

PUBLIC DISCLOSURE COPY

JUL 1, 2023

JUN 30, 2024

READING PARTNERS

638 THIRD STREET

OAKLAND, CA 94607

77-0568469

510-444-9800

38,670,657.

ADELA WITNEY

X

01/21/2025

~~pf:XX~~ b.p.t| t} .:-u_f~vfp| 'btftxt'Prr~| €{x w| t} .,.

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

1 Briefly describe the organization's mission:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~ ~ ~ ~ ~ Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~ ~ ~ ~ ~ Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private Tq-dp-7 nzx { wq ^nspo, w L	1 X	
2 ^nspo, w M7^nspo, w zqNzy€tm €)-	2 X	
3 Tq-dp-7 nzx { wq ^nspo, w N7[I]€T	3	X
4 Section 501(c)(3) organizations. Tq-dp-7 nzx { wq ^nspo, w N7[I]€T	4	X
5 Eb 2 Tq-dp-7 nzx { wq ^nspo, w N7[I]€TT	5	X
6 Tq-dp-7 nzx { wq ^nspo, w O7[I]€T	6	X
7 Tq-dp-7 nzx { wq ^nspo, w O7[I]€T	7	X
8 ^nspo, w O7[I]€TT Tq-dp-7 nzx { wq	8	X
9 Tq-dp-7 nzx { wq ^nspo, w O7[I]€T	9	X
10 Tq-dp-7 nzx { wq ^nspo, w O7[I]€a	10	X
11		
a Tq-dp-7 nzx { wq ^nspo, w O7	11a	X
b [I]€aT		
c Tq-dp-7 nzx { wq ^nspo, w O7[I]€aTT	11b	X
d Tq-dp-7 nzx { wq ^nspo, w O7[I]€aTT	11c	X
e Tq-dp-7 nzx { wq ^nspo, w O7[I]€T	11d	X
f Tq-dp-7 nzx { wq ^nspo, w O7[I]€c	11e	X
12a Tq-dp-7 nzx { wq ^nspo, w O7[I]€c	11f	X
^nspo, w O7[I]€cTI yo cTT Tq-dp-7 nzx { wq	12a	X
Bh x o(Tq-dp-7 l yo tq€p z)rlytl €zy l y-, p)po -Y z- € w p <=l 7€py nzx { wqyr ^nspo, w O7[I]€cTI yo cTTt- z{ €zyl w	12b	X
13 Tq-dp-7 nzx { wq ^nspo, w P	13	X
14a	14a	X
b Tq-dp-7 nzx { wq ^nspo, w O7[I]€-TI yo T	14b	X
15 Tq-dp-7 nzx { wq ^nspo, w O7[I]€-TTI yo T	15	X
16 Tq-dp-7 nzx { wq ^nspo, w O7[I]€-TTI yo T	16	X
17 Tq-dp-7 nzx { wq ^nspo, w R7[I]€T9	17	X
18 Tq-dp-7 nzx { wq ^nspo, w R7[I]€T	18	X
19 nzx { wq ^nspo, w R7[I]€TT Tq-dp-7	19	X
20a Tq-dp-7 nzx { wq ^nspo, w S	20a	X
b	20b	
21 Tq-dp-7 nzx { wq ^nspo, w T7[I]€-TI yo TT	21	X



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X

X

X

X

X

X

X

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

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

1a

- current
- current
- current
- former
- former directors or trustees

(A)	(B)	(C) (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADECLA WHITNEY CEO	40.00			X				550,087.	0.	29,163.
(2) ROSA J. GUTIERREZ CFO	40.00			X				321,672.	0.	32,527.
(3) KELLI DOSS CHIEF TALENT & EQUITY OFFICER	40.00			X				253,700.	0.	14,817.
(4) KAREN GARDNER CHIEF DEVELOPMENT OFF. (UNTIL 11/23)	40.00			X				211,608.	0.	55,905.
(5) PHILLIP ROBINSON JR CHIEF IMPACT OFFICER	40.00			X				259,145.	0.	7,773.
(6) DEAN ELSON CHIEF KNOWLEDGE OFFICER	40.00			X				226,145.	0.	20,790.
(7) JEFFREY MANAS IT DIRECTOR	40.00					X		173,729.	0.	28,914.
(8) HECTOR SALAZAR EXECUTIVE DIRECTOR	40.00					X		183,789.	0.	11,024.
(9) PRIMO LASANA EXECUTIVE DIRECTOR	40.00				X			176,452.	0.	14,940.
(10) MANDEEP KAUR CONTROLLER	40.00					X		163,600.	0.	23,895.
(11) FELICIA WEBB EXECUTIVE DIRECTOR	40.00					X		166,457.	0.	3,090.
(12) JENNIFER JOYCE VICE PRESIDENT, NATIONAL PROGRAM	40.00					X		150,199.	0.	8,129.
(13) PAUL NEHRING CHIEF OF STAFF	40.00			X				137,070.	0.	13,610.
(14) MERIDITH BURKUS CHIEF EXTERNAL OFF. (STARTED 02/24)	40.00			X				0.	0.	0.
(15) IAN O CAMERON CHAIR	4.00	X	X					0.	0.	0.
(16) BRAD CRESWELL VICE CHAIR & TREASURER	4.00	X	X					0.	0.	0.
(17) TRACY HOOVER SECRETARY	4.00	X	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN J. CAPITAN MEMBER	4.00	X					0	0	0	
(19) DAN CARROLL MEMBER	4.00	X					0	0	0	
(20) MELISSA CONNELLY MEMBER	4.00	X					0	0	0	
(21) RACHEL HUTTON MEMBER	4.00	X					0	0	0	
(22) HARRIS LARNEY MEMBER	4.00	X					0	0	0	
(23) HILAH SCHUTT MEMBER (STARTED 03/24)	4.00	X					0	0	0	
(24) DR. BARBARA LOGAN SMITH MEMBER	4.00	X					0	0	0	
(25) RICHARD STAR MEMBER	4.00	X					0	0	0	
(26) TIFFANY TAYLOR MEMBER (STARTED 03/24)	4.00	X					0	0	0	
1b Subtotal							2,973,653	0	264,577	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							2,973,653	0	264,577	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 51

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DATAART SOLUTIONS INC., 475 PARK AVENUE SOUTH 15TH FLOOR, NEWYORK, NY 10016	MANAGED SERVICES FOR RPCX PLATFORM	617,814.
AMAZON WEB SERVICES, INC. PO BOX 84023, SEATTLE, WA 98124-8423	PARTNER CONSULTING FOR NEW PLATFORM	362,387.
MORC, 200 VESEY STREET, 23RD FLOOR, NEW YORK, NY 10281	WORK ON EIR EVALUATION AND YOUTH POLICY	315,175.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS



(27) DAN ELLE KRISTINE TOUSSAINT MEMBER (STARTED 03/24)	4.00	X	Q	Q	Q
(28) LIZA MCFADDEN MEMBER (UNTIL 03/24)	4.00	X	Q	Q	Q
(29) OSCAR GUERRERO MEMBER (UNTIL 03/24)	4.00	X	Q	Q	Q

		1,315,062		
		11,795,008		
		13,870,216		
			26,980,286	

TUTORING SERVICES

900099

4,411,932

4,411,932

4,411,932

817,295

817,295

6,239,506

6,197,154

42,352

42,352

42,352

1,315,062

182,950

597,139

-414,189

-414,189

30,688

0

30,688

30,688

REBATES

900099

8,000

8,000

8,000

31,876,364

4,411,932

0

484,146

	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a				
b				
c				
d				
e				
25				
26				

if following SOP 98-2 (ASC 958-720)

		(A)		(B)	
Assets	1	1, 811, 581.	1	2, 635, 084.	
	2	2, 436, 692	2	505, 616	
	3	10, 114, 589.	3	7, 353, 413	
	4	696, 778.	4	1, 050, 923	
	5				
			5		
	6		6		
	7		7		
	8		8		
	9		9	618, 006	
	10a				
		10a	1, 574, 315.		
	b	10b	1, 427, 933	10c	146, 382
	11		184, 693.	11	21, 264, 912
	12		24, 920, 428.	12	
	13			13	
14			14		
15		1, 009, 567.	15	806, 448	
16	Total assets.	41, 790, 690.	16	34, 380, 784.	
Liabilities	17	2, 694, 855.	17	3, 186, 621.	
	18		18		
	19	19, 610.	19	491, 891.	
	20		20		
	21		21		
	22				
			22		
	23		23		
	24		24		
	25				
			25	753, 257.	
26	Total liabilities.	3, 690, 342.	26	4, 431, 769.	
27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. X	28, 405, 091.	27	23, 562, 777.	
28		9, 695, 257.	28	6, 386, 238	
29	Organizations that do not follow FASB ASC 958, check here				
30					
31					
32		38, 100, 348.		29, 949, 015.	
33		41, 790, 690.		34, 380, 784.	



		31, 876, 364.
		41, 910, 311.
		- 10, 033, 947.
		38, 100, 348.
		1, 882, 614.
		Q
		29, 949, 015.



						X
	X					X
						X
						X
						X
						X
X						

X

21, 174, 082 27, 517, 826 46, 868, 821. 32, 818, 174. 26, 980, 286 155, 359, 189.

21, 174, 082 27, 517, 826 46, 868, 821. 32, 818, 174. 26, 980, 286 155, 359, 189.

3, 731, 297.
151, 627, 892

21, 174, 082 27, 517, 826 46, 868, 821. 32, 818, 174. 26, 980, 286 155, 359, 189.

354, 427. 344, 334. 97, 779. 652, 496. 817, 295. 2, 266, 331.

11, 391. 24, 040. 30, 688 66, 119.

9, 609. 8, 000. 8, 000 25, 609.
157, 717, 248
17, 735, 932

96. 14
96. 42

X

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

		Yes	No
11			
a			
	11a		
b			
	11b		
c			
	11c		

Part VI

		Yes	No
1			
	Part VI		
	1		
2			
	Part VI		
	2		

		Yes	No
1			
	Part VI		
	1		

		Yes	No
1			
2			
	Part VI		
	2		
3			
	Part VI		
	3		

		Yes	No
1			
a	line 2		
b			
c	line 3		
2	Part VI		
3			

(see instructions).



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,

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

MISCELLANEOUS

2021 AMOUNT: \$ 9,609.

REBATES

2022 AMOUNT: \$ 8,000.

2023 AMOUNT: \$ 8,000.

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

READING PARTNERS

77-0568469

X 3

X

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total ceE	
1	<hr/> <hr/> <hr/>	<hr/> 5, 244, 911.	X
2	<hr/> <hr/> <hr/>	<hr/> 1, 552, 037.	X
3	<hr/> <hr/> <hr/>	<hr/> 1, 543, 469.	X
4	<hr/> <hr/> <hr/>	<hr/> 1, 100, 000	X
5	<hr/> <hr/> <hr/>	<hr/> 830, 000	X
6	<hr/> <hr/> <hr/>	<hr/> 750, 8	X 5

READING PARTNERS

Employer identification number

77-0568469



(a) No.	(b) Name, address, and ZIP + 4	(c) Total ceE	
7	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: center;">575,500</p> <hr/>	X
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
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	_____	_____	_____

	_____	_____	_____

	_____	_____	_____

	_____	_____	_____

Name of organization
READING PARTNERS

Employer identification number
77-0568469

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____%
- b Permanent endowment _____%
- c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations? _____
 - (ii) Related organizations? _____
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,358	20,358	0
d Equipment		208,881	189,205	19,676
e Other		1,345,076	1,218,370	126,706
Total. Add lines 1a through 1e.				146,382

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

(a) Security (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	693,441.
(3) FINANCE LEASE LIABILITY	59,816
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total	753,257.

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

pf.gX atr~}rX(xp.x}~uat}tt}tt'EtP}tsxts'ix

" " 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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	2a		
b	Donated services and use of facilities ~ ~ ~ ~ ~	2b		
c	Recoveries of prior year grants ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~		2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~			4c
5	Total revenue. Add lines 3 and 4c. 3 st-x .-cp. vOz }x DD: 7[}ET/vyp <=94			5

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

1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities ~ ~ ~ ~ ~	2a		
b	Prior year adjustments ~ ~ ~ ~ ~	2b		
c	Other losses ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~		2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~			4c
5	Total expenses. Add lines 3 and 4c. 3 st-x .-cp. vOz }x DD: 7[}ET/vyp <C94			5

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.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

READING PARTNERS

Employer identification number

77-0568469

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

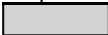
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



	MY NEXT CHAPTER	SF LITERACY IS LIBERATION	3	
	590,608	233,192	674,212	1,498,012
	510,108	139,742	665,212	1,315,062
	80,500	93,450	9,000	182,950
	115,535	71,486	59,589	246,610
	3,032		108,894	111,926
	59,179	22,580	156,844	238,603
				597,139
				-414,189



			30,688	30,688
			X	
				30,688

ND, CA, VA, MI

X

X

11 Does the organization conduct gaming activities with nonmembers? ~ ~ ~ ~ ~ Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ~ ~ ~ ~ ~ Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ~ ~ ~ ~ ~	13a	.00 %
b An outside facility ~ ~ ~ ~ ~	13b	100.00 %

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

Name READING PARTNERS ACCOUNTING DEPARTMENT

Address 638 THIRD STREET - OAKLAND, CA 94607

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~ ~ ~ ~ ~ Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter R \$ _____

16

17

a Yes No

b 30,688

pf. b t t t . p { } u f p . x } z y , po4

Lined area for text entry, consisting of multiple horizontal lines.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Employer identification number
77-0568469

READING PARTNERS

		Yes	No
1a			
b			
2			
3			
	X		
			X
	X		X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other 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) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADEOLA WITNEY CEO	(i)	500,087.	50,000.	0.	22,500.	6,663.	579,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSA J. GUTIERREZ CFOO	(i)	305,172.	16,500.	0.	26,162.	6,365.	354,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KELLI DOSS CHIEF TALENT & EQUITY OFFICER	(i)	240,700.	13,000.	0.	10,860.	3,957.	268,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KAREN GARDNER CHIEF DEVELOPMENT OFF. (UNTIL 11/23)	(i)	211,608.	0.	0.	45,000.	10,905.	267,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PHILLIP ROBINSON JR. CHIEF IMPACT OFFICER	(i)	246,807.	12,338.	0.	7,773.	0.	266,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEAN ELSON CHIEF KNOWLEDGE OFFICER	(i)	215,382.	10,763.	0.	13,561.	7,229.	246,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JEFFREY MANAS IT DIRECTOR	(i)	173,729.	0.	0.	26,969.	1,945.	202,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HECTOR SALAZAR EXECUTIVE DIRECTOR	(i)	175,040.	8,749.	0.	11,024.	0.	194,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PRIMO LASANA EXECUTIVE DIRECTOR	(i)	168,052.	8,400.	0.	10,575.	4,365.	191,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MANDEEP KAUR CONTROLLER	(i)	163,600.	0.	0.	14,250.	9,645.	187,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FELICIA WEBB EXECUTIVE DIRECTOR	(i)	166,457.	0.	0.	1,243.	1,847.	169,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JENNIFER JOYCE VICE PRESIDENT, NATIONAL PROGRAM	(i)	150,199.	0.	0.	0.	8,129.	158,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAUL NEHRING CHIEF OF STAFF	(i)	137,070.	0.	0.	3,791.	9,819.	150,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines provided for supplemental information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMPRI SED OF A H GHL Y STRUCTURED, RESEARCHED BASED CURRI CULUM WH CH

ALLOWS VOLUNTEERS WITH LI TTLE BACKGROUN D I N EDUCATI ON TO BE EFFECTI VE

TUTORS.

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

THE FORM 990 I S REVI EVED FOR ACCURACY AND COMPLETENESS BY THE FI NANCE

COMMITTEE. THE FI NANCE COMMITTEE WILL PRESENT THE FORM 990 TO THE BOARD OF

POSITION, PAST PERFORMANCE, CHANGES IN JOB DUTIES, AND OTHER FACTORS. PAY ADJUSTMENTS ARE BASED ON MARKET COMPARISONS, INTERNAL EQUITY AND PERFORMANCE. BOARD APPROVAL IS SECURED FOR ALL SALARY DECISIONS RELATED TO THE CEO, COO AND CFO.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.