       5,027.         4       Logal       57,705.       57,705.       57,705.         30       Office expenses on such of travel or entotainment exponses for any federal, state, or local public officials of manual, isit in e19 expenses on Stock, if interest       776.       776.	1	•				
individuals. See Part IV, line 22       individuals. See Part IV, line 35 and 16         3 Grants and other assittance to foreign individuals. See Part IV, line 35 and 16       113,185.         4 Benefits paid to or for members       93,836.         5 Compensation of current officers, directors, trustees, and key employees       93,836.         6 Compensation on include above to disqualified persons described in section 4586(11)19 and persons described in section 4586(11) and persons described in through 24e </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
3       Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16       113,185.       113,185.         4       Benefits paid to or for members       93,836.       93,836.         5       Componsation of Lurrent of Gradies, directors,	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         113,185.           Benefits paid to or for members         113,185.           Compensation of current officers, directors, trustees, and key employees         93,836.           Parson Beschell in section 4958(0)(10) and persons described in section 4958(0) amployer contributions (Index section 4018(1) and 4020) employer contributions (Index section 4018(1) and 4020) employer contributions (Index e Accounting         84,000.         84,000.         84,000.           Payroll taxe         7,035.         7,035.         9           Payroll taxe         7,035.         7,035.         9           I begal         5,027.         5,027.         0           Counting         5,027.         5,027.         0           2 Advertising and promotion         12,142.         8,122.         4,020.           1 forwation technology         10,212.         0         0           2 optities         776.         776.         0           3 conteriores, convertions, and meetings         776.         776.         0						
Individuals. See Part IV, lines 15 and 16       113, 185.       113, 185.         4       Benefits paid to or for members       93, 836.         5       Compensation of current officers, directors, dire	3	Ũ				
4       Benefits paid to or for members       93,836.       93,836.         5       Compensation of current officers, directors, trustess, and key employees       93,836.       93,836.         6       Compensation not included above to disquilifed persons (as defined under section 4958(r)(3)(8)       84,000.       84,000.         7       Other salaries and wages       84,000.       84,000.       93,836.         9       Other salaries and wages       7,035.       7,035.       9         9       Other employee banefits       7,035.       7,035.       9         9       Paviot laxes       7,035.       7,035.       9         10       Paviot laxes       7,035.       7,035.       9         11       Fees for services (nonemployees):       3       4       5,027.       5,027.         11       Fees for services (nonemployees):       5       9       1       9       9       1       9       1       1       9       1			112 105	112 105		
5         Compensation of current officers, directors, trustees, and key employees         93,836.         93,836.           6         Compensation not include above to disqualified persons described in section 4958(C)(3)(8)         84,000.         84,000.           7         Other salaries and wages         84,000.         84,000.           8         Persoin plan acruals and combutions (include section 4016) (and 403(6) employee contributions)         9         9           9         Other employees (nonemployees):         7,035.         7,035.         9           1         Fees for services (nonemployees):         1         1         1         1           1         Fees for services (nonemployees):         1         1         1         1           2         Other employee benefits         7,035.         7,035.         1         1           4         Lobbying         5,027.         5,027.         1			113,185.			
trustees, and key employees       93,836.       93,836.         6       Ompression not included above to disqualified persons (as cellend under section 4958(r)(3)(8)       84,000.         7       Other salaries and wages       84,000.         8       Persion plan accruals and contributions (include section 401(k) and 403(k) employer contributions)       90         9       Other salaries and wages       7,035.       7,035.         0       Payroll taxes       7,035.       7,035.         1       Fees for services (nonemployees):       3       Management         9       Other employee banefts       5,027.       5,027.         4       Accounting       5,027.       5,027.         c Accounting       5,027.       5,027.       5,027.         9       Other employee banefts       9       1,959.       1,959.         1       Debying       9       1,959.       1,959.       1,959.         9       Other (If line 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on School       1,959.       1,959.       1,959.         12       1.42.       8,122.       4,020.       10,212.       10,212.       10,212.       10,212.       10,212.       10,212.       10,212.       10,212.       10,212.						
6         Compensation not included above to disqualified persons (as defined under section 4958(k)(1)) and persons (as defined under section 4958(k)(3)(8))         8         8         4         000.         8         4,000.         10         10         10         10         10         10         10         10         10         10         12         14         10         10         12         10         12         10         12         10         12         10         12         10	5		02 026	02 026		
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)       84,000.         7 Other salaries and wages       84,000.         8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       9         9 Other employee benefits       7,035.         0 Payroli taxes       7,035.         1 Fees for services (nonemployees): a Management       4         b Legal       5,027.         c Accounting       5,027.         c Accounting       5,027.         g Other, (filler 1) amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       1,959.         2 Other employee       12,142.       8,122.         4 Information technology       10,212.       10,212.         5 Optimes       32,580.       32,580.         9 Conferences, conventions, and meetings       776.       776.         0 Interest       2       2       4,462.         1 Payments to affiliates       2       2       4,462.         2 Other expenses.       10,212.       10,212.       4,462.         4 A d62.       4,462.       4,462.       4,462.         4 Under expenses.       10,212.       9,047.       5         6 Coccupancy       110,212.	_		93,830.	93,830.		
persons described in section 4958(c)(3)(B)         84,000.         84,000.           7 Other salaries and wages         84,000.         84,000.           9 Pension plan accutals and contributions (notide section 401(k) and 403(t) employer contributions)         9         9           9 Other employee benefits         7,035.         7,035.           1 Fees for services (nonemployees):         a         a           a Management         begal         5,027.           4 Lobbying         5,027.         5,027.           9 Other (If line 11g amount exceeds 10% of line 25, column (A), amount, list ine 70 expresse on Sch 0.)         1,959.         1,959.           3 Office expenses         12,142.         8,122.         4,020.           1 Information technology         10,212.         10,212.         10,212.           6 Occupancy         32,580.         32,580.         32,580.           9 Conferences, conventions, and meetings         776.         776.           9 Depreciation, depletion, and amortization         4,462.         4,462.           1 Payments to affiliates         9         9           2 Depreciation, depletion, and amortization         4,462.         4,462.           4 Unter expenses         10         10         10           1 Payments to affiliates	6					
7       Other salaries and wages       84,000.       84,000.         8       Pension plan accruals and contributions (include section 4014) and 403(b) employer contributions)       9         9       Other employee benefits       7,035.       7,035.         0       Payroll taxes       7,035.       7,035.         1       Fees for services (nonemployees):       8       7,035.       7,035.         a Management						
8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         9       Other employee benefits         0       Payroll taxes         1       Fees for services (nonemployees):         a       Management         b       Legal         c       Accounting         d       Lobbying         e       Protestional functiasing services. See Part IV, line 17         f       Investment management fees         9       Other (If line 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on Sch 0.)         1       J.959.         2       Advertising and promotion         3       Other expenses         f       Information technology         3       Other expenses         f       Travel         8       Payments of travel or entertainment expenses for any federal, state, or local public officials         9       Conferences, conventions, and meetings         10       Payments to affiliates         2       Deprication, depletion, and amortization         11       Payments to affiliates         20       Depreses. Itamice expenses on Schedule 0.)         a	_		84 000	<u> </u>		
section 401(k) and 403(b) employer contributions)			04,000.	04,000.		
9       Other employee benefits       7,035.       7,035.         0       Payrolit taxes       7,035.       7,035.         1       Fees for services (nonemployees):	ŏ					
10       Payroll taxes       7,035.       7,035.         11       Fees for services (nonemployees):       4         Management       Legal       5,027.         C Accounting       5,027.       5,027.         d Lobbying       5,027.       5,027.         d Lobbying       9       10         e Accounting and promotion       11,959.       1,959.         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.       11,959.       1,959.         13       Office expenses       10,212.       10,212.       10,212.         14       Information technology       12,142.       8,122.       4,020.         15       Royatties       0       0       0.212.       0.212.         16       Occupancy       32,580.       32,580.       0       0         17       Travel       32,580.       10,212.       0       0       0         18       Payments to affiliates       9       0       0       0       0       0         20       Depreciation, depletion, and amortization       24,462.       4,462.       0       0       0       0       0       0       0       0       0	~					
11       Fees for services (nonemployees):         a Management			7 025	7 025		
a Management       b       b       b       b       c <t< td=""><td></td><td></td><td>1,000.</td><td>1,000.</td><td></td><td></td></t<>			1,000.	1,000.		
b Legal						
c Accounting       5,027.       5,027.         d Lobbying						
d       Lobbying         e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch OL)         2       Advertising and promotion         3       Office expenses         3       Office expenses         4       Information technology         5       Royatles         6       Occupancy         7       Travel         8       Payments of travel or entertainment expenses for any federal, state, or local public officials         9       Conferences, conventions, and meetings         7       Travel         1       Payments to affiliates         2       Depreciation, depletion, and amortization         3       Insurance         4       Other expenses on Schedule 0.)         amount, list line 24e expenses on Schedule 0.)       44, 462.         4       Interest			5 0 2 7		5 0 2 7	
Protessional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 1g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 6 Royatties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 0 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization 1 Insurance 4 Other expenses. Itemize expenses on Schedule 0.) 4 Other expenses. Itemize expenses on Schedule 0.) 4 All other expenses 5 Total functional expenses 5 Total functional expenses. Add lines 1 through 24e			J,027•		5,027.	
f       Investment management fees						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       57,705.57,705.         12 Advertising and promotion       1,959.1,959.         33 Office expenses       12,142.8,122.4,020.         44 Information technology       10,212.10,212.         45 Royatties       32,580.32,580.         46 Occupancy       32,580.32,580.         47 Travel       32,580.32,580.         48 Payments of travel or entertainment expenses for any federal, state, or local public officials       776.776.         90 Interest       776.776.         191 Payments to affiliates       4,462.4,462.         192 Depreciation, depletion, and amortization       4,462.4,462.         193 Other expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       4,462.4,462.         40	-					
column (A), amount, list line 11g expenses on Sch 0.)       57,705.       57,705.         22       Advertising and promotion       1,959.       1,959.         33       Office expenses       12,142.       8,122.       4,020.         41       Information technology       10,212.       10,212.       10         5       Royalties       32,580.       32,580.       32,580.         6       Occupancy       32,580.       32,580.       32,580.         7       Travel       32,580.       32,580.       32,580.         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       776.       776.         90       Conferences, conventions, and meetings       776.       776.       776.         11       Payments to affiliates       4,462.       4,462.       4,462.         12       Depreciation, depletion, and amortization       4,462.       4,462.       4,462.         13       Insurance       4,462.       4,462.       4,462.       4,462.         40       Other expenses on Schedule 0.)       4       422,919.       413,872.       9,047.         36       Joint costs. Complete this line only if the organization       422,919.       413,872.       9,						
13       Office expenses       12,142.       8,122.       4,020.         14       Information technology       10,212.       10,212.       10,212.         16       Occupancy       32,580.       32,580.       10,212.       10,212.         17       Travel       32,580.       32,580.       10,212.       1	y		57 705.	57 705		
13       Office expenses       12,142.       8,122.       4,020.         14       Information technology       10,212.       10,212.       10,212.         16       Occupancy       32,580.       32,580.       10,212.       10,212.         17       Travel       32,580.       32,580.       10,212.       1	10		1 959.	1 959		
14 Information technology   15 Royalties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   10 ,212.   10 ,212.   10 ,212.      11 Travel   12 Payments to affiliates   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses, Itemize expenses on Covered above. (List miscellaneous expenses on Schedule 0.)   a			12 142	8 122	4 020.	
5 Royalties   6 Occupancy   7 Travel   7 Travel   8 Payments of travel or entertainment expenses for any federal, state, or local public officials   9 Conferences, conventions, and meetings   9 Conferences, conventions, and meetings   9 Conferences, conventions, and meetings   10 Interest   11 Payments to affiliates   12 Depreciation, depletion, and amortization   13 Insurance   14 Other expenses interize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)   a			10,212,		1,0200	
16       Occupancy       32,580.       32,580.         17       Travel       32,580.       32,580.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       776.       776.         19       Conferences, conventions, and meetings       776.       776.         10       Interest       1       1         12       Depreciation, depletion, and amortization       4,462.       4,462.         13       Insurance       4,462.       4,462.         14       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1       1         18       Insurance       1       1       1       1         18       Insurance       1       1       1       1       1         19       Conter expenses on Schedule 0.)       1       1       1       1       1       1         19       Conter expenses       1						
17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)   a						
8       Payments of travel or entertainment expenses for any federal, state, or local public officials			32,580.	32,580.		
for any federal, state, or local public officials						
9 Conferences, conventions, and meetings   10 Interest   11 Payments to affiliates   12 Depreciation, depletion, and amortization   13 Insurance   14 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)   a	0					
20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)   a	9		776.	776.		
Payments to affiliates						
Depreciation, depletion, and amortization       4,462.       4,462.         Insurance       4,462.       4,462.         Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       4         a						
All other expenses       4,462.       4,462.         All other expenses       4,462.       4,462.         All other expenses       10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1         All other expenses       1       1         All other expenses. Add lines 1 through 24e       422,919.       413,872.       9,047.						
24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       Image: Column (A), amount, list line 24e expenses on Schedule 0.)         a			4,462.	4,462.		
amount, list line 24e expenses on Schedule 0.)  a  b  c  d  d  All other expenses  Total functional expenses. Add lines 1 through 24e  422,919.  413,872.  9,047.  6  Joint costs. Complete this line only if the organization		Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
b b						
c		-				
d	b					
e       All other expenses						
Z5       Total functional expenses. Add lines 1 through 24e       422,919.       413,872.       9,047.         26       Joint costs. Complete this line only if the organization       Image: Complete this line only if the organization       Image: Complete this line only if the organization		-				
26 Joint costs. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·	400 010	412 070	0.047	
		· · ·	422,919.	413,872.	9,047.	(
reported in column (B) joint costs from a combined	26					
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

11

2022.05040 FUNGI FOUNDATION, INC

232010 12-13-22

Form 990 (2022)

08580131 756359 1555012.000

FUNGI FOUNDATION, INC

85-1478153	Page <b>11</b>

га		Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		364,642.	1	296,936.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,557.	4	0.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	bed in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		377,199.	16	296,936.
	17	Accounts payable and accrued expenses		5,122.	17	4,140.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
ŝ	22	Loans and other payables to any current or fo	rmer officer, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
abi		controlled entity or family member of any of the	nese persons		22	
1	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,122.	26	4,140.
		Organizations that follow FASB ASC 958, c	heck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		372,077.	27	292,796.
Ba	28	Net assets with donor restrictions			28	
nd		Organizations that do not follow FASB ASC	958, check here			
ц Ц		and complete lines 29 through 33.				
s 0	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net	32	Total net assets or fund balances		372,077.	32	292,796.
-	33	Total liabilities and net assets/fund balances		377,199.	33	296,936.

Form **990** (2022)

Form	1 990 (2022) FUNGI FOUNDATION, INC 85	5-1478153	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		, <u>638.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2,919.
3	Revenue less expenses. Subtract line 2 from line 1		<u>,281.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	372	<u>,077.</u>
5	Net unrealized gains (losses) on investments 5		
6	Donated services and use of facilities6		
7	Investment expenses7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain on Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	292	<u>,796.</u>
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basi	s,	
	consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	it,	
	review, or compilation of its financial statements and selection of an independent accountant?	<u>2</u> c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2022
Open to Public Inspection

# Name of the organization

Name of the organization Employer identification n									
	FUNG	I FOUNDATI	ON, INC				8	5-1478153	
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	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 sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4	A medical research organiz	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	l or operate	ed by a go	vernmental ur	nit 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	′0(b)(1)(A)	(v).			
7 X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental u	unit or from th	ie 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 Par	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	and state of	the college	or	
	university:								
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from	
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment	
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acquir	red by the org	anization a	fter June 30, 1975.	
	See section 509(a)(2). (Con								
11	An organization organized a		•	•					
12	An organization organized a	•	•	•					
	more publicly supported or	-						Check the box on	
_	lines 12a through 12d that	• •					-		
a	<b>Type I.</b> A supporting orga		-	• • •	-				
	the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting	
ь Г	organization. You must o	-							
b	<b>Type II.</b> A supporting org	-				-		-	
	control or management o organization(s). <b>You mus</b>			ame perso	is that cor	itroi or manaç	je me supp	onted	
c 🗌	Type III functionally inte			in connect	ion with a	nd functional	lv integrate	d with	
	its supported organization						iy integrate	a wiai,	
d	Type III non-functionally		-				ted organiz	ration(s)	
u	that is not functionally int						-		
	requirement (see instructi	•		•			anatonin		
e	Check this box if the orga		•				I Type III		
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe		
f Ent	er the number of supported of			0 0					
	vide the following informatior	•							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tatal									
Total									

Schedule	A (Form 990)	) 21	L
			-

Schedule A	(Form 990) 2022	FUNGI	FOUNDATION,	INC	85-1478153	Page <b>2</b>
Part II	Support Sched	ule for Organiz	zations Described	in Section	s 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if yo	u checked the box	on line 5, 7, or 8 of Par	I or if the org	anization failed to qualify under Part III. If the organiza	ation
	fails to qualify under	r the tests listed be	low, please complete P	art III.)		

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			60,660.	541,058.	343,357.	945,075.
2	Tax revenues levied for the organ-						
	ization'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			60,660.	541,058.	343,357.	945,075.
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)						380,057. 565,018.
	Public support. Subtract line 5 from line 4.						505,010.
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 60,660.	(d) 2021 541,058.	(e) 2022 343,357.	(f) Total 945,075.
-	Amounts from line 4 Gross income from interest,			00,000.	541,050.	545,557.	545,075.
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on				1,000.		1,000.
10	Other income. Do not include gain				1,0001		
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					281.	281.
11	Total support. Add lines 7 through 10						946,356.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and <b>stor</b>						X
See	ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	eck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A	(Form	990	2022
		000	

		<b>T</b> 170	
FUNGL	FOUNDATION,	INC	

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.) Section A Public Support

300	Stion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	: (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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	e (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orgar	nization,
	ction C. Computation of Public						
15	Public support percentage for 2022 (	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2021		1			16	%
	ction D. Computation of Inves					<del>, , , , , , , , , , , , , , , , , , , </del>	
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
23202	23 12-09-22		16			Sched	lule A (Form 990) 2022

FUNGI FOUNDATION, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Schedule A (Fo	orm 990) 2022	
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Part IV

### FUNGI FOUNDATION, INC

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ſ	
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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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.
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

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Supporting Organizations (continued)

			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			
	the supported organization(a)	1		

Section D	. All Type	III Suppo	orting Org	anizations

			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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2022

Yes No

232025 12-09-22

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ı a				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion 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		
	ion 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		
	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		
	ion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

 Schedule A (Form 990) 2022
 FUNGI FOUNDATION, INC

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990) 2022 FUNGI FOUNDATION,

85-1478153 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in <b>Part VI</b> ). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	- ,				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

INC

Schedule A (Form 990) 2022

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### OTHER INCOME

2022 AMOUNT: \$ 281.

Schedule A (Form 990) 2022

232028 12-09-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

85-1478153

Drganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				

INC

FUNGI FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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**

X 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), 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 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.

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 for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unle

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

#### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FUNGI FOUNDATION, INC

Page **2** 

85-1478153

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$55,000.	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
2		\$50,000.	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
3		\$50,000.	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
4		\$50,000.	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
5		\$ <u>25,000.</u>	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
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	23		Schedule B (Form 990) (2022)

2022.05040 FUNGI FOUNDATION, INC

### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FUNGI FOUNDATION, INC

85-1478153

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>20,000.</u>	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
8		\$10,000.	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
9		\$10,000.	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.)
223452 11-15-	22		Schedule B (Form 990) (2022)

Schedule B (Form §	990) (2	2022)
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Name of organization

Page 3

Employer identification number

85-1478153

# FUNGI FOUNDATION, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part 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. 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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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2022.05040 FUNGI FOUNDATION, INC

Name of o	rganization		Employer identification numb				
FUNGT	FOUNDATION, INC		85-1478153				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the y				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift	I				
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
223454 11-15	5-22	26	Schedule B (Form 990) (				

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2022.05040 FUNGI FOUNDATION, INC 15550121

SCHEDULE F (Form 990)		atement of Activities Outside the United States nplete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.				
Department of the Treasury Internal Revenue Service	Go to w	www.irs.gov/Form	Attach to Form 990. 1990 for instructions and the latest ir	formation		Open to Public
Name of the organization		ww.iis.govii oiii				entification number
FUNGI FOUNDATIO	N, INC				85-1478	3153
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answere	ed "Yes" on
Form 990, Part I	,					
			ds to substantiate the amount of its gran the selection criteria used to award the			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3 Activities per Region. (1	The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			GRANTS TO RECIPIENTS			
SOUTH AMERICA	0	14	LOCATED IN REGION			113,185.
3 a Subtotal	0	14				113,185.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
<b>c Totals</b> (add lines 3a and 3b)	0	14				113,185.

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

Schedule F (Form 990) 2022

232071 10-17-22

FUNGI FOUNDATION, INC

85-1478153

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SUPPORT THEIR JOB IN CHILE, SUPPORTING THE PROTECTION AND THE CREATION OF NEW	100 000	WIRE TRANSFER	0.			
				100,000.					
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistar	ice to Individuals Outsid	le the United Sta	ates. Complete	if the organization answered "Yes" (	on Form 990, Parl	IV, line 16.
Part III can be duplicated if	additional space is neede	ed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance
GRANTMAKING	SOUTH AMERICA	1	13,185.	WIRE TRANSFER	0.	

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# Schedule F (Form 990) 2022 FUNGI FOUNDATION, INC

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2022

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

## 85-1478153

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FUNGI FOUNDATION INC RECEIVES INVITATIONS TO COLLABORATE WITH

ORGANIZATIONS, PROJECTS AND PEOPLE. THESE INVITATIONS ARRIVE MAINLY BY

EMAIL THROUGH AN INSTITUTION THAT REFERS TO US AS AN NGO THAT PROMOTES

THE STUDY AND PROTECTION OF THE ENVIRONMENT FOCUSED ON THE FUNGI KINGDOM.

THE PRINCIPAL FOCUS OF THE FUNGI FOUNDATION IS NOT FINANCIAL COLLECTION FOR THIRD PARTIES, SO IN CASE OF PROVIDING FINANCIAL SUPPORT TO THIRD PARTIES, THEY MUST BE WELL-KNOWN INSTITUTIONS OR PEOPLE WHO PRESENT A FORMAL PROJECT TO THE FOUNDATION'S BOARD. THIS PROJECT IS REVIEWED BY THE FINANCIAL TEAM AND EXECUTIVE MANAGEMENT, WHO, ONCE APPROVED, INTRODUCE THE INITIATIVE TO THE BOARD OF DIRECTORS. FINALLY, IT IS THE BOARD OF DIRECTORS WHO DECIDE IF THE PROJECT IS VIABLE OR NOT.

THE INITIATIVES THAT HAVE THE SUPPORT OF THE FUNGI FOUNDATION COMMIT TO COMPLY THEIR PROJECT AS AGREED. THEY SHARE THEIR ACHIEVEMENTS AND EXPENSES REPORT WITH A SETTLED FREQUENCY. LASTLY, A FINAL PRESENTATION IS MADE WITH THE FINAL OUTCOME OF THE PROJECT, ITS COSTS AND IMPACTS FOR SOCIETY.

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PART II, COLUMN (D):

**REGION: SOUTH AMERICA** 

(D) PURPOSE OF GRANT: SUPPORT THEIR JOB IN CHILE, SUPPORTING THE

PROTECTION AND THE CREATION OF NEW KNOWLEDGE ABOUT FUNGA.

232075 10-17-22

Schedule F (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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



85-1478153

FUNGI FOUNDATION, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATE ABOUT THEIR EXISTENCE AND APPLICATIONS, CONTINGENT PROBLEMS, AS

WELL AS RECOMMENDING PUBLIC POLICY FOR THEIR CONSERVATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT ACTS ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

FUNGI FOUNDATION, INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY THE TREASURER AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFILCT OF INTEREST POLICY APPLIES TO THE ORGANIZATIONS BOARD OF DIRECTORS. THE ORGANIZATION MONITORS ITS POLICY EACH YEAR BY HAVING THE BOARD DIRECTORS DICLOSE THIS IN THE BOARD MEETINGS. THE PROCEDURES FOR WHEN A CONFLICT OF INTEREST ARISES IS THE DIRECTOR OR OFFICET MUST TAKE THIS MATTER UP TO THE BOARD OF DIRECTORS AND THE DISINTERETED DRECTORS SHOULD DETERMINE WHETHER IT IS IN THE BEST INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
FUNGI FOUNDATION, INC	85-1478153
THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED	AND APPROVED BY
THE BOARD OF DIRECTORS BY USING COMPENSATION INFORMATION	OF COMPARABLY
SIZED NOT-FOR-PROFIT ORGANIZATIONS. THIS PROCESS IS CONDU	CTED ON AN ANNUAL
BASIS AND DOCUMENTED ON THE BOARD'S MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC	INSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
ALSO POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF W	EBSITES. IN
ADDITION, THE FORM 1023, FINANCIAL STATEMENTS, CONFLICT O	F INTEREST POLICY,
ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE	UPON WRITTEN
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	13,755.
MANAGEMENT AND GENERAL EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0.
	0.
FUNDRAISING EXPENSES	
FUNDRAISING EXPENSES	0.
FUNDRAISING EXPENSES TOTAL EXPENSES	0.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES:	0. 13,755.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES: PROGRAM SERVICE EXPENSES	0. 13,755. 28,800.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	0. 13,755. 28,800. 0. 0.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0. 13,755. 28,800. 0.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	0. 13,755. 28,800. 0. 0.
FUNDRAISING EXPENSES TOTAL EXPENSES PURCHASED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0. 13,755. 28,800. 0. 0.

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<sup>2022.05040</sup> FUNGI FOUNDATION, INC 15550121

Name of the organization FUNGI FOUNDATION, INC	Employer identification nui 85-1478153
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	1,25
PROGRAMS DEVELOPMENT & IT:	
PROGRAM SERVICE EXPENSES	13,90
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	13,90
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	57,70