

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2020
Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: READYONE INDUSTRIES INC. D Employer identification number: 74-2544266. E Telephone number: (915) 858-7277. G Gross receipts \$ 102,603,923. F Name and address of principal officer: LUPE SOTO, 1414 ABILITY DRIVE, EL PASO, TX 79936. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.READYONE.ORG. K Form of organization: Corporation. L Year of formation: 1989. M State of legal domicile: TX.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here	Signature of officer	2021-11-11	Date
	LUPE SOTO CHIEF FINANCIAL OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2021-11-11
	Firm's name ▶ LAUTERBACH BORSCHOW & COMPANY PC	Check <input type="checkbox"/> if self-employed	
	Firm's address ▶ 4130 RIO BRAVO STREET EL PASO, TX 79902	PTIN P00061457	
		Firm's EIN ▶ 74-2014723	Phone no. (915) 544-6950

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE EMPLOYMENT TO INDIVIDUALS WITH SIGNIFICANT DISABILITIES IN AN ENVIRONMENT THAT INSPIRES AND NURTURES SELF DETERMINATION AND SUCCESS. EMPLOYING 307 SEVERELY DISABLED INDIVIDUALS AT DECEMBER 31, 2020.

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

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

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

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

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

4a	(Code:)	(Expenses \$ 101,787,009	including grants of \$)	(Revenue \$ 5,339,632)
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TO PROVIDE EMPLOYMENT TO INDIVIDUALS WITH SIGNIFICANT DISABILITIES IN AN ENVIRONMENT THAT INSPIRES AND NURTURES SELF DETERMINATION AND SUCCESS. EMPLOYING 307 SEVERELY DISABLED INDIVIDUALS AT DECEMBER 31, 2020.

4b	(Code:)	(Expenses \$)	including grants of \$)	(Revenue \$)
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4c	(Code:)	(Expenses \$)	including grants of \$)	(Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$)	including grants of \$)	(Revenue \$)
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4e	Total program service expenses ▶	101,787,009		
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Part IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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		No
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	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		No
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		No
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		No
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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, compensation, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with 16 main rows (2a-16) and sub-rows (a-h) for sections 7, 8, 9, 10, 11, 12, 13, 14. Columns include question text, response boxes (e.g., 2a, 2b, 3a), and Yes/No indicators. Key values include 1,081 for 2a and 'No' for 2b, 3a, 4a, 5a, 5b, 6a, 7a, 7c, 7e, 7f, 7g, 7h, 8, 9a, 9b, 12a, 13a, 14a, 14b, 15, 16.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRAIG WELLONS 1414 ABILITY DRIVE EL PASO, TX 79936 (915) 858-7277

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADOLPHO TELLES DIRECTOR	12.05	X					25,300	0	0	
(2) ROBERT ROCKEY CHAIRMAN, DIRECTO	17.83	X		X			42,240	0	0	
(3) NANCY HEIMBAUGH SECRETARY, DIRECTOR	17.00	X		X			32,120	0	0	
(4) LTG RET SOLOMON DIRECTOR	21.84	X					29,700	0	0	
(5) BRADLEY DAVIS DIRECTOR	18.90	X					28,600	0	0	
(6) CARMEN ARRIETA- CANDELARIA DIRECTOR	16.81	X					25,300	0	0	
(7) STEPHANIE KARR DIRECTOR	3.23	X					25,300	0	0	
(8) LUIS ALVAREZ CEO/PRESIDENT	60.00			X			449,625	0	23,608	
(9) WESLEY WELLONS COO/VP	60.00			X			197,308	0	23,681	
(10) GERONIMO MEDINA GENERAL MANAGER GARMENT DI	50.00					X	145,385	0	838	
(11) LORETTA HEMSWORTH DIRECTOR OF CORRUGATED	50.00					X	134,585	0	9,982	
(12) MARIA E GOMEZ DIRECTOR OF ENGINEERING	45.00					X	114,088	0	838	
(13) MARIA I MERAZ DIRECTOR OF CONTRACTS ADMI	50.00					X	106,934	0	9,429	
(14) MARIA G SOTO	50.00									

EPICOR PO BOX 204768 DALLAS, TX 75320	ERP SOFTWARE SYSTEM	195,460
PYROCOM SYSTEMS INC 820 KASTRIN STREET EL PASO, TX 79907	SECURITY SYSTEM MONITORING & SURVEILLANC	137,026
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4		

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Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 Contributions, Gifts, Grants and Other Similar Amounts				
1a Federated campaigns				
1b Membership dues				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)	96,557,569			
1f Other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f: \$				
h Total. Add lines 1a-1f	96,557,569			

2a	Business Code	Program Service Revenue		
		(A)	(B)	
GARMENT AND PACKAGING	310000	5,339,632	5,339,632	
f All other program service revenue.				
g Total. Add lines 2a-2f.		5,339,632		

3 Investment income (including dividends, interest, and other similar amounts)		316,056		316,056
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	134,403		
6b Less: rental expenses	(ii) Personal	0		
6c Rental income or (loss)		134,403		
d Net rental income or (loss)		134,403		134,403

Other Revenue	7a	Gross amount from sales of assets other than inventory	7a		24,900			
	b	Less: cost or other basis and sales expenses	7b		0			
	c	Gain or (loss)	7c		24,900			
	d	Net gain or (loss)			24,900	24,900		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11a	OTHER INCOME		900099	231,363			231,363	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			231,363				
12	Total revenue. See instructions			102,603,923	5,364,532	0	681,822	

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,112,331	851,585	260,746	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)				
7 Other salaries and wages	13,488,137	13,133,631	354,506	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,461	105,182	2,279	
9 Other employee benefits	1,834,603	1,834,603		

	2020	2019	2018	
10 Payroll taxes	1,375,837	1,339,397	36,440	
11 Fees for services (non-employees):				
a Management				
b Legal	74,506		74,506	
c Accounting	115,899		115,899	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	134,245		134,245	
12 Advertising and promotion	56,545	56,545		
13 Office expenses	225,958	225,958		
14 Information technology	682,501	682,501		
15 Royalties	26,669	26,669		
16 Occupancy	564,843	564,843		
17 Travel	109,253	109,253		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,155,995	1,155,995		
23 Insurance	325,132	173,237	151,895	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MATERIALS	78,970,542	78,970,542		
b FREIGHT	1,193,351	1,193,351		
c NISH COMMISSIONS	1,139,480	1,139,480		
d CONTRACT LABOR	154,680	145,748	8,932	
e All other expenses	213,790	78,489	135,301	
25 Total functional expenses. Add lines 1 through 24e	103,061,758	101,787,009	1,274,749	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,068,755	1	1,026,602
	2 Savings and temporary cash investments	250,322	2	1,251,639
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,704,537	4	15,667,383
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	33,194,602	8	44,574,465
	9 Prepaid expenses and deferred charges	205,939	9	873,459
	10a Land, buildings, and equipment: cost or other basis.			

	Complete Part VI of Schedule D	10a	35,670,470		
	b Less: accumulated depreciation	10b	20,683,965	15,340,850	10c 14,986,505
11	Investments—publicly traded securities				11
12	Investments—other securities. See Part IV, line 11			4,000,000	12 4,000,000
13	Investments—program-related. See Part IV, line 11				13
14	Intangible assets				14
15	Other assets. See Part IV, line 11				15
16	Total assets. Add lines 1 through 15 (must equal line 33)			75,765,005	16 82,380,053
Liabilities	17 Accounts payable and accrued expenses			14,646,753	17 17,571,987
	18 Grants payable				18
	19 Deferred revenue				19
	20 Tax-exempt bond liabilities				20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22
	23 Secured mortgages and notes payable to unrelated third parties				23 3,700,000
	24 Unsecured notes and loans payable to unrelated third parties				24 447,649
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D				25
	26 Total liabilities. Add lines 17 through 25				14,646,753
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions			61,118,252	27 60,660,417
	28 Net assets with donor restrictions				28
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds				29
	30 Paid-in or capital surplus, or land, building or equipment fund				30
	31 Retained earnings, endowment, accumulated income, or other funds				31
32 Total net assets or fund balances				61,118,252	32 60,660,417
33 Total liabilities and net assets/fund balances				75,765,005	33 82,380,053

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,603,923
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,061,758
3	Revenue less expenses. Subtract line 2 from line 1	3	-457,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,118,252
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,660,417

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

	Yes	No
2a		No

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2b	Yes	
2c	Yes	
3a		No
3b		

Form 990 (2020)

Form 990 (2020)

Additional Data

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Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and

Complete if the organization is a section 501(c)(3) or 501(c)(29) nonexempt charity. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: READYONE INDUSTRIES INC

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or a private foundation.
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a college or university.
10 An organization that normally receives: (1) more than 33 1/3% of its support from exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to support one or more exempt organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supporting organization...
b Type II. A supporting organization supervised or controlled in connection with its supporting organization...
c Type III functionally integrated. A supporting organization operated in conjunction with the organization...
d Type III non-functionally integrated. A supporting organization operated in conjunction with the organization...
e Check this box if the organization received a written determination from the IRS that it is a functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 4 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is it your organization? Includes a 'Total' row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Table with 4 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit.

without charge..			
4 Total. Add lines 1 through 3			
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).			
6 Public support. Subtract line 5 from line 4.			

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018
7 Amounts from line 4.			
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			
9 Net income from unrelated business activities, whether or not the business is regularly carried on.			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			
11 Total support. Add lines 7 through 10			
12 Gross receipts from related activities, etc. (see instructions)			
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year			

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))
- 15** Public support percentage for 2019 Schedule A, Part II, line 14
- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and the organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, and the organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, and if the organization meets the "facts-and-circumstances" test, check the box on line 17a. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, and if the organization meets the "facts-and-circumstances" test, check the box on line 17b. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, and if the organization is a private foundation, check the box on line 18. See instructions

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)(B)
 (Complete only if you checked the box on line 10 of Part I or if the organization fails to qualify under the tests listed below, please complete Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,734,021	46,581,430	
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	9,445,792	9,307,047	
3 Gross receipts from activities that are not an unrelated trade or business under section 513	205,628	143,195	
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	84,385,441	56,031,672	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			
c Add lines 7a and 7b			
8 Public support. (Subtract line 7c from line 6.)			

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018
---	----------	----------	----------

9	Amounts from line 6.	84,385,441	56,031,672
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	80,227	210,862
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		
c	Add lines 10a and 10b.	80,227	210,862
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.)	15,001	74,504
13	Total support. (Add lines 9, 10c, 11, and 12.)	84,480,669	56,317,038
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year, check this box and stop here.		

Section C. Computation of Public Support Percentage

- 15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2019 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2019 Schedule A, Part III, line 17
- 19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 14b is checked, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 14b, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and **stop here.**

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's Form 990? If "No," describe in Part VI how the supported organizations are designated. If designate describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination letter? If "Yes," explain in Part VI how the organization determined that the supported organization is a 501(c)(3) organization.
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6) that is not a 501(c)(3) organization?
- b Did the organization confirm that each supported organization qualified under section 501(c)(3) tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization confirmed that each supported organization qualified under section 509(a)(2).
- c Did the organization ensure that all support to such organizations was used exclusively for the organization's exempt purpose? If "Yes," describe 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," describe in Part VI how the organization determined that the supported organization was a foreign supported organization.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to supported organizations? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled by the supported organizations.
- c Did the organization support any foreign supported organization that does not have an IFLE? If "Yes," explain in Part VI what controls the organization used to ensure that the support 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," 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 governing documents for each such action; and (iv) how the action was accomplished (such as by amendment to the organizing documents).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class of supported organizations described 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) to supported organizations, (ii) individuals that are part of the charitable class benefited by the supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?

detail in **Part VI**.

- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (C), a family member of a substantial contributor, or a 35% controlled entity with regard to the organization? *See instructions for 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 *Schedule L (Form 990 or 990-EZ)*.
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by or for the benefit of a disqualified person (as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) and (2)) or a disqualified person's family member (as defined in section 4946(c)(2))?
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in the organization? *If "Yes," provide detail in **Part VI**.*
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive a substantial benefit from, the organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of its ownership of, or investment in, the following organizations, and all Type III non-functionally integrated supporting organizations?
- b** Did the organization have any excess business holdings in the tax year? *(Use **Schedule B (Form 990)** to report excess business holdings.)*

Page 5

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in line 11a above, the organization?
- b** A family member of a person described in 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, describe in **Part VI** how the organization accepted the gift or contribution.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations control, either directly or indirectly, the organization? *If "Yes," describe in **Part VI** how the organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization(s) controlled the organization, describe how the powers to appoint and/or remove directors or trustees were exercised, and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the one(s) described in line 1? *If "Yes," explain in **Part VI** how providing such support benefited the organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the supported organization(s)? *If "No," describe in **Part VI** how control or management of the supported organization(s) was exercised.*

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the tax year, (i) a copy of the notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the organization's governing documents in effect during the prior tax year, and (iii) copies of the organization's governing documents in effect during the current tax year?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the governing body of a supported organization? *If "No," explain in **Part VI** how the organization's relationship with the supported organization(s) was maintained.*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations' investment policies and in directing the use of the organization's income or assets? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test:
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 2** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you satisfied the Integral Part Test.

The organization supported a governmental entity. Describe in Part VI for this year.

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the which the organization was responsive? If "Yes," then in **Part VI identify those support directly furthered their exempt purposes, how the organization was responsive to those s determined that these activities constituted substantially all of its activities.**

b Did the activities described in line 2a, above constitute activities that, but for the organiz supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the r supported organization(s) would have engaged in these activities but for the organizat**

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers organizations? If "Yes" or "No", provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, program organizations? If "Yes," describe in **Part VI. the role played by the organization in this reg**

Schedule A (Form 990 or 990-EZ) 2020

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust non-functionally integrated supporting organizations must complete Sections A th

Section A - Adjusted Net Income

1 Net short-term capital gain

2 Recoveries of prior-year distributions

3 Other gross income (see instructions)

4 Add lines 1 through 3

5 Depreciation and depletion

6 Portion of operating expenses paid or incurred for production or collection of gross incom management, conservation, or maintenance of property held for production of income (s instructions)

7 Other expenses (see instructions)

8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax y assets held for part of year):

a Average monthly value of securities

b Average monthly cash balances

c Fair market value of other non-exempt-use assets

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in **Part VI**):

2 Acquisition indebtedness applicable to non-exempt use assets

3 Subtract line 2 from line 1d

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instruc

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

6 Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency tempora reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally-inte

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributions**

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

Name of the organization
READYONE INDUSTRIES INC**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not**
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treat
- 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 I

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received money or other property) from any one contributor. Complete Parts I and II for contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule B, Part I, line 1, received from any one contributor, during the year, total contributions of more than \$5,000, on 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 during the year, total contributions of more than \$1,000 *exclusively* for purposes, or for the prevention of cruelty to children or animals. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ during the year, contributions *exclusively* for religious, charitable, etc., purposes. If this box is checked, enter here the total contributions that were received for religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules (Form 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990 or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements for Form 990-EZ, or 990-PF).

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

Cat. No. 321010 1-2020

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

Name of organization
READYONE INDUSTRIES INC

Part I	
Contributors (see instructions). Use duplicate copies of Part I if ad	
(a) No.	(b) Name, address, and ZIP + 4
<u>RESTRICTED</u>	
-	
-	
-	
-	
-	
-	
-	

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

Name of organization
READYONE INDUSTRIES INC

Part II	
Noncash Property (see instructions). Use duplicate copies of Part II if additional space is n	
(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	

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

Name of organization
READYONE INDUSTRIES INC

Part III Exclusively religious, charitable, etc., contributions to organizations than \$1,000 for the year from any one contributor. Complete column (c) for all organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use column (c) to report the amount of the contribution that is not a contribution to a religious, charitable, etc., organization.
-		
	(e) Transferee's name, address, and ZIP 4	
(a) No. from Part I	(b) Purpose of gift	(c) Use column (c) to report the amount of the contribution that is not a contribution to a religious, charitable, etc., organization.
-		
	(e) Transferee's name, address, and ZIP 4	
(a) No. from Part I	(b) Purpose of gift	(c) Use column (c) to report the amount of the contribution that is not a contribution to a religious, charitable, etc., organization.
-		

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SCHEDULE D (Form 990)

Supplemental Financial S

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Y" Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and

Name of the organization READYONE INDUSTRIES INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Fu Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: Question number and (a) Donor advised funds. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II 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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or termin 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, h the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfc
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of s (4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's financ the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, c 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 s other similar assets held for public exhibition, education, or research in furtherance of public financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue state other similar assets held for public exhibition, education, or research in furtherance of public
2 If the organization received or held works of art, historical treasures, or other similar assets following amounts required to be reported under FASB ASC 958 relating to these items:

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

Part III Organizations maintaining collections of art, historical treasures, etc.

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

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial arrangements?
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1

	(a) Current year	(b) Prior year
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and losses		
d Grants or scholarships		
e Other expenditures for facilities and programs		
f Administrative expenses		
g End of year balance		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held by:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered by:
- (i) Unrelated organizations
 - (ii) Related organizations
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)
1a Land	2,327,122	
b Buildings	19,571,763	
c Leasehold improvements		
d Equipment	13,464,320	
e Other	307,265	

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

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1

(a) Description of security or category (including name of security)	(b) Value
(1) Financial derivatives	
(2) Closely-held equity interests	

(3) Other _____	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
(I)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

(a) Description of investment
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
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 990, Part IV, line 11

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11

(a) Description of liability
1. Federal income taxes
(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 regarding uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been prepared.

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Form 990
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

Table with 5 main rows and sub-rows (a-e) for adjustments. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Form 990
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

Table with 5 main rows and sub-rows (a-e) for adjustments. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 10a and 10b; Part VII, lines 2d and 4b. Also complete this part to provide any additional information.

Table with 2 columns: Return Reference and Description. Row 1: PART X, LINE 2: PART IX, QUESTION 2: ACCORDING TO THE AMERICAN REQUIRE MANAGEMENT TO RECOGNIZE A TAX LIABILITY IF MORE LIKELY THAN NOT WORKING HAS ANALYZED THE TAX POSITIONS AS OF DECEMBER 31, 2020, NO UNCERTAINTY THAT WOULD REQUIRE RECONCILIATION STATEMENTS.

Additional Data

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization: READYONE INDUSTRIES INC Emp: 74-2

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
1b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement of the expenses described above?
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director.
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a
a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6?
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies of this form for each individual.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1

Table with 4 columns: (A) Name and Title, (B)(i) Base compensation, (B)(ii) Bonus & compensation, (B)(iii) Other compensation. Rows include LUIS ALVAREZ CEO/PRESIDENT and WESLEY WELLONS COO/VP.

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and f

Return Reference	
PART I, LINE 5	REVENUES WERE ONE OF SEVERAL FACTORS IN DETERMINING CEO'S CC
PART I, LINE 6	NET EARNINGS WAS ONE OF THE SEVERAL FACTORS IN DETERMINING TH

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SCHEDULE R (Form 990)

Related Organizations and Un

Complete if the organization answered "Yes" on Form Attach to Form 990. Go to www.irs.gov/Form990 for instruction

Department of the Treasury Internal Revenue Service

Name of the organization READYONE INDUSTRIES INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990

Table with 3 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; Leg or. Row 1: (1) READYONE HOLDINGS LLC, 1414 ABILITY DRIVE, EL PASO, TX 79936, INACTIVE.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" organizations during the tax year.

Table with 3 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; Legal dc or forei. Multiple empty rows.

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Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization c organizations treated as a partnership during the tax year.

Table with 5 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; Pred incom unr exclud under 51. Multiple empty rows.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the orga related organizations treated as a corporation or trust during the tax year.

Table with 3 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country). Row 1: (1) ROICOM USA LLC, 1414 ABILITY DR, EL PASO, TX 79936, GARMENT MANUFACTURING, TX.

Schedule R (Form 990) 2020

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	
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