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

AF	or th	e 202	u calendar year, or tax year begi	nning 077	U⊥, 2020,	and ending	<u> </u>		00/3	30,20 21		
Всн	neck if ap	oplicable:	C Name of organization KRISTI YAMAGUCHI'S AL	WAYS DREAM			D	Employer ide	entificati	on number	_	
	Addre		Doing Business As					94-3255	817			
Х	1 1	change	Number and street (or P.O. box if mail is	not delivered to street address	s) F	Room/suite	E	Telephone no	umber	ber		
	Initial	-	125 RAILROAD AVENUE,	SUITE 203			(925) 30	9-435	59		
	Termi		City or town, state or province, country,		 							
	Amen	ded	DANVILLE, CA 94526	3 1			l _G	Gross receip	ts \$	2.597	,583.	
	return Applic		F Name and address of principal officer:	MARK MCCAFFRE	.Y			a) Is this a grou			$\overline{}$	
	pendi	ng	125 RAILROAD AVENUE, SUITE 203, DANVILLE, CA 94526						?	\vdash	No	
_	Toy ov	omnt et					—— `	b) Are all subord		ee instructions)	NO	
		empt st	atus: X 501(c)(3) 501(c) (WWW.ALWAYSDREAM.ORG) (insert no.)	4947(a)(1) or	r 527						
_				A		1. 1		C) Group exemp				
$\overline{}$				Association Other	•	L Year of	tormation	1996 M	State of	legal domicile	<u> </u>	
Pá	art I		nmary		MIID OD	~ » »: т г » m т	CONT. ED.	IGIIDEG G	UTT DE	DENT DEOM		
	1		describe the organization's mission of						 HTTDF	KEN FROM		
-Sc			-INCOME FAMILIES HAVE A	- -			THE E	IOME 				
ja Ja			IRONMENT AND EXTENSIVE									
Governance			this box 🕨 🔛 if the organization of								4 -	
			er of voting members of the governing						3		15.	
Activities &			er of independent voting members of						4		14.	
iţi	5	Total	number of individuals employed in cal	endar year 2020 (Part V, lii	ne 2a)				5		3.	
흦	6	Total	number of volunteers (estimate if neces	sary)					6		25.	
ĕ	7a	Total	unrelated business revenue from Part V						7a		0	
			nrelated business taxable income from						7b		0	
								Prior Year		Current \	ear ear	
	8	Contri	butions and grants (Part VIII, line 1h)		296,74	9.	1,01	1,115				
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	FOR			0.	4	2,333	
Š	10	Invest	ment income (Part VIII, column (A), lin	es 3 4 and 7d)	PUBLIC INS	SPECTION		10,16	0.		2,846	
~			revenue (Part VIII, column (A), lines 5,					-3,45			538	
			revenue - add lines 8 through 11 (mus					303,45		1.16	6,832	
			s and similar amounts paid (Part IX, col					27,59			8,890	
								27,00	0.		0,000	
			its paid to or for members (Part IX, colu					71,88		35	0,003	
Expenses			es, other compensation, employee ben					71,00	0.		9,000	
eu	16a	Profes	ssional fundraising fees (Part IX, columr fundraising expenses (Part IX, column (1 (A), line 11e)	226 162				0.	- 1	9,000	
Ä								222 52	<u></u>	47	0 040	
			expenses (Part IX, column (A), lines 11					232,52	_		8,949	
			expenses. Add lines 13-17 (must equa					332,01			6,842	
. (0	19	Rever	ue less expenses. Subtract line 18 fror	n line 12				-28,56			9,990	
Net Assets or Fund Balances								g of Current Y		End of Ye		
alaı	20	Total	assets (Part X, line 16)					2,882,74			7,941	
d As	21	Total I	iabilities (Part X, line 26)					48,60			4,890	
ջ	22	Net as	ssets or fund balances. Subtract line 2	1 from line 20				2,834,14	0.	3,38	3 , 051	
Pa	rt II	Siç	gnature Block									
Und	ler per	nalties o	of perjury, I declare that I have examined the	is return, including accompa	anying schedule	es and statem	ents, and	to the best of	my kno	wledge and b	elief, it is	
true	, corre	ct, and	complete. Declaration of preparer (other that	n onicer) is based on all infor	mation of which	n preparer nas	any know	neage.				
Sig			Signature of officer					Date				
Her	e.											
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTII	N		
Paid		WEN:		WENDY WEISS		/2022						
Prep	arer		. III III III III II II DDOI			1 00/ 10/				027092		
Use	Only		Thaine P	·	100 0- 01-	.0				134-3744		
Mari	the !!	_	address 601 CALIFORNIA STREET,			١٥	Ph	none no.	7 T J = 4			
			cuss this return with the preparer show	•	<i></i>						No O	
For	Paper	rwork	Reduction Act Notice, see the separa	te instructions.						Form 99	0 (2020)	

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Pa	Tt 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?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	If "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
	(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).	
415	(Code)	
	(Code:) (Expenses \$10,000. including grants of \$10,000.) (Revenue \$) THE ALWAYS STRIVING SKATING GRANT SUPPORTED COACHING AND SKATING EXPENSES FOR SKATER ALYSA LIU.	
		_
	(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 \$)	
JSA	Total program service expenses ► 580, 486.	2020)
0E1	20 1.000	2020) .GE

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Par	t V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
e	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		3.7	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	X	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	425		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		21
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		τ,	
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	l

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		Х
24 a	employees? If "Yes," complete Schedule J	23		
- -u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04.5		
Ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
26	If "Yes," complete Schedule L, Part I	25b		X
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
28	persons? If "Yes," complete Schedule L, Part III	27		
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
25.0	or IV, and Part V, line 1	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			N.
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		37
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
_	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Χ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No 1.5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?...... 8b Χ Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed $\triangleright AZ,CA,HI,NV$, 17

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

- 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.
 - X Another's website X Upon request Other (explain on Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION 125 RAILROAD AVENUE, SUITE 203 DANVILLE, CA 94526 925-309-4359 20

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Χ

Χ 15b

15a Х

16a

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

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

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Part VII Section A. Officers, Directors, T	rustees. Ke	v En	nplo	Ve	es.	and H	lial	hest Compensat	ed Employees	(conti		Page 8
(A) Name and title	(B) Average hours per week (list any hours for related	(do l box, office	not ch unles	Pos neck ss pe	c) sition more erson direct	e than or is both a or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om	(F) Estimate amount other compensa	of
	organizations below dotted line)	Individual trustee or director	Institutional trustee	fficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		organization and related organization	ion ed
15) ERIC MCDONNELL	1.00	-										
DIRECTOR & SECRETARY	0.	X		Х				0		-		(
16) MICHELE GRIFFIN DIRECTOR	$\frac{1.00}{0.}$	X						0		,		(
17) CHRISTINE KUBOTA	1.00	71						0	•			
DIRECTOR	0.	Х						0	. C	١.		C
		-										
1b Sub-total								144,012.		0.	16,	700.
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	0.		0.		0
d Total (add lines 1b and 1c)							<u> </u>	144,012.		0.	<u> </u>	700.
2 Total number of individuals (including but no reportable compensation from the organization			liste 1	d al	bove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3	X
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15	50,0	00?	? If	"Yes,	," (complete Schedu	le J for such		4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If the services rendered to the organization of the services rendered to the organization of the services rendered to the organization.	or accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual		5	X
Section B. Independent Contractors												
 Complete this table for your five highest co compensation from the organization. Report year. 											ax	
(Δ)							Т	(B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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Part VIII Statement of Revenue

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

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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	10.000	10.000									
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,	200 012	124 405	20 722	F2 70F							
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	0										
persons described in section 4958(c)(3)(B)	0.	F1 000	7.000	20 400							
7 Other salaries and wages	79,627.	51,238.	7,899.	20,490.							
8 Pension plan accruals and contributions (include	0										
section 401(k) and 403(b) employer contributions)	0.	25.760	2 041	10 271							
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):	0										
a Management	0.										
b Legal	0.	47.001	14 000	01 000							
c Accounting	84,164.	47,291.	14,990.	21,883.							
d Lobbying	0.			40.000							
e Professional fundraising services. See Part IV, line 17.	49,000.		0 175	49,000.							
f Investment management fees	9,175.		9,175.								
9 Other. (If line 11g amount exceeds 10% of line 25, column	1.60 1.51	120 050	1.6 5.00	20 207							
(A) amount, list line 11g expenses on Schedule O.) ${ m ATCH}$ 1	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.	10 407	000	1 0.01							
16 Occupancy	21,457.	19,407.	989. 351.	1,061.							
17 Travel	2,510.	434.	331.	1,725.							
18 Payments of travel or entertainment expenses	0										
for any federal, state, or local public officials	0.	21	<u></u>	105							
19 Conferences, conventions, and meetings	142.	31.	6.	105.							
20 Interest	0.										
21 Payments to affiliates	0.										
22 Depreciation, depletion, and amortization		000	114	255							
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.)	110 000	107 270	1 251	2 520							
aOTHER PROGRAM EXPENSES	112,268.	107,378.	1,351.	3,539.							
bENTERTAINMENT	10,359.	1 570		10,359.							
c VOLUNTEER APPRECIATION	10,661.	1,578.	221	9,083.							
dPAYROLL 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											
following SOP 98-2 (ASC 958-720)	0.										

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	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.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges ATCH . 2	0.	9	26,391.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10, 937.			
	b	Less: accumulated depreciation	0.	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.
_	17	Accounts payable and accrued expenses	0.	17	34,790.
	18	Grants payable	0.	18	0.
	19	Deferred revenue. ATCH 3	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.
'n	22	Loans and other payables to any current or former officer, director,		<u> </u>	<u> </u>
Ę		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Lia	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	· ·	24	27,303.
	25	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.
_	20	Organizations that follow FASB ASC 958, check here	10,001.	26	131/030.
Ses		and complete lines 27, 28, 32, and 33.			
Jan	27	Net assets without donor restrictions	1,553,107.	27	2,333,326.
Ba	28	Net assets with donor restrictions.	1,281,033.	28	1,049,725.
Ы	20	Organizations that do not follow FASB ASC 958, check here ▶	1,201,000.	20	1,010,720.
Assets or Fund Balances		and complete lines 29 through 33.			
S 01	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net.	32	Total net assets or fund balances	2,834,140.	32	3,383,051.
_Z	33	Total liabilities and net assets/fund balances	2,882,744.	33	3,517,941.
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Part :							
	Check if Schedule O contains a response or note to any line in this Part XI			· • • ·		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	66,8	32.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			96,8		
3	Revenue less expenses. Subtract line 2 from line 1	3			69,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			34 , 1		
5	Net unrealized gains (losses) on investments	5		3	07,8	61.	
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			28,9	40.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		3,3	83,0	51.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 📗				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of	2c	Х		
	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, e	xplain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			3.7	
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

KR:	ISTI	YAMAGUCHI'S ALWAY	S DREAM				94-32558	17					
Рa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	e this pa	art.) See instructions	3.					
Γhe	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1		A church, convention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the					
		hospital's name, city, and st	tate:										
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6	Ш	A federal, state, or local go	vernment or gove	vernment or governmental unit described in section 170(b)(1)(A)(v).									
7	Χ	An organization that norma	ally receives a substantial part of its support from a governmental unit or from the general public										
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)									
8		A community trust describe			-								
9		An agricultural research org	=			-							
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or					
		university:				_							
0	Ш	An organization that norma receipts from activities rela support from gross investments	lly receives (1) mo	ore than 331/3 % of its	support ertain ex	trom cor	ntributions, membersh	ip fees, and gross					
		support from gross investm	ent income and u	nrelated business tax	able inco	me (less	s section 511 tax) from	businesses					
		acquired by the organization											
11	=	An organization organized	•	•	-		, ,, ,	arm, out the numero					
2		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes											
		, ,	e or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) It the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g										
_		7	•	• •			·						
а		Type I. A supporting orga- the supported organization	•	•	-		• , ,						
		supporting organization.				ajority or	the directors of truste	es of the					
b		Type II. A supporting org	•			with its	supported organization	on(s) by having					
		control or management of	•										
		organization(s). You must		-	tilo odili	c person	io that control of man	age the supported					
С		Type III functionally integ	•		ted in co	onnectio	n with, and functional	lly integrated with					
		_ its supported organization						.,					
d		Type III non-functionally						ted organization(s)					
		that is not functionally inte					• • • • • • • • • • • • • • • • • • • •	• ,					
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.						
е		Check this box if the orga	anization received	a written determinatio	n from tl	he IRS th	nat it is a Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.						
f	Ent	er the number of supported	l organizations										
g		vide the following information		` , ,				I					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
				above (see instructions))	docui	ment?	instructions)	instructions)					
					Yes	No							
A)													
B)													
C)													
D)													
E)													
Γota	al												

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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.
Sec	tion B. Total Support						
Cale	ndar 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. (se	ee instructions) .				12	42,333.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2020 (lin	. ,	•			14	92.88%
15	Public support percentage from 2019 \$					15	91.05 %
16a	331/3% support test - 2020. If the org						
	box and stop here . The organization qu						
b	33 1/3 % support test - 2019 . If the org						
	this box and stop here . The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			_	•		
	organization						
b	10%-facts-and-circumstances test - 215 is 10% or more, and if the organiz	_					
	in Part VI how the organization meets	the facts-and-	circumstances te	est. The organiz	zation qualifies	as a publicly su	ipported
	organization						
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2020

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

(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.)

				· ·	•	,	
	tion A. Public Support		420047	4) 0040	(1) 2040	() 0000	(0 T. ()
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons Amounts included on lines 2 and 3						
ь	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	tion P. Total Support						
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(6) 2020	(i) iotai
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	, column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin			13, column (f))		17	%
18	Investment income percentage from 2019						%
19 a	331/3% support tests - 2020. If the or						
	17 is not more than 331/3 %, check this	-					
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of			•			

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

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Schedule A (Form 990 or 990-EZ) 2020

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations	110		
	on Dr. Type i capperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
So o ti	supervised, or controlled the supporting organization.	2		
secu	on C. Type II Supporting Organizations		Voc	No
	Ware a majority of the argenizations directors or tructors during the toy year also a majority of the directors		163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	r´ —
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Zd		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .			
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.
Sec	ction 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		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	, , , ,			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6				
Ü	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	4 Amounts paid to acquire exempt-use assets					
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	6 Other distributions (describe in Part VI). See instructions.					
7	7 Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.					
9	9 Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
			(iii)			

Sect	ion 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 - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. 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			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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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.)

COURDINE A DADE II	OMILED INCOM	17			ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	lE				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS REVENUE					538.	538.
TOTALS					538.	538.

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Employer identification number Name of the organization KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817 Organization type (check one): Filers of: Section: X 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Schedule of Contributors

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

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

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).

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

Name of organization KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number 94-3255817

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$ \$ 35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for

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

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 add	ditional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number 94-3255817

Part II	Noncash Property	(see instructions)	Use dunlicate coni	ies of Part II if additiona	l snace is needed
GII U III	14011Ca31111Opcity		. Obc auplicate copi	ics of Fart if it additiona	i apace is neceuca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 ► 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KR]	STI YAMAGUCHI'S ALWAYS DREAM	94-3255817
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Fun	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
c		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
Do	conferring impermissible private benefit?	res NO
Га	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		of a historically important land area
		a certified historic structure
_	Preservation of open space	the form of a consequention
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, c service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
b	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service.
	provide the following amounts relating to these items:	aren ar ranaraneo er pasae estrae,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	a gam, provide the
а		▶ \$
b	Revenue included on Form 990, Part VIII, line 1	> \$

Page 2 Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Trea	sures, o	r Other Simila	r Assets (d	continued)	rage =
3	Using the organization's acquisition								of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or	exchange	e program			
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	ain how th	ey further	the organizati	on's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization						_		_
_	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pa	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								
4-	990, Part X, line 21.	too quatadian ar a	than intern	adiam, fam	. aantribut	iono or other			
та	Is the organization an agent, trus			-			_	Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement in						L	res	NO
b	ii res, explain the arrangement	ii Fait Aili aliu coili	piete trie io	liowing table	E		Amount		
С	Beginning balance				1c		7 till Odili		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					ustodial accoun	t liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation h	nas been p	rovided on Part	XIII	[
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, Pa					
		(a) Current year	(b) Pric	r year	(c) Two yea	rs back (d) Thr	ee years back	(e) Four year	rs back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- f th		- //: 4 -: -	(-)	\			
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g, c	column (a)	neid as:			
b	Permanent endowment ►	%							
c		%							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3 a	Are there endowment funds not in			ation that a	re held an	d administered	for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	1
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ו וףment. ation answered "Y	es" on Fo	m 990. P	art IV. line	e 11a. See Fo	rm 990. Pa	rt X. line 1	0.
	Description of property	(a) Cost or	r other basis	(b) Cost or	other basis	(c) Accumulated		l) Book value	
4 -		,	stment)	(oth	ner)	depreciation			
1a	Land								
b	Buildings Leasehold improvements								
d	Equipment.				8,932.	8,93	2.		
	Other				2,005.	2,00			
	I. Add lines 1a through 1e. (Column		n 990. Part	X. column			D		

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Cenedate B (1 offil 550) 2020			i ago i
Part VII Investments - Other Securities. Complete if the organization answered	"Ves" on Form 00	0 Part IV line 11h See Form 000	Part V line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	·
(including name of security)	(b) Book value	Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	III) / II	0.00 (11/4) 44 0 5 000	D ()/ II 40
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(4)		Coot of one of your marks	, value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1) SCHOOL SUPPLIES			37,226
(2) BENEFICIAL ASSETS IN TRUST			952,365
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		989,591
Part X Other Liabilities. Complete if the organization answered line 25.			n 990, Part X,
	tion of liability	T	(b) Book value
1. (a) Descrip (1) Federal income taxes	tion of liability		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	at 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

Schedule D (Form 990) 2020 Page 4

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		_	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
	investment expenses not included on Form 550, Fart Vin, line 75 1 1 1 1 1 1	-	
b C	Other (Describe in Part XIII.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.	•	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Go to www.irs.gov/Form990 for i

on entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to P

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ Internet and email solicitations f Solicitation of government grants b Х Χ Phone solicitations Special fundraising events C Χ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 23,923. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

 Schedule G (Form 990 or 990-EZ) 2020
 Page 2

		(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a.		(event type)	(event type)	(total number)	col. (c))
Kevenue	1 Gross receipts	297,109.			297,109
	2 Less: Contributions 3 Gross income (line 1 minus				297,109
	line 2)				
	5 Noncash prizes				
	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
วี บั	8 Entertainment				
	9 Other direct expenses	24,220.			24,220
1 1	O Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	nn (d) mn (d)		24,220 -24,220
Part	\$15,000 on Form 990-EZ, lin		es" on Form 990, I	Part IV, line 19, or	reported more than
art			(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	(d) Total gaming (add
Pari		(a) Bingo	(es" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	\$15,000 on Form 990-EZ, lin	(a) Bingo	(es" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
philiphopy specified xil	\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(es" on Form 990, I	Part IV, line 19, or	· T
Pari en lecc Expenses Sesued S	\$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(es" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Pari en lecc Expenses Sesued S	\$15,000 on Form 990-EZ, Iin 1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	/es" on Form 990, I	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	\$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	/es" on Form 990, I	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pari Sasuada Dilect Expenses	\$15,000 on Form 990-EZ, Iin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes %	/es" on Form 990, I	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Pari Pari Pari Pari Pari Pari Pari Pari	\$15,000 on Form 990-EZ, Iin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes % No es 2 through 5 in colur	/es" on Form 990, I	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Pari serieda neilo	\$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lin	Yes % No es 2 through 5 in colurubtract line 7 from line anization conducts garduct gaming activities	Yes	Yes% No Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	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).

Schedule G (Form 990 or 990-EZ) 2020

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION

YES NO

OSAKI CONSULTING GROUP

CONSULTING X 23,923.

949 MOUNTAIN BLVD. OAKLAND

CA 94611

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
KRISTI YAMAGUCHI'S ALWAYS DREAM						94-325583	L7
Part I General Information on Grants a	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand	e?					X Yes No
Part IV, line 21, for any recipien		~					es" on Form 990,
(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)							
(6)							
(7)							
(8)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							1.

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

Schedule I (Form 990) 2020

94-3255817

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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

Schedule I (Form 990) (2020)

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.

Page 2

SCHEDULE L

Part I

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KRISTI YAMAGUCHI'S ALWAYS DREAM

Employer identification number 94-3255817

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	default?	(h) Ap	ard or	(i) W agreer	
			То	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.

(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)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

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 ATTACHMENT 1	(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).

Schedule L (Form 990 or 990-EZ) 2020 Page 2

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	1 -	aring of zation's nues?
				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

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

Employer identification number

94-3255817

Part I	Types of Prope	ertv	
KRISTI	YAMAGUCHI'S	ALWAYS	DREAM

гаі	Types of Floperty				
		(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		15.	60,040.	
25	Other ►(ATCH 1)		13.	60,040.	
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received				29
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	Yes No
302	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	
JUA	28, that it must hold for at least the				
	to be used for exempt purposes for	-			·
h	If "Yes," describe the arrangement i		orang ponoar		
31	Does the organization have a		tance policy that require	es the review of any	nonstandard
•	contributions?	-			
32a	Does the organization hire or use				
	contributions?	-	_		
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,
	describe in Part II		() - 2 F - 1 F - 1	. ,	,

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

Schedule M (Form 990) 2020

KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817

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, Part II or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

Page 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

Schedule M (Form 990) (2020)

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

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Omage

Om

Department of the Treasury Internal Revenue Service

Name of the organization

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

KRISTI YAMAGUCHI'S ALWAYS DREAM

94-3255817

PART III, LINE 1 - DESCRIPTION OF ORGANIZATION MISSION:

THE KRISTI YAMAGUCI'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

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
711 171C1111DIN 1	

FORM 990, PART IX - OTHER FEES

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

Name of the organization	Employer identification number
KRISTI YAMAGUCHI'S ALWAYS DREAM	94-3255817
	ATTACHMENT 2
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	24,450.
PREPAID INSURANCE	1,941.
TOTALS	26,391.
	ATTACHMENT 3
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED EVENT REVENUE	72,135.
TOTALS	72,135.

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2020	Annual Information Return		199		
		(mm/dd/yyyy)	06/30/2021 .		
	rganization name		a corporation number		
	TI YAMAGUCHI'S ALWAYS DREAM ormation. See instructions.		5573		
Auditional iiii	ormation. See instructions.		3255817		
Street address	s (suite or room)	94-	9MB no.		
	RAILROAD AVENUE, SUITE 203		i me ne:		
City	THILDION TIVENOU, BOTTE 203	St	tate Zip code		
DANV	ILLE		CA 94526		
Foreign count			Foreign postal code		
B Amended C IRC Sect D Final info Enter dat E Check ac (1) F Federal re (1) G Is this a g H Is this org	ion 4947(a)(1) trust	FTB? See instruction of the control	Yes X No TC Section 23701g? Yes X No		
Part I Co	mplete Part I unless not required to file this form. See General Information B and C 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 2	1,531,14800 00 1,011,11500		
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
and Revenues	This line must be completed. If the result is less than \$50,000, see General Information B	0.0	2,542,26300		
	5 Cost of goods sold				
	6 Cost or other basis, and sales expenses of assets sold • 6 1,375,4		1,375,43100		
	7 Total costs. Add line 5 and line 6	● 7 8	1,166,83200		
_	9 Total expenses and disbursements. From Side 2, Part II, line 18.		896,84200		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		269,99000		
	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	0.0		
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	• 14	0.0		
	15 Penalties and Interest. See General Information J	15	0.0		
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		0.0		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which Signature of officer				
	Date	if self-	• PTIN		
	Preparer's signature WENDY WEISS 05/15/2022 employ		P00356608		
Paid	Firm's name (or vours		Firm's FEIN		
Preparer's	Firm's name (or yours, if self-employed) WITHUMSMITH+BROWN, PC		22-2027092		
Use Only	and address 601 CALIFORNIA STREET, SUITE 1800		Telephone		
	SAN FRANCISCO, CA 94108		415-434-3744		
	May the FTB discuss this return with the preparer shown above? See instructions		X Yes No		

027

0Y0527 1.000 9968RU XL8S

Part II	Organizations with gross receipts of morregardless of amount of gross receipts -	e than \$50,000 and private	foundations			
	Gross sales or receipts from all busines	<u> </u>		• 1	42,33300	
	2 Interest				0.0	
	3 Dividends				29,93100	
Receipts from	4 Gross rents				0.0	
Other	5 Gross royalties			5	0.0	
Sources	6 Gross amount received from sale of ass	ets (See Instructions)	ATCH		1,458,34600	
	7 Other income. Attach schedule				53800	
	8 Total gross sales or receipts from other				3 2 3 0 0	
	Enter here and on Side 1, Part I, line 1	_		8	1,531,14800	
	9 Contributions, gifts, grants, and simila				18,89000	
	10 Disbursements to or for members				0.0	
	11 Compensation of officers, directors, an				209,01300	
	12 Other salaries and wages				79,62700	
Expenses				• 13	0.0	
and	14 Taxes			• 14	21,28300	
Disburse-	15 Rents			• 15	21,45700	
ments	16 Depreciation and depletion (See instruc	tions)		• 16	00	
	17 Other expenses and disbursements. At				546,57200	
	18 Total expenses and disbursements. Ac				896,84200	
Schedu	le L Balance Sheet	Beginning of	taxable year	End of	End of taxable year	
Assets		(a)	(b)	(c)	(d)	
1 Cash			625 , 580.		319,508.	
2 Net a	accounts receivable				•	
3 Net n	notes receivable				10,000.	
4 Inver	ntories				•	
5 Fede	ral and state government obligations				•	
6 Inves	stments in other bonds				•	
7 Inves	stments in stock		1,389,203.		2,172,451.	
8 Morto	gage loans				•	
9 Othe	r investments. Attach schedule				•	
10 a De	preciable assets	10,937.				
b Le	ss accumulated depreciation	10,937.				
11 Land					•	
12 Othe	r assets. Attach schedule	ATCH 7	867 , 961.		1,015,982.	
	i assets. Attacii scriedule		2,882,744.		3,517,941.	

20 Paid-in or capital surplus. Attach reconciliation .

21 Retained earnings or income fund

22 Total liabilities and net worth

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	ATCH	9	
2	Federal income tax	•		not included in this return. Attach schedule	•	307,8	<u>361.</u>
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged			
4	Income not recorded on books this year.		4	against book income this year.			
	Attach schedule	•		Attach schedule			
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8		307,8	<u> 361.</u>
	deducted in this return. Attach schedule	•	10	Net income per return.			
6	Total. Add line 1 through line 5	577 , 851.		Subtract line 9 from line 6		269,9)90 .

Side 2 Form 199 2020

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PAGE 49

100,100.

Liabilities and net worth

19 Capital stock or principal fund

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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 FOUND. P.O. BOX 10687 HONOLULU, HI 96816	ATION	10,000.
SALESFORCECOM FOUNDATION 50 FREMONT STREET NO 300 SAN FRANCISCO, CA 94105		10,000.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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.

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
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	951,294.

KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817

ATTACHMENT 2

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

1,458,346.

	ATTACHMENT	3	
PART II - OTHER INCOME			
MISCELLANEOUS REVENUE		538	3.
TOTAL OTHER INCOME	_	538	<u>.</u>

KRISTI YAMAGUCHI'S ALWAYS DREAM 94-3255817

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

ATTACHMENT 4

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

GRANTS PAID

BRIAN BOITANO'S YOUTH SKATE 501(C)(3) PROGRAM SUPPORT 7,200.

10545 W LOYOLA DR.

LOS ALTOS, CA 94024

SKATING SCHOLARSHIP

TOTAL CONTRIBUTIONS PAID 17,200.

ATTACHMENT 4

9968RU XL8S PAGE 60

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

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

PART 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	546,572.

SCHEDULE L - OTHER ASSETS

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

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: KRISTI YAMAGUCHI ALWAYS DREAM EIN OF BUSINESS: 94-3255817

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE ACCRUED EXPENSE	23,700. 24,904.	72,135. 27,965.
TOTAL CORPORATION OTHER LIABILITIES	48,604.	<u>100,100.</u>
TOTAL OTHER LIABILITIES	48,604.	100,100.

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

UNREALIZED LOSS 307,861.

TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

307,861.

DEPARTMENT OF JUSTICE PAGE 1 of 5

RRF-1 (Rev. 02/2021)

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)

L								
KRISTI YAMAGUCHI'S ALWAYS DREAM	Check if:							
Name of Organization Change of addre		address						
List all DBAs and names the organization uses or has used Amended report								
125 RAILROAD AVENUE, SUITE 203			•					
Address (Number and Street)		State Charity Registration Number 110340						
DANVILLE CA 94526								
City or Town, State and ZIP Code Corporate or Organization No. 1995573			5573					
(925) 309–4359								
T cdcra Employer 15 No.								
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 Rev	enue	Fee Total Revenue			ļ	<u>Fee</u>		
Between \$50,000 and \$100,000 \$50 Between \$	\$250,001 and \$1 million \$1,000,001 and \$5 million \$5,000,001 and \$20 millior			001 and \$500 millio				
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	DUDING THE BEDIOD O	E TUIS DEDODT						
Note: All questions must be answered. If you answ			nu must attach a son	narate nage				
providing an explanation and details for each					Yes	No		
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?						Х		
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? ATCH 10					Х			
6. During this reporting period, did the organization hold a raffle for charitable purposes?						Х		
7. Does the organization conduct a vehicle donation program?						Х		
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.								
	MARK MCCAFFREY	ВО	ARD PRESIDEN'	T 05/15	/202	2		
Signature of Authorized Agent	Printed Name		Title	Date	!			

FORM RRF-1, PART B - CONTRIBUTING GO

ATTACHMENT 10

GOVERNMENT AGENCY NAME STREET ADDRESS CITY, STATE AND ZIP CODE CONTACT NAME TELEPHONE

SMALL BUSINESS ADMINIST 409 THIRD STREET, SW WASHINGTON, DC 20024

ATTACHMENT 10
9968RU XL8S
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