

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07/01, 2020**, and ending **06/30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KRISTI YAMAGUCHI'S ALWAYS DREAM				D Employer identification number 94-3255817	
	Doing Business As				E Telephone number (925) 309-4359	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	125 RAILROAD AVENUE, SUITE 203 City or town, state or province, country, and ZIP or foreign postal code DANVILLE, CA 94526					
F Name and address of principal officer: MARK MCCAFFREY 125 RAILROAD AVENUE, SUITE 203, DANVILLE, CA 94526						
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ALWAYSADREAM.ORG				G Gross receipts \$ 2,597,583.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1996		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
M State of legal domicile: ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION ENSURES CHILDREN FROM LOW-INCOME FAMILIES HAVE ACCESS TO HIGH-QUALITY BOOKS IN THE HOME ENVIRONMENT AND EXTENSIVE FAMILY ENGAGEMENT SUPPORT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14.	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 3.	
	6 Total number of volunteers (estimate if necessary)	6 25.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 296,749.	Current Year 1,011,115.
	9 Program service revenue (Part VIII, line 2g)	0.	42,333.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,160.	112,846.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,457.	538.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,452.	1,166,832.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,599.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,887.	350,003.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	49,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 226,162.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		232,526.	478,949.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		332,012.	896,842.
19 Revenue less expenses. Subtract line 18 from line 12	-28,560.	269,990.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,882,744.	End of Year 3,517,941.
	21 Total liabilities (Part X, line 26)	48,604.	134,890.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,834,140.	3,383,051.

Part 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 Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name WENDY WEISS	Preparer's signature WENDY WEISS	Date 05/15/2022	Check <input type="checkbox"/> if self-employed	PTIN P00356608
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ 601 CALIFORNIA STREET, SUITE 1800 SAN FRANCISCO, CA 94108	Phone no. 415-434-3744			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 561,596. including grants of \$) (Revenue \$ 42,333.)

THE ALWAYS READING PROGRAM SERVED 501 STUDENTS AND THEIR FAMILIES ACROSS 32 KINDERGARTEN CLASSROOMS AT 10 ELEMENTARY SCHOOLS IN THREE STATES (CALIFORNIA, HAWAII, AND ARIZONA).

4b (Code:) (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$)

THE ALWAYS STRIVING SKATING GRANT SUPPORTED COACHING AND SKATING EXPENSES FOR SKATER ALYSA LIU.

4c (Code:) (Expenses \$ 8,890. including grants of \$ 8,890.) (Revenue \$)

GENERAL OUTGOING DONATIONS SUPPORT A FEW NONPROFIT ORGANIZATIONS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 580,486.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, HI, NV,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI YAMAGUCHI DIRECTOR OF PROGRAMS	40.00 0.			X			110,000.	0.	13,360.	
(2) AARIKA RIDDLE EXC DIRECTOR EFF. 10/2020	40.00 0.			X			34,012.	0.	3,340.	
(3) KRISTI YAMAGUCHI DIRECTOR & CHAIRMAN	3.00 0.	X		X			0.	0.	0.	
(4) NADYNE ORONA DIRECTOR & PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(5) JAN YANEHIRO DIRECTOR & VP	1.00 0.	X		X			0.	0.	0.	
(6) KIM BURDICK DIRECTOR & TREASURER	1.00 0.	X		X			0.	0.	0.	
(7) AIMEE ENG DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) CHAD HEATON DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) BRET HEDICAN DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) LOUISE ING DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) CASEY JOHNSON DIRECTOR & EXECUTIVE VP	2.00 0.	X		X			0.	0.	0.	
(12) MARK MCCAFFREY DIRECTOR & PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(13) JOHN RAMSBACHER DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) KARA OKAMOTO DIRECTOR	1.00 0.	X					0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c	241,789.						
	d	Related organizations	1d							
	e	Government grants (contributions) . .	1e	23,700.						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	745,626.						
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 60,040.						
	h	Total. Add lines 1a-1f			1,011,115.					
	Program Service Revenue				Business Code					
2a		SCHOOL DISTRICT SERVICES		900099	21,988.	21,988.				
b		SPEAKING FEES		900099	20,345.	20,345.				
c										
d										
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f			42,333.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			29,931.		29,931.			
	4	Income from investment of tax-exempt bond proceeds .			0.					
	5	Royalties			0.					
	6a	Gross rents	6a	(i) Real						
				(ii) Personal						
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)			0.					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	1,458,346.					
				(ii) Other						
	b	Less: cost or other basis and sales expenses . .	7b	1,375,431.						
	c	Gain or (loss)	7c	82,915.						
d	Net gain or (loss)			82,915.		82,915.				
8a	Gross income from fundraising events (not including \$ 272,889. of contributions reported on line 1c). See Part IV, line 18	8a		55,320.						
			b	Less: direct expenses	8b	55,320.				
			c	Net income or (loss) from fundraising events.		0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a		0.			
						b	Less: direct expenses	9b	0.	
						c	Net income or (loss) from gaming activities.		0.	
			10a	Gross sales of inventory, less returns and allowances	10a		0.			
						b	Less: cost of goods sold	10b	0.	
						c	Net income or (loss) from sales of inventory.		0.	
Miscellaneous Revenue				Business Code						
	11a	MISCELLANEOUS REVENUE		900099	538.		538.			
	b									
	c									
	d	All other revenue								
e	Total. Add lines 11a-11d			538.						
12	Total revenue. See instructions			1,166,832.	42,333.		113,384.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,890.	8,890.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	209,013.	134,495.	20,733.	53,785.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	79,627.	51,238.	7,899.	20,490.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	40,080.	25,768.	3,941.	10,371.
10 Payroll taxes	21,283.	13,695.	2,111.	5,477.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	84,164.	47,291.	14,990.	21,883.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	49,000.			49,000.
f Investment management fees	9,175.		9,175.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 1</u>	169,151.	132,256.	16,598.	20,297.
12 Advertising and promotion	11,859.	1,181.	8,066.	2,612.
13 Office expenses	15,629.	10,343.	2,094.	3,192.
14 Information technology	18,565.	10,132.	1,571.	6,862.
15 Royalties	0.			
16 Occupancy	21,457.	19,407.	989.	1,061.
17 Travel	2,510.	434.	351.	1,725.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	142.	31.	6.	105.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	1,291.	822.	114.	355.
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 O.)				
a OTHER PROGRAM EXPENSES	112,268.	107,378.	1,351.	3,539.
b ENTERTAINMENT	10,359.			10,359.
c VOLUNTEER APPRECIATION	10,661.	1,578.		9,083.
d PAYROLL EXPENSES	3,338.	2,148.	331.	859.
e All other expenses	8,380.	3,399.	-126.	5,107.
25 Total functional expenses. Add lines 1 through 24e	896,842.	580,486.	90,194.	226,162.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	625,580.	1	319,508.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	10,000.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges <i>ATCH 2</i>	0.	9	26,391.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,937.		
	b Less: accumulated depreciation	10b 10,937.	10c	0.
	11 Investments - publicly traded securities.	1,389,203.	11	2,172,451.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	867,961.	15	989,591.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,882,744.	16	3,517,941.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	34,790.
	18 Grants payable	0.	18	0.
	19 Deferred revenue. <i>ATCH 3</i>	0.	19	72,135.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	27,965.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,604.	25	0.
	26 Total liabilities. Add lines 17 through 25.	48,604.	26	134,890.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,553,107.	27	2,333,326.
	28 Net assets with donor restrictions.	1,281,033.	28	1,049,725.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	2,834,140.	32	3,383,051.
33 Total liabilities and net assets/fund balances.	2,882,744.	33	3,517,941.	

Part 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)	1	1,166,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	896,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	269,990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,834,140.
5	Net unrealized gains (losses) on investments	5	307,861.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-28,940.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,383,051.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	912,138.	1,521,178.	686,478.	549,492.	1,011,115.	4,680,401.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	912,138.	1,521,178.	686,478.	549,492.	1,011,115.	4,680,401.
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).						0.
6 Public support. Subtract line 5 from line 4						4,680,401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	912,138.	1,521,178.	686,478.	549,492.	1,011,115.	4,680,401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,610.	76,909.	128,997.	55,583.	29,931.	358,030.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1					538.	538.
11 Total support. Add lines 7 through 10						5,038,969.
12 Gross receipts from related activities, etc. (see instructions)					12	42,333.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	92.88 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	91.05 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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(s).</i>		

Section D. All Type III Supporting Organizations

	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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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? <i>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.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS REVENUE					538.	538.
TOTALS					<u>538.</u>	<u>538.</u>

Schedule of Contributors

2020

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

Name of the organization KRISTI YAMAGUCHI'S ALWAYS DREAM	Employer identification number 94-3255817
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **KRISTI YAMAGUCHI'S ALWAYS DREAM**

Employer identification number
94-3255817

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 33,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **KRISTI YAMAGUCHI'S ALWAYS DREAM**

Employer identification number
94-3255817

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 22,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **KRISTI YAMAGUCHI'S ALWAYS DREAM**

Employer identification number
94-3255817

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 23,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number
94-3255817

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, 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, 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, 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, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) SCHOOL SUPPLIES, (2) BENEFICIAL ASSETS IN TRUST, (3) through (9), and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

PART X, LINE 2 - FIN 48 STATEMENT

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND CALIFORNIA STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND RELATED CALIFORNIA CODE SECTION. AN ORGANIZATION EXEMPT FROM TAXES PURSUANT TO THESE CODE SECTIONS IS TAXED ONLY ON UNRELATED BUSINESS INCOME. THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME FOR THE FISCAL YEAR ENDED JUNE 30, 2021 AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD THAT ESTABLISHES FOR ALL ENTITIES, INCLUDING NOT-FOR-PROFIT ENTITIES, A THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF POSITIONS TAKEN IN FILING TAX RETURNS (INCLUDING WHETHER AN ENTITY IS TAXABLE IN A PARTICULAR JURISDICTION) AND REQUIRES CERTAIN EXPANDED TAX DISCLOSURES. MANAGEMENT HAS EVALUATED THE TAX POSITIONS OF THE ORGANIZATION AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO AND/OR DISCLOSURES IN THE FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	297,109.			297,109.
	2 Less: Contributions	297,109.			297,109.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,220.			24,220.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				24,220.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-24,220.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
OSAKI CONSULTING GROUP 949 MOUNTAIN BLVD. OAKLAND CA 94611	CONSULTING		X		23,923.	

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIAN BOITANO'S YOUTH SKATE 10545 W LOYOLA DR. LOS ALTOS, CA 94024	77-0497342	501 (C) (3)	7,200.				PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SKATING SCHOLARSHIP	1.	10,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

PERIODIC CHECK-INS WITH THE GRANTEE ARE CONDUCTED 1 - 2 TIMES PER YEAR.

FOR THE SKATING SCHOLARSHIP, THERE ARE PERIODIC CHECK-INS WITH THE BENEFICIARY. ALSO, THE GRANT FUNDS ARE DISTRIBUTED AFTER THE EXPENSES ARE INCURRED, SO THERE IS A PROCESS IN PLACE TO VALIDATE THE REIMBURSEMENT OF EXPENSES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ATTACHMENT 1					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON LORI YAMAGUCHI
 (B) RELATIONSHIP FAMILY MEMBER OF BOARD CHAIRPERSON KRISTI YAMAGUCHI
 (C) AMOUNT 105,000.
 (D) DESCRIPTION OF TRANSACTION COMPENSATION
 (E) SHARING ORGANIZATION REVENUE? YES X NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		15 .	60,040 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

JSA

0E1298 1.000
9968RU XL8S

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BOOKS AND SUPPLIES	X	15.	60,040.	FMV
TOTALS		<u>15.</u>	<u>60,040.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

94-3255817

PART III, LINE 1 - DESCRIPTION OF ORGANIZATION MISSION:

THE KRISTI YAMAGUCHI'S ALWAYS DREAM ENSURES CHILDREN FROM LOW-INCOME
FAMILIES HAVE ACCESS TO HIGH-QUALITY BOOKS IN THE HOME ENVIRONMENT AND
EXTENSIVE FAMILY ENGAGEMENT SUPPORT.

WE BELIEVE THAT PROVIDING CHILDREN WITH HIGH-QUALITY BOOKS WILL HELP
FOSTER A LOVE OF READING AND OUR PROGRAM WILL TEACH AND EMPOWER FAMILIES
TO EMPLOY THE PRACTICE OF CONSISTENTLY READING TOGETHER. IT IS OUR GOAL
THAT EVERY CHILD ACHIEVES THE POTENTIAL TO REACH FOR THEIR DREAMS.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD CHAIRPERSON KRISTI YAMAGUCHI AND EMPLOYEE LORI YAMAGUCHI HAVE A
FAMILY RELATIONSHIP.

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

REVIEWED BY CONTRACTED FINANCE DIRECTOR
REVIEWED BY EXECUTIVE DIRECTOR
REVIEWED AND APPROVED BY CURRENT BOARD PRESIDENT & TREASURER
REVIEWED AND APPROVED BY BOARD FINANCE COMMITTEE
REVIEWED AND APPROVED BY THE BOARD

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE POLICY ANNUALLY AND COMPLETE A
DISCLOSURE STATEMENT VIA DOCUSIGN.

Name of the organization KRISTI YAMAGUCHI'S ALWAYS DREAM	Employer identification number 94-3255817
---	--

FORM 990, PART VI, SECTION B, LINE 15B:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS EMPLOYEE SALARIES AND KEY CONTRACTOR FEES ANNUALLY. THE EXECUTIVE DIRECTOR UTILIZES THE MOST RECENT VERSION OF THE FAIR PAY FOR NORTH CALIFORNIA NONPROFITS: COMPENSATION & BENEFITS SURVEY REPORT FOR UPDATED COMPENSATION DATA. THE EXECUTIVE COMMITTEE WILL COMPLETE AN ANNUAL REVIEW FOR THE EXECUTIVE DIRECTOR AND REVIEWS OCCUR ANNUALLY FOR ALL OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

WE MAKE OUR 990 AND REVIEWED FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC. GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

DONATION BOOK INVENTORY OF ASSETS.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
OUTSIDE SERVICES	163,688.	129,256.	16,598.	17,834.
VIDEO PRODUCTION	5,463.	3,000.		2,463.
TOTALS	<u>169,151.</u>	<u>132,256.</u>	<u>16,598.</u>	<u>20,297.</u>

Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number

94-3255817

ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	24,450.
PREPAID INSURANCE	1,941.
TOTALS	<u>26,391.</u>

ATTACHMENT 3FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED EVENT REVENUE	72,135.
TOTALS	<u>72,135.</u>

California Exempt Organization Annual Information Return

2020

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021
 Corporation/Organization name KRISTI YAMAGUCHI'S ALWAYS DREAM California corporation number 1995573
 Additional information. See instructions. FEIN 94-3255817
 Street address (suite or room) 125 RAILROAD AVENUE, SUITE 203 PMB no. _____
 City DANVILLE State CA Zip code 94526
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No
B Amended return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) ● _____
E Check accounting method:
 (1) Cash (2) Accrual (3) Other
F Federal return filed?
 (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L Is the organization a limited liability company? Yes No
M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	1,531,148	00
	2	Gross dues and assessments from members and affiliates	●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received. <u>ATCH 1</u>	●	3	1,011,115	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	●	4	2,542,263	00
	5	Cost of goods sold	●	5		00
	6	Cost or other basis, and sales expenses of assets sold	●	6	1,375,431	00
	7	Total costs. Add line 5 and line 6	●	7	1,375,431	00
	8	Total gross income. Subtract line 7 from line 4	●	8	1,166,832	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	896,842	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	269,990	00
Filing Fee	11	Total payments	●	11		00
	12	Use tax. See General Information K	●	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00
	15	Penalties and Interest. See General Information J	●	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	●	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Title	Date	Telephone		
Paid Preparer's Use Only	Preparer's signature	<u>WENDY WEISS</u>	Date	Check if self-employed	● PTIN	<u>P00356608</u>
	Firm's name (or yours, if self-employed) and address	<u>WITHUMSMITH+BROWN, PC</u> <u>601 CALIFORNIA STREET, SUITE 1800</u> <u>SAN FRANCISCO, CA 94108</u>			● Firm's FEIN	<u>22-2027092</u>
					● Telephone	<u>415-434-3744</u>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	42,333	00
	2	Interest	•	2		00
	3	Dividends	•	3	29,931	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6	1,458,346	00
	7	Other income. Attach schedule	•	7	538	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,531,148	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	18,890	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule.	•	11	209,013	00
	12	Other salaries and wages	•	12	79,627	00
	13	Interest	•	13		00
	14	Taxes	•	14	21,283	00
	15	Rents	•	15	21,457	00
	16	Depreciation and depletion (See instructions).	•	16		00
	17	Other expenses and disbursements. Attach schedule	•	17	546,572	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	896,842	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		625,580.		319,508.
2 Net accounts receivable				
3 Net notes receivable				10,000.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock.		1,389,203.		2,172,451.
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	10,937.			
b Less accumulated depreciation	10,937.			
11 Land				
12 Other assets. Attach schedule	ATCH 7	867,961.		1,015,982.
13 Total assets		2,882,744.		3,517,941.
Liabilities and net worth				
14 Accounts payable				34,790.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule	ATCH 8	48,604.		100,100.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,834,140.		3,383,051.
22 Total liabilities and net worth		2,882,744.		3,517,941.

Schedule M-1 Reconciliation of income per books with income per return						
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000						
1	Net income per books	577,851.	7	Income recorded on books this year not included in this return. Attach schedule	ATCH 9	307,861.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule		
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8		307,861.
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6		269,990.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.					
6	Total. Add line 1 through line 5	577,851.				

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
FUJISAKA FAMILY CHARITABLE FUND 7321 GLADYS AVENUE EL CERRITO, CA 94530		100,000.
START SMALL 314 LYTTON AVENUE, SUITE 200 PALO ALTO, CA 94301		100,000.
QUEST FOUNDATION P.O. BOX 339 DANVILLE, CA 94526		50,000.
BRANDENBURG FAMILY FOUNDATION 1122 WILLOW STREET SUITE 200 SAN JOSE, CA 95125		35,000.
TOMONORI AND SAKIKO TANI 2901 PIERCE STREET SAN FRANCISCO, CA 94123		33,190.
LONNY & NADYNE ORONA FAMILY FOUNDATION 195 LA COLINA DRIVE ALAMO, CA 94507		32,000.
PRICewaterhouseCOOPERS LLP 488 S.ALMADEN BLVD. #1800 SAN JOSE, CA 95110		30,000.
HARRY AND JEANETTE WEINBERG FOUNDATION, 3660 WAIALAE AVENUE, SUITE 400 HONOLULU, HI 96816		30,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
ALASKA AIRLINES 555 AIRPORT BOULEVARD STE. 500 BURLINGAME, CA 94010		25,000.
FREMONT BANK FOUNDATION 39150 FREMONT BOULEVARD FREMONT, CA 94539		25,000.
LAWRENCE TSEU P.O. BOX 25008 HONOLULU, HI 96825		25,000.
MARK MCCAFFREY 531 BERESFORD AVENUE REDWOOD CITY, CA 94061		22,900.
KRISTI YAMAGUCHI 290 LAS QUEBRADAS LANE ALAMO, CA 94507		20,129.
RAYMOND AND JOANNA LIN FOUNDATION 1260 EMERSON ST PALO ALTO, CA 94301		19,000.
RICHARD BAKER 765 MARKET STREET PH2G SAN FRANCISCO, CA 94103		15,000.
DOROTHY KAPLAN 26 ARLINGTON AVENUE KENSINGTON, CA 94707		15,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
YIH FAMILY FOUNDATION 101 ALAMO HILLS DRIVE ALAMO, CA 94507		15,000.
KOSASA FOUNDATION 766 POHUKAINA STREET HONOLULU, HI 96813		15,000.
KARA OKAMOTO 529 ORTEGA STREET SAN FRANCISCO, CA 94122		14,100.
CAPITAL GROUP COMPANY CHARITABLE FOUND 400 SOUTH HOPE STREET LOS ANGELES, CA 90071		12,600.
TSUHA FOUNDATION P.O. BOX 4687 HONOLULU, HI 96812		12,000.
DEAN & MARGARET LESHER FOUNDATION 1333 N. CALIFORNIA BLVD., SUITE 575 WALNUT CREEK, CA 94596		12,000.
CHAD HEATON 3787 WOODSIDE ROAD WOODSIDE, CA 94062		10,001.
FREMONT BANK 39150 FREMONT BOULEVARD FREMONT, CA 94539		10,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
GERMAINE HEILIGER 1934 WAVERLEY STREET PALO ALTO, CA 94301		10,000.
JENNIFER LEE 8820 CALLE BONITA GRANITE BAY, CA 95746		10,000.
CLINT REILLY 880 EL CAMINO DEL MAR SAN FRANCISCO, CA 94121		10,000.
RUTH COX 515 ROCKDALE DRIVE SAN FRANCISCO, CA 94127		10,000.
BUCK GEE 388 GRAVATT DRIVE BERKELEY, CA 94705		10,000.
JOHN RAMSBACHER 1053 TENNESSEE STREET SAN FRANCISCO, CA 94107		10,000.
MAMORU AND AIKO TAKITANI FOUNDATION P.O. BOX 10687 HONOLULU, HI 96816		10,000.
SALESFORCECOM FOUNDATION 50 FREMONT STREET NO 300 SAN FRANCISCO, CA 94105		10,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
JONATHAN AND RAE CORR FAMILY FOUNDATION 501 SILVERSIDE ROAD SUITE 123 WILMINGTON, DE 19809		10,000.
THE TSUHA HAWAII ALOHA FUND 1118 ALA MOANA BLVD. APT 3100 HONOLULU, HI 96814		9,864.
SHERMAN LEE 101 GREEN STREET SAN FRANCISCO, CA 94116		7,047.
JEFFREY TING 1465 LAKEVIEW DR. HILLSBOROUGH, CA 94010		6,848.
DANIEL SPRINGER 221 MAIN STREET SAN FRANCISCO, CA 94105		6,000.
DR. ASHIT JAIN 8543 LUPINE COURT PLEASANTON, CA 94588		6,000.
JEFF KWONG 189 N. BASCOM AVE SUITE 200 SAN JOSE, CA 95128		6,000.
US FIGURE SKATING ASSOCIATION 20 FIRST STREET COLORADO SPRINGS, CO 80906		5,200.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
CISCO SYSTEMS FOUNDATION 170 WEST TASMAN DRIVE SAN JOSE, CA 95134		5,145.
JAN YANEHIRO 333 SPRUCE STREET SAN FRANCISCO, CA 94118		5,129.
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025		5,050.
AT&T FOUNDATION 430 BUSH STREET 5TH FLOOR SAN FRANCISCO, CA 94108		5,000.
ANETTE LOUPE 15 CIBRIAN DRIVE TIBURON, CA 94920		5,000.
MINAMI TAMAKI LLP 365 MAGELLAN AVE SAN FRANCISCO, CA 94116		5,000.
JOHN AND ALLISON LYLES FUND 828 FORT STREET MALL, SUITE 310 HONOLULU, HI 96813		5,000.
GRUBER FAMILY FOUNDATION P.O. BOX 214 ROSS, CA 94957		5,000.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
WOMEN OF CABLE TELECOMMUNICATIONS 2000 K STREET NW, SUITE 350 WASHINGTON, DC 20006		5,000.
FOO W. LIM & SONS, INC 1130 WILDER AVENUE, SUITE 102 HONOLULU, HI 96822		5,000.
STEVEN LOUI 240 WAILUPE CIRCLE HONOLULU, HI 96821		5,000.
SAN JOSE SILICON VALLEY 1922 THE ALAMEDA SUITE 104 SAN JOSE, CA 95126		5,000.
AACI 2400 MOORPARK AVENUE SUITE 300 SAN JOSE, CA 95128		5,000.
CONTRIBUTIONS < 5K VARIOUS SAN FRANCISCO, CA 94117		47,391.
SMALL BUSSINESS ADMINSTRATION 409 THIRD STREET, SW WASHINGTON, DC 20024		23,700.
TOTAL CONTRIBUTION AMOUNTS		<u>951,294.</u>

CA 199, PART II - GROSS AMOUNT RECEIVED FROM SALE OF ASSETS

DESCRIPTION	DATE ACQUIRED	DATE SOLD	MANNER	TO WHOM SOLD	COST OR OTHER BASIS	COST OF IMPROVEMENT	EXPENSE OF SALE	DEPRECIATION	SALE PRICE
PUBLICLY TRADED SECURITIES	VAR	VAR			1,375,431.				1,458,346.
TOTAL GROSS AMOUNT RECEIVED FROM SALE OF ASSETS									<u>1,458,346.</u>

PART II - OTHER INCOME

MISCELLANEOUS REVENUE 538.

TOTAL OTHER INCOME 538.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 4

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
BRIAN BOITANO'S YOUTH SKATE 10545 W LOYOLA DR. LOS ALTOS, CA 94024	501 (C) (3)	PROGRAM SUPPORT	7,200.
SKATING SCHOLARSHIP			10,000.
		TOTAL CONTRIBUTIONS PAID	<u>17,200.</u>

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
AARIKA RIDDLE	EXC DIRECTOR EFF. 10/2020	104,013.
LORI YAMAGUCHI	DIRECTOR OF PROGRAMS	105,000.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>209,013.</u>

ATTACHMENT 6PART II - OTHER EXPENSES

EMPLOYEE BENEFITS	40,080.
ACCOUNTING EXPENSE	84,164.
PROFESSIONAL EXPENSE	49,000.
INVESTMENT MGMT FEES	9,175.
OTHER FEES FOR SVCS	169,151.
ADVERTISING	11,859.
OFFICE EXPENSES	15,629.
INFO. TECHNOLOGY	18,565.
TRAVEL EXPENSES	2,510.
CONFERENCES	142.
INSURANCE	1,291.
OTHER PROGRAM EXPENSES	112,268.
ENTERTAINMENT	10,359.
VOLUNTEER APPRECIATION	10,661.
PAYROLL EXPENSES	3,338.
FILING FEES	1,348.
MISCELLANEOUS EXPENSES	7,032.
TOTAL OTHER EXPENSES	<u>546,572.</u>

SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
SCHOOL SUPPLIES		37,226.
BENEFICIAL ASSETS IN TRUST		952,365.
		26,391.
TOTAL OTHER ASSETS	<u>867,961.</u>	<u>1,015,982.</u>

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

UNREALIZED LOSS	307,861.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>307,861.</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

KRISTI YAMAGUCHI'S ALWAYS DREAM Name of Organization List all DBAs and names the organization uses or has used 125 RAILROAD AVENUE, SUITE 203 Address (Number and Street) DANVILLE CA 94526 City or Town, State and ZIP Code (925) 309-4359 Telephone Number _____ E-mail Address	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report State Charity Registration Number <u>110340</u> Corporate or Organization No. <u>1995573</u> Federal Employer ID No. <u>94-3255817</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue \$ (including noncash contributions) 1,291,274. **Noncash Contributions \$** 60,040. **Total Assets \$** 3,517,940.

Program Expenses \$ 640,526. **Total Expenses \$** 971,926.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

_____ Signature of Authorized Agent	MARK MCCAFFREY Printed Name	BOARD PRESIDENT Title	05/15/2022 Date
--	--------------------------------	--------------------------	--------------------

<u>GOVERNMENT AGENCY NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE AND ZIP CODE</u>	<u>CONTACT NAME</u>	<u>TELEPHONE</u>
SMALL BUSINESS ADMINIST	409 THIRD STREET,	SW WASHINGTON, DC 20024		