

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. RITTER CENTER	Taxpayer identification number (TIN) 94-2675517
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3517	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN RAFAEL, CA 94912	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

MARK SHOTWELL

• The books are in the care of ▶ **PO BOX 3517 - SAN RAFAEL, CA 94912-3517**

Telephone No. ▶ **415-457-8182** Fax No. ▶ _____

- 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 **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization RITTER CENTER		D Employer identification number 94-2675517	
	Doing business as		E Telephone number 415-457-8182	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,988,943.	
	PO BOX 3517		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	City or town, state or province, country, and ZIP or foreign postal code SAN RAFAEL, CA 94912		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
F Name and address of principal officer: MARK SHOTWELL PO BOX 3517, SAN RAFAEL, CA 94912		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.RITTERCENTER.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RITTER CENTER'S MISSION IS TO PREVENT AND RESOLVE HOMELESSNESS AND IMPROVE THE HEALTH, DIGNITY,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	69	
	6	Total number of volunteers (estimate if necessary)	334	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	6,804,914.	10,071,026.
	9	Program service revenue (Part VIII, line 2g)	1,602,087.	2,060,166.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,714.	29,121.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,862.	86,805.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,479,577.	12,247,118.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,943,249.	4,345,603.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	216,162.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	190,300.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,235,146.	4,945,592.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,394,557.	9,291,195.	
19	Revenue less expenses. Subtract line 18 from line 12	85,020.	2,955,923.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,728,546.	13,918,846.
	21	Total liabilities (Part X, line 26)	794,265.	6,028,642.
22	Net assets or fund balances. Subtract line 21 from line 20	4,934,281.	7,890,204.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Mark Shotwell</i>		Date 05/15/2024		
	Type or print name and title MARK SHOTWELL, CEO				
Paid Preparer Use Only	Print/Type preparer's name REGINA PRINCE, CPA	Preparer's signature <i>Regina Prince, CPA</i>	Date 5/15/2024	Check if self-employed <input type="checkbox"/>	PTIN P00576936
	Firm's name VASQUEZ & CO., LLP			Firm's EIN 33-0700332	
Firm's address 655 N. CENTRAL AVE., STE 1550 GLENDALE, CA 91203			Phone no. 213-873-1700		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RITTER CENTER'S MISSION IS TO REDUCE THE NEGATIVE IMPACTS OF HOMELESSNESS AND POVERTY BY PROVIDING COMPREHENSIVE HEALTH AND SOCIAL SUPPORT SERVICES TO INDIVIDUALS, FAMILIES, AND THE GREATER COMMUNITY OF MARIN COUNTY, CALIFORNIA.

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

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

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 \$ 3,206,722. including grants of \$) (Revenue \$ 197,962.) CASE MANAGEMENT

THE CENTER'S CASE MANAGERS MEET ONE-ON-ONE WITH INDIVIDUALS AND FAMILIES IN NEED OF ASSISTANCE. CASE MANAGERS EVALUATE EACH CLIENT'S IMMEDIATE AND LONG-TERM NEEDS THROUGH AN INTERVIEW ASSESSMENT PROCESS. TOGETHER, THE CLIENT AND CASE MANAGER DEVELOP A CASE PLAN TO HELP STABILIZE THE CLIENT AND CREATE A PATH TO INCREASED SELFSUFFICIENCY. CASE MANAGERS SPECIALIZE IN PROVIDING THE FOLLOWING SERVICES: HOUSING (THROUGH THE HOUSING FIRST PROGRAM AND OTHER SUBSIDIES SUCH AS SECTION 8 AND VETERANS AFFAIRS SUPPORTIVE HOUSING), SUBSTANCE ABUSE, GOVERNMENT BENEFITS INCLUDING PUBLIC HEALTH INSURANCE PROGRAMS, PHYSICAL AND MENTAL HEALTH, JAIL RELEASE PLANNING, AND ASSISTANCE WITH MONEY

4b (Code:) (Expenses \$ 2,426,461. including grants of \$) (Revenue \$ 1,862,204.) HEALTH CENTER

TO TAKE A COMPREHENSIVE, INTEGRATIVE APPROACH TO HEALTH CARE AND FOCUS ON SUPPORTING THE WHOLE PERSON. OUR HEALTH CENTER PROVIDES PRIMARY HEALTH CARE SERVICES TO INDIVIDUALS WHO OTHERWISE COULD NOT AFFORD IT, AND EVERY CLIENT RECEIVES A COMPREHENSIVE TREATMENT PLAN. OUR CHIEF MEDICAL OFFICER, SAIMA FIRDOOS, MD, AND A TEAM OF NURSE PRACTITIONERS PROVIDE PREVENTATIVE CARE AND ADDRESS URGENT CONCERNS. RORY RIEGER, MA, CADC-II, CCTP MANAGES OUR BEHAVIORAL HEALTH TEAM TO PROVIDE PSYCHIATRY, PSYCHOTHERAPY, AND SUBSTANCE USE COUNSELING. DURING THE YEAR, THE ORGANIZATION SERVED 1,122 PATIENTS AND PROVIDED 4,636 VISITS.

4c (Code:) (Expenses \$ 1,172,747. including grants of \$) (Revenue \$) BEHAVIORAL HEALTH

THE CENTER PROVIDES BEHAVIORAL HEALTH SERVICES INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND PSYCHIATRIC MEDICINE MANAGEMENT. THE BEHAVIORAL HEALTH PROGRAM WORKS IN AN INTEGRATED AND HOLISTIC MANNER WITH THE CENTER'S MEDICAL AND CASE MANAGEMENT PROGRAMS. THIS MULTI-DISCIPLINARY TEAM OF PROFESSIONALS MAKES UP THE CENTER'S BEHAVIORAL WELLNESS EDUCATION AND LIFE LEARNING (B WELL) TEAM. THE B WELL TEAM MEETS WEEKLY TO CREATE AND UPDATE HOLISTIC TREATMENT PLANS FOR PATIENTS WITH COMPLEX NEEDS. DURING THE YEAR, THE ORGANIZATION SERVED 216 PATIENTS AND PROVIDED 1,621 VISITS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 174,053. including grants of \$) (Revenue \$)

4e Total program service expenses 6,979,983.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10 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.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MARK SHOTWELL - 415-457-8182
PO BOX 3517, SAN RAFAEL, CA 94912-3517

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) SAIMA FIRDOOS CHIEF MEDICAL OFFICER	24.00				X			200,735.	0.	5,401.
(2) MARK SHOTWELL CEO	40.00			X				166,171.	0.	5,592.
(3) KIM BAENISCHM CHIEF OF STAFF	40.00					X		116,995.	0.	3,990.
(4) ALEC BRADBURY FAMILY NURSE PRACTITIONER	40.00					X		109,068.	0.	2,710.
(5) DAN MASTERSON DIRECTOR	2.00	X						0.	0.	0.
(6) CAROL C. FARRER, JD DIRECTOR (LEFT FEBRUARY 2023)	2.00	X						0.	0.	0.
(7) J TIM BIDDLE TREASURER	2.00	X		X				0.	0.	0.
(8) CAROL ANGEL SECRETARY	2.00	X		X				0.	0.	0.
(9) MARGARET TREZEVANT DIRECTOR	2.00	X						0.	0.	0.
(10) DAVID NEAGLE PRESIDENT	2.00	X		X				0.	0.	0.
(11) BETTYE KRAY DIRECTOR (LEFT JANUARY 2023)	2.00	X						0.	0.	0.
(12) SEAN MCCONNELL DIRECTOR (LEFT JULY 2022)	2.00	X						0.	0.	0.
(13) ROBERT A. MCCASKILL DIRECTOR	2.00	X						0.	0.	0.
(14) MICHAEL RALSTON DIRECTOR	2.00	X						0.	0.	0.
(15) ROSE LINDA CAMACHO DIRECTOR (LEFT JUNE 2023)	2.00	X						0.	0.	0.
(16) ANTOINETTE J. DOYLE DIRECTOR	2.00	X						0.	0.	0.
(17) STEPHANIE ZIMAND - PLEXICO DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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) SANDRA MCMILLON DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								592,969.	0.	17,693.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								592,969.	0.	17,693.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NORTH AMERICA MENTAL HEALTH SERVICES 2165 LARKSPUR LANE, REDDING, CA 96002	PSYCHIATRY & COUNELING SERVICES	250,200.
WIPFLI LLP 125 E. MILL STREET, UKIAH, CA 95482	GRANT ACCOUNTING SERVICES	234,549.
CITIZEN BEST LLC 2506 BEN DORAN CT, CEDAR PARK, TX 78613	WEBSITE & MARKETING DESIGN	210,550.
COMMUNITY COUNSELLING SERVICE CO LLC, 527 MADISON AVENUE 5TH FLOOR, NEW YORK, NY	FUNDRAISING CONSULTING SERVICES	204,456.
MACMAN MGMT HEALTHCARE SERVICES LLC, 1930 DEL PASO ROAD, SUITE, SACRAMENTO, CA 95834	MEDICAL BILLING SERVICES	198,623.

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 **13**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,030,611.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,040,415.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			10,071,026.				
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code	621400	1,801,379.	1,801,379.			
	b HOUSING PROGRAM REVENUE		624100	197,962.	197,962.			
	c 340B PROGRAM REVENUE		621400	60,825.	60,825.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,060,166.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,466.			14,466.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents		(i) Real	76,613.				
			(ii) Personal					
		b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	76,613.					
	d Net rental income or (loss)			76,613.			76,613.	
	7 a Gross amount from sales of assets other than inventory		(i) Securities	1,756,480.				
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	1,741,825.				
	c Gain or (loss)	7c	14,655.					
	d Net gain or (loss)			14,655.			14,655.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19								
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances								
	b Less: cost of goods sold	10b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	621400	10,192.			10,192.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			10,192.				
12 Total revenue. See instructions			12,247,118.	2,060,166.	0.	115,926.		

Part IX Statement of Functional Expenses

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,899.	335,244.	37,617.	5,038.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,229,330.	2,864,820.	321,456.	43,054.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,657.	64,456.	7,232.	969.
9 Other employee benefits	334,321.	296,585.	33,279.	4,457.
10 Payroll taxes	331,396.	293,990.	32,988.	4,418.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,705.	7,107.	11,108.	490.
c Accounting	127,596.	48,483.	75,772.	3,341.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,648,254.	869,157.	742,095.	37,002.
12 Advertising and promotion				
13 Office expenses	568,778.	193,431.	313,268.	62,079.
14 Information technology	4,801.	4,259.	478.	64.
15 Royalties				
16 Occupancy	371,448.	271,512.	99,333.	603.
17 Travel	56,526.	26,674.	15,333.	14,519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,831.	26,937.	39,894.	
23 Insurance	106,625.		106,202.	423.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HOUSING PROGRAM EXPENSE	984,780.	984,780.		
b CLIENT ASSISTANCE	483,493.	481,604.	1,754.	135.
c MARKETING & PUBLIC RELA	274,506.	104,305.	163,014.	7,187.
d DUES & SUBSCRIPTIONS	156,283.	56,288.	94,528.	5,467.
e All other expenses SEE SCH O	76,966.	50,351.	25,561.	1,054.
25 Total functional expenses. Add lines 1 through 24e	9,291,195.	6,979,983.	2,120,912.	190,300.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,229,199.	1	2,674,707.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	859,875.	3	1,597,320.
	4 Accounts receivable, net	247,923.	4	318,506.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	119,693.	9	107,092.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,117,954.		
	b Less: accumulated depreciation	10b 586,412.	609,499.	10c 7,531,542.
	11 Investments - publicly traded securities	2,370,654.	11	998,637.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	291,703.	15	691,042.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,728,546.	16	13,918,846.	
Liabilities	17 Accounts payable and accrued expenses	453,650.	17	777,816.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	243,228.	21	301,189.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	97,387.	25	4,949,637.
	26 Total liabilities. Add lines 17 through 25	794,265.	26	6,028,642.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		4,539,009.	27	7,721,384.
28 Net assets with donor restrictions		395,272.	28	168,820.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances	4,934,281.	32	7,890,204.	
33 Total liabilities and net assets/fund balances	5,728,546.	33	13,918,846.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,247,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,291,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,955,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,934,281.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,890,204.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization RITTER CENTER	Employer identification number 94-2675517
--	---

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4585328.	5790005.	6530930.	6804914.	10071026.	33782203.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4585328.	5790005.	6530930.	6804914.	10071026.	33782203.
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)						1414023.
6 Public support. Subtract line 5 from line 4.						32368180.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4585328.	5790005.	6530930.	6804914.	10071026.	33782203.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,368.	18,624.	34,017.	21,530.	91,079.	180,618.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	214,282.	99,239.	6,446.	5,862.	10,192.	336,021.
11 Total support. Add lines 7 through 10						34298842.
12 Gross receipts from related activities, etc. (see instructions)					12	7,423,135.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	94.37 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.88 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
MELODY ANN PALMER TRUST	2,100,000.	1,414,023.

Total Excess Contributions to Schedule A, Part II, Line 5 **1,414,023.**

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

RITTER CENTER

Employer identification number

94-2675517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization RITTER CENTER	Employer identification number 94-2675517
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING, STE 200 NOVATO, CA 94949	\$ 1,234,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEALTH RESOURCES AND SERVICES ADMINISTRATION 5600 FISHERS LANE ROCKVILLE, MD 20852	\$ 1,742,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT HUD OFFICE OF COMMUNITY PLANNING & DEVELOPMENT ONE SANSOME CENTER, STE 1200 SAN FRANCISCO, CA 94104	\$ 224,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARIN COUNTY 3260 KERNER BLVD. SAN RAFAEL, CA 94901	\$ 2,398,655.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 234,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MELODY ANN PALMER TRUST 7200 REDWOOD BLVD NOVATO, CA 94945	\$ 2,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RITTER CENTER	Employer identification number 94-2675517
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization RITTER CENTER	Employer identification number 94-2675517
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

RITTER CENTER

Employer identification number
94-2675517

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(I) Revenue included on Form 990, Part VIII, line 1

(II) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 243,228. |
| d Additions during the year | 733,392. |
| e Distributions during the year | 675,431. |
| f Ending balance | 301,189. |
- 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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:
- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,536,985.		2,536,985.
b Buildings		4,075,465.	25,756.	4,049,709.
c Leasehold improvements		287,561.	277,150.	10,411.
d Equipment		398,248.	256,606.	141,642.
e Other		819,695.	26,900.	792,795.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,531,542.

Part VII Investments - Other Securities.

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

(a) Description of security or category (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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED SETTLEMENT AMOUNT DUE TO	
(3) THIRD-PARTY PAYERS	328,314.
(4) MORTGAGE PAYABLE	4,290,000.
(5) LEASE LIABILITIES	331,323.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,247,118.
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	0.
3	Subtract line 2e from line 1		3	12,247,118.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,247,118.

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

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

1	Total expenses and losses per audited financial statements		1	9,291,195.
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	0.
3	Subtract line 2e from line 1		3	9,291,195.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,291,195.

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 IV, LINE 2B:

RITTER CENTER ACTS AS A TRUSTEE TO RECEIVE CERTAIN GOVERNMENTAL PAYMENTS DUE TO UNBANKED CLIENTS AND REMITS THOSE FUNDS TO THE CLIENTS AS NEEDED. RITTER CENTER RECORDS THE TOTAL FUNDS HELD AS A RESTRICTED CASH WITH AN OFFSETTING LIABILITY AS STATED ON THE BALANCE SHEET.

PART X, LINE 2:

THE CENTER IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE CENTER IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN

Part XIII Supplemental Information (continued)

FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

GAAP REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AND FOR THE YEAR ENDED JUNE 30, 2023, THE CENTER HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS, TAX PENALTIES OR INTEREST. AS OF JUNE 30, 2023, INFORMATION RETURNS SUBSEQUENT TO 2018 FILED BY THE CENTER ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RITTER CENTER

Employer identification number
94-2675517

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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 organization 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

(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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) SAIMA FIRDOOS CHIEF MEDICAL OFFICER	(i)	200,735.	0.	0.	5,401.	0
	(ii)	0.	0.	0.	0.	0
(2) MARK SHOTWELL CEO	(i)	158,960.	7,211.	0.	5,592.	0
	(ii)	0.	0.	0.	0.	0
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
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	(i)					
	(ii)					
	(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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RITTER CENTER

Employer identification number
94-2675517

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**AND WELL-BEING OF PEOPLE LIVING IN POVERTY IN MARIN COUNTY BY PROVIDING
HIGH-QUALITY, CULTURALLY SENSITIVE, EASILY ACCESSIBLE MEDICAL CARE AND
SOCIAL SERVICES.**

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

**MANAGEMENT THROUGH A REPRESENTATIVE PAYEE PROGRAM. DURING THE YEAR, THE
ORGANIZATION SERVED 573 PATIENTS AND PROVIDED 594 SERVICES.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD PANTRY

**THE CENTER MAINTAINS THE LARGEST FOOD PANTRY IN MARIN COUNTY. OVER THE
LAST FEW YEARS, THE CENTER HAS DISTRIBUTED AN AVERAGE OF MORE THAN
20,000 BAGS OF GROCERIES TO OVER 3,000 HOUSEHOLDS PER YEAR. THE PANTRY
SERVES BOTH HOUSED AND HOMELESS CLIENTS WITH NUTRITIOUS SUPPLEMENTARY
FOOD ITEMS ON A WEEKLY BASIS. THE MAJORITY OF THE PANTRY'S FOOD IS
DELIVERED BY THE SAN FRANCISCO/MARIN FOOD BANK WITH SMALLER
CONTRIBUTIONS FROM STORES AND INDIVIDUALS IN THE COMMUNITY. DURING THE
YEAR, THE ORGANIZATION SERVED 1,747 PATIENTS AND PROVIDED 13,459
VISITS.**

DAY SERVICE CENTER

**THE DAY SERVICE CENTER IS A CLEAN, SAFE AND NURTURING ENVIRONMENT
PRIMARILY FOR USE BY PERSONS WHO ARE HOMELESS. THE CENTER PROVIDES
EMERGENCY MEDICALLY NECESSARY SHOWERS, HYGIENE SUPPLIES, LAUNDRY
FACILITIES, AND RESTROOMS. DUE TO THE COVID-19 PANDEMIC AND THE**

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization RITTER CENTER	Employer identification number 94-2675517
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RELATIVELY SMALL SPACE FOR THE DAY SERVICE CENTER LAUNDRY AND SHOWERS, THEY WERE NOT SAFE TO OPERATE AND ARE TEMPORARILY CLOSED. THESE SERVICES WILL RE-OPEN WHEN IT IS SAFE TO DO SO. DURING THE YEAR, THE ORGANIZATION SERVED 58 PATIENTS AND PROVIDED SERVICES TO 131 PEOPLE.

CLOTHING

SINCE ITS INCEPTION IN 1980, THE CENTER HAS BEEN SUPPORTING THOSE EXPERIENCING POVERTY AND HOMELESSNESS BY DISTRIBUTING CLOTHES. THE CENTER MAINTAINS A STOCK OF EMERGENCY CLOTHING ITEMS AND SURVIVAL GEAR ON SITE FOR THEIR HOMELESS CLIENTS INCLUDING RAIN GEARS, SLEEPING BAGS, AND WARM SOCKS. EXPENSES \$ 174,053. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM IS REVIEWED AND APPROVED BY THE ORGANIZATION'S CEO AND CONTRACTED CFO. SUBSEQUENTLY, FORM 990, COMPLETE WITH ALL SCHEDULES, IS THEN PROVIDED TO THE FULL BOARD BEFORE FILING WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT COVERS ALL OFFICERS, DIRECTORS, AND EMPLOYEES (COVERED PERSONS). POLICIES DEVELOPED BY THE BOARD OF DIRECTORS TO ENSURE COMPLIANCE WITH THE POLICY INCLUDE THE REQUIREMENT FOR ALL OFFICERS AND DIRECTORS TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT AND DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO ALL BUSINESS AND FAMILY RELATIONSHIPS. IF THE BOARD IDENTIFIES ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST, SUCH PERSONS ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

Name of the organization RITTER CENTER	Employer identification number 94-2675517
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THE POLICY PROVIDES THAT NO DIRECTOR OF THE ORGANIZATION NOR ANY OTHER CORPORATION, FIRM, ASSOCIATION OF OTHER ENTITY IN WHICH ONE OR MORE OF THIS ORGANIZATION'S DIRECTORS HAVE A MATERIAL FINANCIAL INTEREST WILL BE INTERESTED, DIRECTLY OR INDIRECTLY IN ANY CONTRACT OR TRANSACTION UNLESS:

(1) THE MATERIAL FACTS REGARDING THAT DIRECTOR'S FINANCIAL INTEREST IN SUCH CONTRACT OR TRANSACTION OR REGARDING SUCH COMMON DIRECTORSHIP, OFFICERSHIP, OR FINANCIAL INTEREST ARE FULLY DISCLOSED IN GOOD FAITH AND NOTED IN THE MINUTES, OR ARE KNOWN TO ALL MEMBERS OF THE BOARD PRIOR TO THE BOARD'S CONSIDERATION OF SUCH CONTRACT OR TRANSACTION;

(2) SUCH CONTRACT OR TRANSACTION IS AUTHORIZED IN GOOD FAITH BY A MAJORITY OF THE BOARD BY A VOTE SUFFICIENT FOR THAT PURPOSE WITHOUT COUNTING THE VOTES OF THE INTERESTED DIRECTORS;

(3) BEFORE AUTHORIZING OR APPROVING THE TRANSACTION, THE BOARD CONSIDERS AND IN GOOF FAITH DECIDES AFTER REASONABLE INVESTIGATION THAT THE ORGANIZATION COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES; AND

(4) THE ORGANIZATION FOR ITS OWN BENEFIT ENTERS INTO THE TRANSACTION, WHICH IS FAIR AND REASONABLE TO THE ORGANIZATION AT THE TIME THE TRANSACTION IS ENTERED INTO.

THE ORGANIZATION'S POLICY ALSO PROVIDES: ALL EMPLOYEES MUST CONDUCT THEMSELVES ETHICALLY IN A MANNER THAT PREVENTS CONFLICT OF INTEREST, EITHER REAL OR IMPLIED. A CONFLICT OF INTEREST EXISTS WHENEVER AN EMPLOYEE, OR A RELATIVE OF AN EMPLOYEE, HAS A FINANCIAL INTEREST, DIRECT OR INDIRECT, WITH A CLIENT, VENDOR, OR OTHER PRINCIPAL DEALING WITH THE ORGANIZATION WHICH INTEREST IS OF SUCH AN EXTENT THAT IT MIGHT AFFECT AN EMPLOYEE'S JUDGMENT OR DECISIONS EXERCISED ON BEHALF OF THE ORGANIZATION. PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE AN EMPLOYEE OR RELATIVE HAS A SIGNIFICANT OWNERSHIP IN A FIRM WITH WHICH THE ORGANIZATION DOES BUSINESS BUT ALSO WHEN

Name of the organization RITTER CENTER	Employer identification number 94-2675517
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AN EMPLOYEE OR RELATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING THE ORGANIZATION. IN ADDITION, BUSINESS DEALINGS WITH OUTSIDE FIRMS SHOULD NOT RESULT IN UNUSUAL GAINS FOR THOSE FIRMS. IF AN EMPLOYEE HAS ANY INFLUENCE ON TRANSACTIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, IT IS IMPERATIVE THAT HE OR SHE DISCLOSE TO HUMAN RESOURCES AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

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

THE BOARD OF DIRECTORS HAS A PROCESS FOR REVIEWING AND APPROVING THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES ON A REGULAR BASIS TO DETERMINE IT IS FAIR AND REASONABLE WITH THE GOAL OF RETAINING EMPLOYEES AT COMPENSATION LEVELS WITHIN APPROPRIATE MARKET RANGE. WHEN CEO AND OTHER EXECUTIVE LEVEL COMPENSATION WAS SET AT THE BEGINNING OF THE FISCAL YEAR, THE BOARD RELIED ON A COMPENSATION STUDY CONDUCTED BY AN INDEPENDENT COMPENSATION CONSULTANT. SUCH COMPENSATION STUDIES ARE PERFORMED EVERY TWO TO THREE YEARS. THE RESULTS OF THE STUDY WERE PRESENTED TO THE FULL BOARD AND THE BOARD VOTED ON THE COMPENSATION PACKAGES OFFERED TO THE EMPLOYEES. ADDITIONALLY, THE BOARD APPROVED THE COMPENSATION RANGES FOR ALL OTHER KEY EMPLOYEES; AND ANY SUBSEQUENT SUGGESTED CHANGES TO THE APPROVED RANGES ARE SPECIFICALLY REVIEWED AND APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION. THE ORGANIZATION'S BOARD OF DIRECTORS CONTEMPORANEOUSLY DOCUMENTED ITS DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS, INCLUDING WHO WAS PRESENT, HOW THEY VOTED, A DESCRIPTION OF THE COMPARABILITY DATA AND HOW IT WAS OBTAINED.

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

Name of the organization

RITTER CENTER

Employer identification number

94-2675517

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL**STATEMENTS CAN BE OBTAINED UPON REQUEST. HOWEVER CURRENT TAX LAW DOES NOT****REQUIRE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND****FINANCIALS BE PROVIDED TO THE PUBLIC.****FORM 990, PART IX, LINE 11G, OTHER FEES:****OTHER PROFESSIONAL SERVICES:**

PROGRAM SERVICE EXPENSES	5,780.
MANAGEMENT AND GENERAL EXPENSES	9,033.
FUNDRAISING EXPENSES	398.
TOTAL EXPENSES	15,211.

BILLING MANAGEMENT SERVICES:

PROGRAM SERVICE EXPENSES	85,494.
MANAGEMENT AND GENERAL EXPENSES	133,616.
FUNDRAISING EXPENSES	5,891.
TOTAL EXPENSES	225,001.

OTHER CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	279,555.
MANAGEMENT AND GENERAL EXPENSES	436,907.
FUNDRAISING EXPENSES	19,263.
TOTAL EXPENSES	735,725.

RECRUITMENT SERVICES:

PROGRAM SERVICE EXPENSES	66,242.
MANAGEMENT AND GENERAL EXPENSES	103,527.
FUNDRAISING EXPENSES	4,565.

Name of the organization

RITTER CENTER

Employer identification number
94-2675517

TOTAL EXPENSES	174,334.
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PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	7,258.
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MANAGEMENT AND GENERAL EXPENSES	11,343.
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FUNDRAISING EXPENSES	500.
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TOTAL EXPENSES	19,101.
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INDEPENDENT CONTRACTORS:

PROGRAM SERVICE EXPENSES	424,828.
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MANAGEMENT AND GENERAL EXPENSES	47,669.
---------------------------------	---------

FUNDRAISING EXPENSES	6,385.
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TOTAL EXPENSES	478,882.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,648,254.
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FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:**MEALS:**

PROGRAM SERVICE EXPENSES	12,437.
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MANAGEMENT AND GENERAL EXPENSES	19,438.
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FUNDRAISING EXPENSES	857.
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TOTAL EXPENSES	32,732.
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TRAINING:

PROGRAM SERVICE EXPENSES	21,749.
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MANAGEMENT AND GENERAL EXPENSES	2,598.
---------------------------------	--------

FUNDRAISING EXPENSES	40.
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TOTAL EXPENSES	24,387.
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Name of the organization

RITTER CENTER

Employer identification number

94-2675517

TAXES & LICENSES:

PROGRAM SERVICE EXPENSES	15,697.
MANAGEMENT AND GENERAL EXPENSES	3,473.
FUNDRAISING EXPENSES	150.
TOTAL EXPENSES	19,320.

WORKERS COMPENSATION INSURANCE:

PROGRAM SERVICE EXPENSES	468.
MANAGEMENT AND GENERAL EXPENSES	52.
FUNDRAISING EXPENSES	7.
TOTAL EXPENSES	527.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	76,966.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

RITTER CENTER
PO BOX 3517
SAN RAFAEL, CA 94912

PREPARED BY:

VASQUEZ & CO., LLP
655 N. CENTRAL AVE., STE 1550
GLENDALE, CA 91203

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAXABLE YEAR
2022

California Exempt Organization Annual Information Return

229941 01-10-23
FORM
199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name RITTER CENTER		California corporation number 0977295
Additional information. See instructions.		FEIN 94-2675517

Street address (suite or room) PO BOX 3517		PMB no.
City SAN RAFAEL	State CA	ZIP code 94912
Foreign country name	Foreign province/state/country	Foreign postal code

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

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,917,917	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	10,071,026	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	13,988,943	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	1,741,825	00
	7 Total costs. Add line 5 and line 6	7	1,741,825	00
	8 Total gross income. Subtract line 7 from line 4	8	12,247,118	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	9,291,196	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,955,922	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer Mark Shotwell	Title CEO	Date 05/15/2024	Telephone 415-457-8182
Paid Preparer's Use Only	Preparer's signature Regina Prince, CPA	Date 5/15/2024	Check if self-employed <input type="checkbox"/>	PTIN P00576936
	Firm's name (or yours, if self-employed) and address VASQUEZ & CO., LLP 655 N. CENTRAL AVE., STE 1550 GLENDALE, CA 91203			Firm's FEIN 33-0700332
				Telephone 213-873-1700
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00	
	2	Interest	2	14,466	00	
	3	Dividends	3		00	
	4	Gross rents	4	76,613	00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	6	1,756,480	00	
	7	Other income SEE STATEMENT 3	7	2,070,358	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,917,917	00	
	9	Contributions, gifts, grants, and similar amounts paid	9		00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	377,900	00	
	12	Other salaries and wages	12	3,229,330	00	
	Expenses and Disbursements	13	Interest	13		00
		14	Taxes	14	331,396	00
		15	Rents	15	371,448	00
		16	Depreciation and depletion (See instructions)	16	66,831	00
		17	Other expenses and disbursements SEE STATEMENT 5	17	4,914,291	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	9,291,196	00

Schedule L Balance Sheet

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		1,229,199		2,674,707
2 Net accounts receivable		247,923		318,506
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 6		2,370,654		998,637
10 a Depreciable assets	1,103,325		5,580,969	
b Less accumulated depreciation	(493,826)	609,499	(586,412)	4,994,557
11 Land				2,536,985
12 Other assets STMT 7		1,271,271		2,395,454
13 Total assets		5,728,546		13,918,846
Liabilities and net worth				
14 Accounts payable		453,650		777,816
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 8		243,228		301,189
17 Mortgages payable				
18 Other liabilities STMT 9		97,387		4,949,637
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,934,281		7,890,203
22 Total liabilities and net worth		5,728,546		13,918,845

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 2,955,922	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	Subtract line 9 from line 6	2,955,922
6 Total. Add line 1 through line 5	2,955,922		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING, STE 200 NOVATO, CA 94949		1,234,000.
HEALTH RESOURCES AND SERVICES ADMINISTRATION	5600 FISHERS LANE ROCKVILLE, MD 20852		1,742,997.
US DEPT HUD OFFICE OF COMMUNITY PLANNING & DEVELOPMENT	ONE SANSOME CENTER, STE 1200 SAN FRANCISCO, CA 94104		224,428.
MARIN COUNTY	3260 KERNER BLVD. SAN RAFAEL, CA 94901		2,398,655.
SCHWAB CHARITABLE	211 MAIN STREET SAN FRANCISCO, CA 94105		234,800.
MELODY ANN PALMER TRUST	7200 REDWOOD BLVD NOVATO, CA 94945		2,100,000.
TOTAL INCLUDED ON LINE 3			<u>7,934,880.</u>

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF MARKETABLE SECURITIES	07/01/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,741,825.	0.	0.	1,756,480.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>1,741,825.</u>	<u>0.</u>	<u>0.</u>	<u>1,756,480.</u>

CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTION

AMOUNT

MISCELLANEOUS INCOME

10,192.

NET PATIENT REVENUE

1,801,379.

340B PROGRAM REVENUE

60,825.

HOUSING PROGRAM REVENUE

197,962.

TOTAL TO FORM 199, PART II, LINE 7

2,070,358.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 4

NAME AND ADDRESS

TITLE AND
AVERAGE HRS WORKED/WK

COMPENSATION

SAIMA FIRDOOS
PO BOX 3517
SAN RAFAEL, CA 94912CHIEF MEDICAL OFFICER
24.00

206,137.

MARK SHOTWELL
PO BOX 3517
SAN RAFAEL, CA 94912CEO
40.00

171,763.

DAN MASTERSON
PO BOX 3517
SAN RAFAEL, CA 94912DIRECTOR
2.00

0.

CAROL C. FARRER, JD
PO BOX 3517
SAN RAFAEL, CA 94912DIRECTOR (LEFT FEBRUARY 202
2.00

0.

RITTER CENTER

94-2675517

J TIM BIDDLE
PO BOX 3517
SAN RAFAEL, CA 94912

TREASURER
2.00

0.

CAROL ANGEL
PO BOX 3517
SAN RAFAEL, CA 94912

SECRETARY
2.00

0.

MARGARET TREZEVANT
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

DAVID NEAGLE
PO BOX 3517
SAN RAFAEL, CA 94912

PRESIDENT
2.00

0.

BETTYE KRAY
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR(LEFT JANUARY 2023
2.00

0.

SEAN MCCONNELL
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR(LEFT JULY 2022)
2.00

0.

ROBERT A. MCCASKILL
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

MICHAEL RALSTON
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

ROSE LINDA CAMACHO
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR(LEFT JUNE 2023)
2.00

0.

ANTOINETTE J. DOYLE
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

STEPHANIE ZIMAND - PLEXICO
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

SANDRA MCMILLON
PO BOX 3517
SAN RAFAEL, CA 94912

DIRECTOR
2.00

0.

RITTER CENTER

94-2675517

TOTAL TO FORM 199, PART II, LINE 11

377,900.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
HOUSING PROGRAM EXPENSES		984,780.
CLIENT ASSISTANCE		483,493.
MARKETING & PUBLIC RELATIONS		274,506.
DUES & SUBSCRIPTIONS		156,283.
MEALS		32,732.
TRAINING		24,387.
TAXES & LICENSES		19,320.
WORKERS COMPENSATION INSURANCE		527.
PENSION PLAN CONTRIBUTIONS		72,657.
OTHER EMPLOYEE BENEFITS		334,321.
LEGAL FEES		18,705.
ACCOUNTING FEES		127,596.
OTHER PROFESSIONAL FEES		1,648,254.
OFFICE EXPENSES		568,778.
INFORMATION TECHNOLOGY		4,801.
TRAVEL		56,526.
INSURANCE		106,625.
TOTAL TO FORM 199, PART II, LINE 17		<u>4,914,291.</u>

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	1,725,731.	998,637.
CORPORATE BOND EXCHANGE TRADED FUNDS	644,923.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>2,370,654.</u>	<u>998,637.</u>

CA 199	OTHER ASSETS	STATEMENT 7	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		859,875.	1,597,320.
PREPAID EXPENSES AND DEFERRED CHARGES		119,693.	107,092.
DEPOSITS		22,605.	61,022.
ASSETS RESTRICTED AS TO USE		243,228.	301,189.
ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS		25,870.	0.
RIGHT-OF-USE ASSETS		0.	328,831.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		1,271,271.	2,395,454.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 8	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ESCROW ACCOUNT LIABILITIES		243,228.	301,189.
TOTAL TO FORM 199, SCHEDULE L, LINE 16		243,228.	301,189.

CA 199	OTHER LIABILITIES	STATEMENT 9	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ESTIMATED SETTLEMENT AMOUNT DUE TO THIRD-PARTY PAYERS		97,387.	328,314.
MORTGAGE PAYABLE		0.	4,290,000.
LEASE LIABILITIES		0.	331,323.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		97,387.	4,949,637.

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name RITTER CENTER	Identifying number 94-2675517
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	13,988,943
2 Total gross income (Form 199, line 8)	2	12,247,118
3 Total expenses and disbursements (Form 199, line 9)	3	9,291,196

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	6 Account number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
-------------------------	-------------------------	--

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here	<i>Mark Shotwell</i> Signature of officer	<u>05/15/2024</u> Date	CEO Title
------------------	--	---------------------------	---------------------

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature VASQUEZ + COMPANY LLP	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00576936
	Firm's name (or yours if self-employed) and address VASQUEZ + COMPANY LLP 655 N. CENTRAL AVE., STE 1550 GLENDALE, CA				Firm's FEIN 33-0700332 ZIP code 91203

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature VASQUEZ & CO., LLP	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00576936
	Firm's name (or yours if self-employed) and address VASQUEZ & CO., LLP 655 N. CENTRAL AVE., STE 1550 GLENDALE, CA			Firm's FEIN 33-0700332 ZIP code 91203