	99(1		LAILNSIONAI	IAVILD				OMB No. 1545-004	7	
	n 330 January 2			Organization Exen 527, or 4947(a)(1) of the Internal					2019		
Department of the Treasury Internal Revenue Service			 Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 								
A	For the	2019 calen	dar year, or tax year begiı	nning 9/01	, 2019, and ending	g 8/			2020		
В	Check if ap	oplicable:	C						cation number		
	Addre	ss change	Readworks, Inc.	100			the second s	35938	and an		
	Name	change	68 Jay Street #4 Brooklyn, NY 112				E Telepho				
	Initial	return	BLOOKLYII, NI 112	201			(71	3) 59	6-4292		
	Final re	eturn/terminated					Service Services				
	Amen	ded return				g Alas International Alas	G Gross re			1	
	Applic	cation pending	F Name and address of principa	^{al officer:} Terry Bowman	 A state of the sta		a group retur			X No	
	$\frac{1}{2}$		Same As C Above			H(b) Are all If "No.	l subordinates " attach a list.	included? (see inst	ructions)	No	
1	Tax-exe	mpt status:	X 501(c)(3) 501(c) () < (insert no.) 494	17(a)(1) or 527			288 일이다. 영양학			
J	Websi	ite:► ww	w.readworks.org			H(c) Group	exemption nu	mber ►			
К		organization:	X Corporation Trust	Association Other	L Year of formation	on: 199	0 MIS	tate of leg	gal domicile: NY		
Pa		Summar		sion or most significant activi	an a	n de la constante de la constan La constante de la constante de					
Activities & Governance	2 C 3 N	heck this be	x ► if the organization of the government of the government	hension crisis and on discontinued its operation erning body (Part VI, line 1a)	s or disposed of mo		25% of its				
യ് ഗ	4 N	umber of in	dependent voting membe	rs of the governing body (Par	t VI, line 1b)	ini padi		4		7	
itie				in calendar year 2019 (Part V				5		15	
ŝ				f necessary)				6	a da anti-	0	
Ā				Part VIII, column (C), line 12				7a 7b		0.	
	DIN	et unrelate	a business taxable income	e from Form 990-T, line 39	••••••*••••••••••••••			70	Comment Ve	0.	
	8 C	ontribution	and grants (Part VIII lin	e 1h)			Prior Year 1,951,3	02	Current Ye 2, 537,		
ne				ie 2g)			27,0			450.	
Revenue				(A), lines 3, 4, and 7d)			6,1			269.	
Be				lines 5, 6d, 8c, 9c, 10c, and 1			1,8			000.	
				1 (must equal Part VIII, colun			1,986,2		2,608,		
	13 G	rants and s	imilar amounts paid (Part	IX, column (A), lines 1-3)				1.2			
	14 B	enefits paid	to or for members (Part	IX, column (A), line 4)	بديا الارتجاب أرأب المتحاد والمراجع	a stal sta	ta stat		- ,		
		alaries, oth	er compensation, employe	ee benefits (Part IX, column ((A), lines 5-10)		1,328,3	52.	1,621,	882.	
ses	16a P	rofessional	fundraising fees (Part IX,	column (A), line 11e)	Weeder ein Gelden Ste					i i	
Expenses	ЬТ	otal fundrai	sing expenses (Part IX, co	olumn (D), line 25) 🕨	167,748.				AND CONTRACTOR		
щ	17 C		-	lines 11a-11d, 11f-24e)			876,3	43	627	011.	
				t equal Part IX, column (A), li			2,204,6		2,248,		
				18 from line 12			-218,4	the state of the s	and the second	423.	
2 4				n 1975 media kana dari kana da			ing of Curren		End of Yea		
Net Assets or Fund Balances	20 ⊤			أبي والاستراد والمراجع والمراجع والمستعد والمستعد والمستعد والمراجع			843,3		1,371,	746.	
A B	21 ⊤	otal liabiliti	es (Part X, line 26)	a,			55,6	94.	218,	591.	
Ne.	22 N	let assets o	r fund balances. Subtract	line 21 from line 20			787,6	48.	1,153,	155.	
Pa	art II	Signatu	re Block	the second s							
Und	er penaltie	s of perjury, I c	eclare that I have examined this re	turn, including accompanying schedule n all information of which preparer has	s and statements, and to	he best of r	my knowledge	and belief	f, it is true, correct,	and	
	piete. Dec			an information of which preparer has	any knowledge.		2/1	101			
c :		Signat	ure of officer	winn	ter en siner en		7/7	14	an di seconde a l'éclet a second de la comparis		
	gn ere		· · · · · · · · · · · · · · · · · · ·						+		
пе	ele.		ry Bowman		alar alapina ana makan peraharan tarapat ang	Exec	utive I	Direc	tor		
			preparer's name	Preparer's signature	Date		Check	if P	TIN		
D-			el Schall	Michael Scholl	1	/2021	self-employe	_ "	02024184		
Pa	iid eparer						Son on ploye	- II	02024104		
Us	se Only	Firm's add					Firm's EIN	13-	4036703		
			NEW YORK, NY				Phone no.	(212)	Contraction of the second s	0	
Ma	v the IR	S discuss t		er shown above? (see instruc	tions)			<u></u>	X Yes	No	
-	-			the separate instructions.		A0101L 01	the second part of the second second		Form 990		

EXTENSION ATTACHED

Form	8868	
Form	0000	

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

01

File a separate application for each return.

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	······································	
Type or print	Readworks, Inc.	13-3593812
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for filing your	68 Jay Street #426	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Brooklyn, NY 11201	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► Kathy_Bloomfield

 Telephone No. ► (718) 596-4292
 Fax No. ► (718) 596-4769

•	If the organization does not have an office or place of business in the United States, check this box
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group,
	check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members
	the extension is for

1 I request an automatic 6-month extension of time until $\frac{7}{15}$, 20 $\underline{21}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20
 or

	► X tax year beginning				
2	If the tax year entered in line 1	is for less than 12 mor	nths, check reason:	Initial return	Final return
	Change in accounting perio	bd			

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$ 0.
c Balance due Subtract line 3b from line 3a Include your payment with this form, if required, by using		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)

0.

Form	n 990 (2	2019)	Readworks, Inc.				13-3	8593812	Page 2
Par	t III		ement of Program Se						
			k if Schedule O contains a		e to any line in this F	Part III			Χ
1	-		ibe the organization's mis	sion:					
	<u>See</u>	<u>Sche</u>	dule 0				·		
							·		
2	Did the	e ordan	ization undertake any signif	ficant program servi	ices during the year w	hich were not listed on	the prior		
2								🗌 Ye	s X No
			ribe these new services on						
3		,	nization cease conducting		ant changes in how i	it conducts, any progra	am services?.	🗌 Ye	es X No
			ribe these changes on Sch		5				
4	Descr	ibe the	organization's program s	ervice accomplish	ments for each of its	s three largest prograr	n services, as	measured b	y expenses.
	Section	on 501(c)(3) and 501(c)(4) organ, if any, for each program	izations are required	red to report the amo	ount of grants and allo	ocations to othe	ers, the tota	l expenses,
		venue	, in any, for each program	service reported.					
4 a	(Code) (Expenses \$	1 914 543	including grants of	Ś) (Revenue	Ś	63,450.)
			<u>dule_0</u>	1, 514, 545.	interacting grante er	т		т	03,430.
	<u>566</u>	<u>50110</u>							
4 b	(Code	:) (Expenses \$		including grants of	\$) (Revenue	\$)
		· – – –							
		· – – –							
		· – – –							
							·		
4.0	: (Code) (Expenses \$		including grants of	Ś) (Revenue	Ś)
70	. (0000	··) (Expenses \$\$		including grants of	۲		*	/
							·		
							. _		
						 _			
4 d			m services (Describe on S						
	(Expe		\$	including grant) (Reveni	le Ş)
4 e	Total	prograr	m service expenses 🕨	1,914,	,543.				orm 990 (2019)

Form 990 (2019)Readworks, Inc.Part IVChecklist of Required Schedules

Page 3

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		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? If '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? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	Х	
ł	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.	11 b		Х
(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	11 c		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 reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	y 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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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		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
20a	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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
		_		

Form 990 (2019) Readworks, Inc. 13-3593812 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*..... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M...... 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b 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 36 Х 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? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 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..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 10 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c BAA

	m 990 (2019) Readworks, Inc. 13-359	3812	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
~	Enter the number of supplication many tiday. From W. 2. Transmitted of Wang and Tay, Okata			
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	15		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
				Λ
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>		1	
4 a	a 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)?	1.		Х
		4a		Λ
1	b If 'Yes,' enter the name of the foreign country	_		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?)	Х
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
62	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
-	not tax deductible?	6b)	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
ć	services provided to the payor?	7a		Х
ł	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
	\mathbf{c} Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	75		
,	Form 8282?	7 c		Х
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
ç	as required?	7g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7h	I	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ć	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		,	
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
		_		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11 a			
ł	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
10.		10-		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a 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.			
ł	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			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?			Х
ł	b 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			
	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low,	and	for
	Schedule O. See instructions.	-		
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	tion A. Governing Body and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 7 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.		Tes	No
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
7 a	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?	7 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		ode.)
10	Did the energia tion have been been been an efficience?	10	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
11 -	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 b 11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	114	Λ	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SeeSchedule . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official. See . Schedule. 0.	15a	Х	
b	Other officers or key employees of the organizationSee .Schedule.0.	15b	Х	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		X
	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?	16 b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA NY			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(c)(3)s or	ıly)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
BAA	Kathy Bloomfield 68 Jay Street Brooklyn NY 11201 (718) 596-4292 TEEA0106L 07/31/19	Form	990 (2019

Form 990 (2019) Readworks, Inc.

13-3593812

Page 6

Form 990 (2019) Readworks, Inc.	13-3593812	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ited Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.		
 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	tions), 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.

			((C)					
(A) Name and title	(B) Average hours	Pos thar is	s both a	an off	ficer ai rustee))	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former Highest compensated	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Terry Bowman	40								
Executive Dir.	0		2	X			228,000.	0.	12,778.
(2) Kathy Bloomfield	40						1.65 0.00		
Dir of Operations	0					X	165,000.	0.	12,778.
(3) Justin Pagano	<u>40</u>						140.000	0	10 770
Sr. Dir of Engr.	0			_		Х	142,800.	0.	12,778.
(4) Cameron Swaim	$-\frac{40}{0}$	-				Х	141 445	0.	0.0
UI/UX Software Eng (5) Keith Mukai	0 40			_		A	141,445.	0.	80.
Software Engineer	<u>40</u> 0					Х	110,000.	0.	12,778.
(6) Jeffrey Fleishhacker	40					Λ	110,000.	0.	12,770.
Head of Product	0					Х	110,000.	0.	80.
(7) Daria L. Wallach	40						110,000.		
Chair	0	Х		Х			0.	0.	0.
(8) Wilson Neely	1								
Treasurer	0	Х	2	Х			0.	0.	0.
(9) Jamie Beard	1								
Director	0	Х					0.	0.	0.
(10) Drummond C. Bell	1								
Director	0	Х					0.	0.	0.
(11) Christopher Linen	1								
Director	0	Х					0.	0.	0.
(12) Willard J. Overlock	1								
Director	0	Х					0.	0.	0.
(13) Roger Taylor	1								
Dir (thru 3/20)	0	Х					0.	0.	0.
(14) Dr. Joanna Williams	1	l							
Director	0	Х					0.	0.	0.
BAA	TEEA0	107L	07/31/	19					Form 990 (2019)

Form 990 (2019) Readworks, Inc.

Form	990 (2019) Readworks, Inc.		1/	_						13-359381	2 Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, (B)	hey	Em	<u>סוס</u> (C	-	es, a	inc	a Hignest Con	ipensated Emp	loyees (continued)
	(A) Name and title	(D) Average hours per week	box,	, unles	Pos neck ss pe	ition more rson lirecto	than o is both pr/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal								897,245.	0.	51,272.
	Total from continuation sheets to Part VII, Sectic Total (add lines 1b and 1c)								0. 897,245.	0.	0. 51,272.
	Total number of individuals (including but not limited							ed			
	from the organization F 6										Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, truste h <i>individu</i>	e, ke <i>al</i>	ey en	nplo	oyee	, or h	nigh 	nest compensated	employee	. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00) ? OC	lf 'Y	′es,'	com	plei	te Schedule J for	from	. 4 X
-	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e comper <i>,' comple</i>	nsatio ete Sc	n fro chedu	om a ule .	any <i>J foi</i>	unrela r <i>such</i>	ate h p	ed organization or erson	individual	. 5 X
	ion B. Independent Contractors Complete this table for your five highest compens	not of ind	onon	dont	cor	atrac	tore	tha	t received more th	225 \$100 000 of	
	compensation from the organization. Report compens	sation for	the ca	alend	lar y	/ear	endin	ig v	vith or within the or	ganization's tax year	
	(A) Name and business addr	ess							(B) Description of	of services	(C) Compensation
Mar	go Doolittle 50 Wildwood Lane W	eston	, Cl	00	688	83			Development	: Support	141,190.
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o thos	se li	isted	abov	e) v	who received more	than	

Form 990 (2019) Readworks, Inc. Part VIII Statement of Revenue

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Par	t V	Statement of Revenue					
		Check if Schedule O contains a	a response or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1	a Federated campaigns	1 a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1 b				
s, C		c Fundraising events	1c				
Gift Iar		d Related organizations	1 d				
imi,		e Government grants (contributions)	1 e				
S tion	1	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,537,597.				
iðu t		g Noncash contributions included in					
tr p		lines 1a-1f	1g				
		h Total. Add lines 1a-1f	Business Code	2,537,597.			
Program Service Revenue	2			20 700	20 700		
eve		a <u>Contract Services</u>		38,700.	38,700.		
ы В		b <u>Licensing Income</u> c	541610	24,750.	24,750.		
ŝŅi		d					
, С		۵ ۵					
Jran		f All other program service revenue	<u> </u>				
ŏ		g Total. Add lines 2a-2f		63,450.			
	3	Investment income (including divide		03,430.			
	5	other similar amounts)		6,269.			6,269.
	4	Income from investment of tax-ex	empt bond proceeds >	, i			
	5	Royalties					
		(i) Re	al (ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from (i) Secur	ities (ii) Other				
		sales of assets other than inventory 7a					
		b Less: cost or other basis and sales expenses 7b					
		c Gain or (loss) 7c					
		d Net gain or (loss)	▶				
Jue	8	a Gross income from fundraising events (not including \$					
Ver		of contributions reported on line 1c).	-				
Å		See Part IV, line 18	8a				
Other Revenue		b Less: direct expenses	8b				
ð		c Net income or (loss) from fundrai	sing events ►				
-	9	a Gross income from gaming activities.					
		See Part IV, line 19.	9a				
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming) activities►				
	10	a Gross sales of inventory, less returns and allowances					
			10a				
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales o	Business Code				
Sno	11.	3 Miggollongers income		1 000			1 000
scellaneo Revenue	11:	^a <u>Miscellaneous income</u>	900099	1,000.			1,000.
llai Ven		~					-
Miscellaneous Revenue		d All other revenue					-
Mis		e Total. Add lines 11a-11d		1 000			
	-	Total revenue. See instructions		<u>1,000.</u> 2,608,316.	62 450	0.	7 260
BAA				2,008,310.	63,450.	0.	7,269. Form 990 (2019)

-	t IX Statement of Functional Expens		:		
Sect	tion 501(c)(3) and 501(c)(4) organizations must com		-		1.1
	Check if Schedule O contains a re				
Dor 6b, 1	not include amounts reported on lines 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	262,778.	204,967.	18,394.	39,417
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages	1,181,016.	1,146,761.	16,500.	17,755
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,101,010.	1,140,701.	10,300.	
9	Other employee benefits	88,740.	85,219.	1,518.	2,003
10	Payroll taxes	89,348.	83,775.	2,123.	3,450
11	Fees for services (nonemployees):	057010.	00,110.	2/120.	5,150
	Management				
	Degal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule $0.$ Sch. 0 Advertising and promotion	452,649.	259,564.	92,857.	100,228
13	Office expenses	3,686.	769.	2,885.	32
14	Information technology	2,902.	2,612.	145.	145
15	Royalties	,	,		
16	Occupancy	66,786.	60,108.	3,339.	3,339
	Travel.	7,897.	5,311.	2,586.	0,000
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,311.	2,300.	
19 20	Conferences, conventions, and meetings	6,329.	4,921.	1,408.	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	2,540.	2,402.	39.	99
23		19,300.	17,370.	965.	965
	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.).	19,300.	17,370.		
а	Miscellaneous	48,390.	34,975.	13,336.	79
	Bank Charges	9,551.		9,551.	
	Printing and Publications	3,851.	3,465.	193.	193
	Curriculum Materials	2,265.	2,265.		
	All other expenses.	865.	59.	763.	43
	Total functional expenses. Add lines 1 through 24e	2,248,893.	1,914,543.	166,602.	167,748
	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 ► if following SOP 98-2 (ASC 958-720)	, ,	, , • • • •		,.

Form 990 (2019) Readworks, Inc.

13-	350	938	12
13-	· 35:	930.	12

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year Cash – non-interest-bearing. 1 1 43,653 188,654. Savings and temporary cash investments..... 2 2 133,084. 628,279. 3 3 Pledges and grants receivable, net..... 423,430 312,626. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 8 Assets Prepaid expenses and deferred charges..... 9 5,797 9 60. **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 676,739 10b 666,770. 7,154. 10 c **b** Less: accumulated depreciation..... 9,969. Investments – publicly traded securities. 221,424. 11 11 232,158. 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 8,800 15 16 1,371,746. 843,342. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 55,694 17 Accounts payable and accrued expenses 17 31, 981 18 18 Grants payable 19 Deferred revenue 19 25,000. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 161,610. 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 25 26 Total liabilities. Add lines 17 through 25..... 55,694 26 218,591 Organizations that follow FASB ASC 958, check here > Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 908,155. 27 195,327 27 Net assets with donor restrictions 28 592,321 28 245,000. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 30 Retained earnings, endowment, accumulated income, or other funds..... 31 31 32 Total net assets or fund balances..... 32 Net 787,648 1,153,155. Total liabilities and net assets/fund balances..... 33 843,342. 33 1,371,746.

BAA

TEEA0111L 07/31/19

Form 990 (2019)

Form	n 990 ((2019)	Readworks, Inc. 13	-3593812		Pa	ige 12
Par	t XI	Reco	nciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI.				
1			e (must equal Part VIII, column (A), line 12)		2,6	08,3	316.
2		•	es (must equal Part IX, column (A), line 25)		2,2	48,8	<u> 393.</u>
3			expenses. Subtract line 2 from line 1		3.	59,4	123.
4	Net a	assets or	fund balances at beginning of year (must equal Part X, line 32, column (A)).		7	87,6	548.
5			d gains (losses) on investments	-		6,0)84.
6			rices and use of facilities	-			
7			xpenses				
8			adjustments	-			
9		-	es in net assets or fund balances (explain on Schedule O)	9			0.
10	colur	nn (B)).	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1,1	53,1	155.
Par	t XII	Finan	icial Statements and Reporting				
		Check	if Schedule O contains a response or note to any line in this Part XII				· 🗌
						Yes	No
1	Acco	unting m	nethod used to prepare the Form 990: Cash X Accrual Other				
		e organiz chedule (ation changed its method of accounting from a prior year or checked 'Other,' explain J.				
2 a	Were	the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
		rate bas	k a box below to indicate whether the financial statements for the year were compiled or review is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ved on a			
b	Were	the org	anization's financial statements audited by an independent accountant?		2 b	Х	
	lf 'Ye basis X	s, consol	k a box below to indicate whether the financial statements for the year were audited on a sepa idated basis, or both: te basis Consolidated basis Both consolidated and separate basis	rate			
c	: If 'Ye revie	s' to line w, or coi	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud mpilation of its financial statements and selection of an independent accountant?	it,	2 c	Х	
	on S	chedule					
	Audit	t Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3a		Х
Ł			e organization undergo the required audit or audits? If the organization did not undergo the required at olain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA			TEEA0112L 01/21/20		Form	99 0	(2019)

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-F7 2019 Open to Public

OMB No. 1545-0047

			► Atta	ich to Form 990 or Forr	n 99 0- E2	Ζ.		Open to Public		
Departn Internal	nent of the Treasury Revenue Service	► (Go to <i>www.irs.gov/Fo</i>	orm990 for instructions	and the	latest i	nformation.	Inspection		
Name o	f the organization						Employer identific	ation number		
	dworks,Inc.						13-359381			
				rganizations must o				tions.		
	<u> </u>	•	•	For lines 1 through 12,		-	,			
1 2				hurches described in sec			ı).			
2				Schedule E (Form 990 or ization described in sec			(Viii)			
4				unction with a hospital				nter the hospital's		
-	name, city, a	nd state:						· 		
5			the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in		
6		te, or local gov	ernment or governme	ental unit described in s	ection 1	1 70(b)(1)	(A)(v).			
 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 										
9	or university o									
10	from activities	s related to its e come and unre	exempt functions—sul lated business taxabl	bject to certain exception	ons, and	(2) no	more than 33-1/3% of i	ts support from gross		
11	An organizati	on organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	Type I. A supp organization(s complete Par	orting organization the power to re t IV, Sections A	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup t a majority of the directo	ported c rs or trus	organizat stees of f	ion(s), typically by giving the supporting organizati	i the supported on. You must		
b	management of	pporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You		
с	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must com	tion operated in connectio plete Part IV, Sections	n with, a A, D, an	nd functi d E.	onally integrated with, its	supported		
d	Type III non-fu functionally ir instructions).	inctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribu is A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
е	Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally		
f				supporting organization						
			n about the supported							
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
<u>(B)</u>										
(C)										
(D)										
<u>(E)</u>										
							1	•		

Total

	(Complete only if you checked organization fails to qualify			if the organization	failed to qualify un	der Part III. If the			
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	1,163,984.	2,150,379.	1,816,753.	1,951,302.	2,537,597.	9,620,015.		
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	1,163,984.	2,150,379.	1,816,753.	1,951,302.	2,537,597.	9,620,015.		
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)						2,854,419.		
6	Public support. Subtract line 5 from line 4						6,765,596.		
Sec	tion B. Total Support				•				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	1,163,984.	2,150,379.	1,816,753.	1,951,302.	2,537,597.	9,620,015.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,253,	4.235.	5.093.	6.114.	6,269,	27,964,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,	0,2001	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	6,864.	4,453.	818.	1,846.	1,000.	14,981.		
	through 10						9,662,960.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	794,966.		
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) Image: Column (f) = Column (
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14									
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	74.75%		
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box ► X		
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization die 9 qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box · · · · · · · ►		
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	r e. Explain in Part	VI how		
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how the		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►		
							0 000 EZ) 2010		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2019 _____ Readworks, Inc.

Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
I	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						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade						
4	or business under section 513. 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						
	Total. Add lines 1 through 5 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
	tion C. Computation of Pu		v				
	Public support percentage for 20				•		00
16	Public support percentage from					16	010
	tion D. Computation of Inv		v				0
17	Investment income percentage f						00
18	Investment income percentage f						8
19a	33-1/3% support tests-2019. If is not more than 33-1/3%, check						
b	33-1/3% support tests—2018. If Ine 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organi		-				
	5						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

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

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - 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 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2b

3a

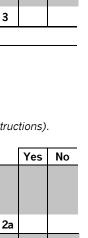
3h

Yes

1

2

No



Part V

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Sonti-	A Adjusted Net Income		(A) Prior Year	(B) Current Year
Sectio	on A – Adjusted Net Income		(A) Phor fear	(optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
in	ortion of operating expenses paid or incurred for production or collection of gross neome or for management, conservation, or maintenance of property held for roduction of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by .035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C – Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1.	2		
3 M	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3.	4		
5 In	ncome tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to emergency			

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

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Schedule A (Form 990 or 990-EZ) 2019

Section D – Distributions

in excess of income from activity

in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

1 2

3

4

7

8

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 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 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

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T O	JJJJJULZ	i ayc.

Current Year

5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to supported organizations to accomplish exempt purposes

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

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations,

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive (provide details

Page 8

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.) Part VI

Part II, Line 10 - Other Income

Nature and Source	2019	2018	2017	2016	2015
Miscellaneous Income	<u>\$ 1,000.</u>	<u>\$ 1,846.</u>	<u>\$ 818.</u>	\$ 4,453.	\$ 6,864.
Total	<u>\$ 1,000.</u>	<u>\$ 1,846.</u>	<u>\$ 818.</u>	\$ 4,453.	\$ 6,864.

SCHEDULE D	Supplemental Financial Statements
(Form 990)	▶ 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.
Department of the Treasury	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information

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

OMB No. 1545-0047 2019

Open to Public

Schedule D (Form 990) 2019

TEEA3301L 8/22/19

Department of the Treasury Internal Revenue Service	► Go to www.irs	s.gov/Form990 for instructions and	the latest inform	nation		Open Inspe	to Public ction
Name of the organization	_1				Employer	identification	
Readwor	ks Inc				13-35	93812	
Part Organiz	ations Maintaining Don	or Advised Funds or Other S	imilar Funds	or A		JJ012	
Comple	te if the organization ans	swered 'Yes' on Form 990, Pa	art IV, line 6.	-			
		(a) Donor advised funds	6	(b)	Funds and	other acc	ounts
1 Total number a	at end of year						
	contributions to (during year)						
	grants from (during year)						
4 Aggregate valu	e at end of year						
are the organiz	ation's property, subject to the	onor advisors in writing that the asse e organization's exclusive legal cont	rol?			Yes	No
6 Did the organiz for charitable p impermissible	ation inform all grantees, don- urposes and not for the benef private benefit?	ors, and donor advisors in writing th it of the donor or donor advisor, or f	at grant funds ca or any other pur	an be pose c	used only conferring	Yes	No
	vation Easements.						
		swered 'Yes' on Form 990, Pa					
		by the organization (check all that a		fa hir	torically in	nortant la-	d area
	n of land for public use (for exam of natural habitat		Preservation of Preservation o				
	on of open space	L		n a ce		าง อถามปเปม	
	1 1	held a qualified conservation contribut	ion in the form of	a cons	ervation eas	ement on t	he
last day of the	tax year.		-				
					Held at the	e End of th	ne Tax Year
				2 a			
0		ements		2 b			
		tified historic structure included in (a	-	2 c			
structure listed	in the National Register	in (c) acquired after 7/25/06, and no		2 d			
3 Number of cons tax year ►	ervation easements modified, tra	ansferred, released, extinguished, or te	rminated by the or	rganiza	ation during t	ine	
· · · · ·	s where property subject to cons	ervation easement is located ►					
5 Does the organ	nization have a written policy r	egarding the periodic monitoring, in: ents it holds?				Yes	No
6 Staff and volunt ►	eer hours devoted to monitoring,	inspecting, handling of violations, and	enforcing conserv	vation	easements c	luring the y	ear
7 Amount of expe ►\$	nses incurred in monitoring, insp	pecting, handling of violations, and enfo	orcing conservatio	n ease	ments during	g the year	
and section 17	0(h)(4)(B)(ii)?	on line 2(d) above satisfy the require			· · · · · · · · · ·	Yes	No
9 In Part XIII, de include, if appl conservation e	icable, the text of the footnote	ports conservation easements in its to the organization's financial state	revenue and exp ments that descr	pense ribes t	statement a he organiza	and baland tion's acco	e sheet, and ounting for
		ections of Art, Historical Trea swered 'Yes' on Form 990, Pa		her S	imilar As	sets.	
historical treas	ures, or other similar assets he	er FASB ASC 958, not to report in it eld for public exhibition, education, al statements that describes these i	or research in fu	nent a rtherai	nd balance nce of publi	sheet worl c service,	ks of art, provide in
historical treasu		er FASB ASC 958, to report in its re for public exhibition, education, or rese					
••		, line 1					
••						·	
amounts requir	red to be reported under FASB	historical treasures, or other similar as 8 ASC 958 relating to these items:					
		e 1					
b Assets Include	ו ה Form 990, Part X				►Ş	>	

Schedule D (Form 990) 2019 Readw Part III Organizations Maintai		ns of Art. Histo	orical	Treasures, or	Other	13-3593 Similar Asse	-	ontinu	Page 2
3 Using the organization's acquisition									<u> </u>
items (check all that apply):	,	_	-	-	5				
b Scholarly research		e Other		hange program					
c Preservation for future genera	ations								
 Provide a description of the organiz Part XIII. 		nd explain how they	y furthe	er the organization's	exempt	purpose in			
5 During the year, did the organization to be sold to raise funds rather the	tion solicit or recei an to be maintain	ve donations of ar ed as part of the o	t, histo praaniz	orical treasures, or zation's collection?	r other s	imilar assets	Yes	Г	No
Part IV Escrow and Custodia	Arrangements	. Complete if t	the o	rganization ans			m 990), Par	t IV,
line 9, or reported an a	amount on Forr	n 990, Part X,	line :	21.					
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or o	other intermediary	for co	ontributions or othe	er assets	not included	Yes	Г	No
b If 'Yes,' explain the arrangement							_		
						ŀ	Amount	t	
c Beginning balance									
d Additions during the year									
e Distributions during the year					-				
f Ending balance							1.4		<u> </u>
2 a Did the organization include an a						-	Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIII. Check	there if the explan	nation	has been provide	d on Pai	rt XIII		· · · · · L	
Part V Endowment Funds. C	omplete if the (vraanization an		ed 'Yes' on Fo	rm 990) Part IV lin	<u> </u>		
Lindownent Funds.	(a) Current year	(b) Prior year		(c) Two years back		Three years back		our year	s hack
1 a Beginning of year balance	221,424			208,815		205, 520.	(6)		078.
b Contributions	221,424	209,1		200,013	,.	203,320.		545,	070.
-									
c Net investment earnings, gains, and losses	10,734	. 12,2	73	336	5.	3,295.			
d Grants or scholarships	207701					072301			
e Other expenditures for facilities									
and programs						0.		137,	558.
f Administrative expenses									
g End of year balance	232,158			209,151		208,815.		205,	520.
2 Provide the estimated percentage	e of the current yea	ar end balance (lin	ne 1g,	column (a)) held a	as:				
a Board designated or quasi-endowme		0.00 [%]							
b Permanent endowment	010								
c Term endowment	olo								
The percentages on lines 2a, 2b, ar	nd 2c should equal 1	00%.							
3a Are there endowment funds not in the	he possession of the	e organization that a	are hel	d and administered	for the		r		
organization by:		-						Yes	No
(i) Unrelated organizations							3a(i)		Х
(ii) Related organizations							3a(ii)		Х
b If 'Yes' on line 3a(ii), are the rela	-	•					3b		
4 Describe in Part XIII the intended		ization's endowme	ent fur	nds. See Part	: XII	Ι			
Part VI Land, Buildings, and I							_		
Complete if the organi			m 99	0, Part IV, line	11a. S	See Form 990), Par	t X, III	ne 10.
Description of property	(a) Co	ost or other basis (investment)	(b)	Cost or other basis (other)	(c) Ao dep	ccumulated preciation	(d) E	Book va	alue
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment				676,739.		666,770.		9	,969.
e Other									
Total. Add lines 1a through 1e. (Colum	n (d) must equal F	orm 990, Part X, o	colum	n (B), line 10c.)					<u>,969.</u>
BAA						Schedu	le D (F	orm 990	J) 20 19

Schedule D (Form 990) 2019

Schedule [D (Form 990) 2019	Readworks,Inc.			13-3593812	Page 3
Part VII	Investments –	Other Securities. organization answered	'Yes' on Form 990	N/A), Part IV, line 11b. :	See Form 990, Part X	(, line 12.
(a) Desc		ry (including name of security)	(b) Book value		ion: Cost or end-of-year market va	
(1) Financ	ial derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D) (E)						
(E) (F)						
(G)						
(H)						
(I)						
	nn (b) must equal Form 990	, Part X, column (B) line 12.) 🕨				
Part VIII	Investments -	Program Related.		N/A		
		organization answered				
(1)	(a) Description of ir	ivestment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year mar	ket value
(1)						
(2) (3)						
(3)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	nn (b) must equal Form 990 Other Assets.	, Part X, column (B) line 13.) 🕨	NT / 7			
Part IX	Complete if the	organization answered	N/A Yes' on Form 990), Part IV, line 11d. S	See Form 990, Part X	(, line 15.
	•		cription	, ,	(b) Book	
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9) (10)						
	lump (b) must oqual	Form 990, Part X, column (E	2) lina 15)		•	
Part X	Other Liabilities		<i>s)</i> inte 1 <i>3.)</i>			
ιαιτλ	Complete if the orga	nization answered 'Yes' on F	orm 990, Part IV, line 1 ⁻	1e or 11f. See Form 990, I	Part X, line 25.	
1.		(a) Descri	ption of liability		(b) Book	value
	ral income taxes					
(2) (3)						
(3)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10) (11)						
	nn (h) must aqual Form 000	, Part X, column (B) line 25.)			►	
		Part XIII, provide the text of the for				ertain

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

Schedule D (Form 990) 2019 Readworks, Inc.	13-3593812	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	oer Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 2,0	614,400.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	084.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	6,084.
3 Subtract line 2e from line 1.	3 2,0	<u>6,084.</u> 608,316.
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 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,0	608,316.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1 2.2	248,893.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d .	2e	
3 Subtract line 2e from line 1		248,893.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		140,000.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,2	248,893.
Part XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	· ·

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

Part V. Line 4 - Intended Uses Of Endowment Fund

The Organization maintains a board designated endowment which can be used for general operating purposes upon approval by the board of directors. Any expenditures must be include a formally adopted plan to replenish the amount in a realistic timeframe.

Part X - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material,

uncertain tax positions. Tax filings for periods ending August 31, 2017 and later

are subject to examination by applicable taxing authorities.

BAA

Schedule D (Form 990) 2019

SCHEDULE J	
(Form 990)	

OMB No. 1545-0047

2

9

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.

		Complete if the organ		ered Yes' on Form 990, Part IV, line 23	5.							
► Attach to Form 990.						Open to Public						
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection					
	-				Employer identificat							
Part I	works, Inc	s Regarding Compensation			13-3393012							
Farti	Question	s Regarding Compensation					Yes	Na				
1 a Ch VI	neck the approp	riate box(es) if the organization provide ine 1a. Complete Part III to provide a	d any of the f	following to or for a person listed on F	orm 990, Part		Tes	No				
Г	_	r charter travel		Housing allowance or residence fo	r nersonal use							
	Travel for co			Payments for business use of pers	·							
	4	fication and gross-up payments		Health or social club dues or initial								
	4	0 11 9										
	Discretionar	y spending account		Personal services (such as maid, o	chautteur, chet)							
		s on line 1a are checked, did the organi or provision of all of the expenses de				1b						
2 Di tru	id the organiza ustees, and off	tion require substantiation prior to re icers, including the CEO/Executive D	eimbursing or Director, rega	r allowing expenses incurred by all arding the items checked on line 1a	directors, ?	2						
E>	xecutive Direct	any, of the following the organization us or. Check all that apply. Do not chec nsation of the CEO/Executive Directo	k anv boxes	for methods used by a related orga	on's CEO/ anization to							
X	Compensati	on committee		Written employment contract								
	Independent	compensation consultant	X	Compensation survey or study								
X	Form 990 of	other organizations	X	Approval by the board or compens	ation committee							
L				1 · · · · ·								
4 Du or	uring the year, ganization or a	did any person listed on Form 990, I a related organization:	Part VII, Sec	ction A, line 1a, with respect to the	filing							
		ance payment or change-of-control p	5					Х				
	•	r receive payment from, a supplemer					_	Х				
	•	r receive payment from, an equity-ba		-		4c		Х				
It	'Yes' to any of	lines 4a-c, list the persons and prov	vide the appl	licable amounts for each item in Pa	rt III.							
Oı	nly section 50	1(c)(3), 501(c)(4), and 501(c)(29) orga	anizations m	ust complete lines 5-9.								
CO	ontingent on th	d on Form 990, Part VII, Section A, line e revenues of:										
	0	יייייייייייייייייייייייייייייייייייייי						Х				
		anization?				5b		Х				
It '	'Yes' on line 5a	or 5b, describe in Part III.										
CO	ontingent on th	l on Form 990, Part VII, Section A, line e net earnings of:	·									
	-	1?						Х				
		anization?				6b		Х				
		or 6b, describe in Part III.										
7 Fo	or persons liste ayments not de	ed on Form 990, Part VII, Section A, escribed on lines 5 and 6? If 'Yes,' de	line 1a, did escribe in Pa	the organization provide any nonfix art III	ed	7		Х				
8 W	ere any amour	nts reported on Form 990, Part VII, p tract exception described in Regulation	aid or accru	ed pursuant to a contract that was	subject							
lf	'Yes,' describe	e in Part III		JJ.+JJU ⁻ +(α)(J):		8		Х				
9 If se	'Yes' on line 8, ection 53.4958-	did the organization also follow the rebuild (c)?	uttable presur	mption procedure described in Regulat	tions	9						

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdowr	of W-2 and/or 1099-MI	SC compensation	(C) Retirement		(E) Total of		
(A) Name and Title	(i) Base compensation	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation		deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) <u>200,000</u>		0.	0.	12,778.	240,778.	0.	
	ii) 0		0.	0.	0.	0.	0.	
	(i) <u>142,800</u>		0.	<u>0.</u>	12,778.	<u> 155,578.</u>	<u> </u>	
2 Sr. Dir of Engr.	ii) 0		0.	0.	0.	0.	0.	
	(i) <u>165,000</u>	<u>0.</u>	0.	<u> </u>	<u> 12,778.</u>	<u> 177,778.</u>	<u> </u>	
	ii) 0	. 0.	0.	0.	0.	0.	0.	
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+				+		
	ii)							
	(i)	+		+		+		
	ii)							
	(i)	+		+		+		
	ii)							
	(i)	+		+		+		
16 BAA	ii)	TEEA4102L 8/2/1	ļ			L	J (Form 990) 2019	

13-3593812

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 for Part II. Also complete this part for any additional information.

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Readworks, Inc.

Employer identification number 13-3593812

Form 990, Part III, Line 1 - Organization Mission

ReadWorks is committed to solving America's reading comprehension crisis and student achievement gap. Driven by cognitive science research, ReadWorks creates world class content, teacher guidance, and integrated tools that improve teacher effectiveness and student achievement.

Form 990, Part III, Line 4a - Program Service Accomplishments

ReadWorks offers the largest, highest-quality library of curated nonfiction and fiction texts in the country, with research-based curricular supports, and formative assessments. We also offer digital tools for differentiation to help teachers support all of their students, including English language learners, struggling students, and reluctant readers. Our digital tools include eBooks, human-voice audio, variable audio speed, text magnification, and more-all for free and easily accessible online. We also offer free training through webinars, including our Remote and Hybrid Learning webinar series viewed live or on-demand over 110,000 times. Our data show that our webinars positively impact teacher practice, with attendees more likely to use ReadWorks products with research-recommended frequency. It's this unique combination of high-quality content, easy-to-use features and tools, and teacher guidance that has created our incredible community of over 1.2 million educators and helped us to reach over 17 million students each year, enabling greater impact than other organizations.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board of Directors' Finance Committee reviews the 990 along with all audit document for the initial review of the Audit and recommendation for approval by the entire Board of Directors. Each Board Director is provided all audit documents including the 990 for their review and approval recommendation.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annually, the Board Members are sent the conflict of interest policy and are asked to sign off that they have no conflicts or if they do, to disclose them. If they do, the conflicts are discussed with the ED & Board Chair for resolution.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board Chair & Finance committee review the ED performance based on specific annual goals. If the goals are achieved, they determine the new compensation level (salary and bonsu) based on comparables for the role and the financial position of the organization.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The ED reviews the 2 key officers, COO and CAO, performance and proposed compensation with the Board Chair. The Finance Committee may be included in these conversation as is necessary and at the discretion of the Board Chair.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Organizational documents are available upon request.

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B)	(C)	(D)
	Total	 Program <u>Services</u>	anagement General	 Fund- raising
Total <u>\$</u>	452,649. 452,649.	\$ <u>259,564.</u> 259,564.	\$ <u>92,857.</u> 92,857.	\$ 100,228. 100,228.