Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed. ***PUBLIC DISCLOSURE COPY***

EXTENDED TO FEBRUARY 15, 2023

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Form **990**

 A For the 2021 calendar year, or tax year beginning
 APR 1, 2021
 and ending
 MAR 31, 2022

 B Check if applicable:
 C Name of organization
 D Employer identification number

	applicab	le:		D Employer Identifie						
	Addre	METRO CARING								
	Name	Doing business as		84-6116951						
	Initial		Room/suite	E Telephone number						
	Final return	1100 E. 18TH AVENUE PO BOX 300459		303-860-7200						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,185,765.					
	Amended DENVER, CO 80203 H(a) Is this a group return									
	Applie tion	F Name and address of principal officer: IEVA SIENICAL		for subordinates	? Yes X No					
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
1	Tax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527		list. See instructions					
٦V	Websi	te: WWW.METROCARING.ORG		H(c) Group exemption						
κ	orm o	f organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1974 N	State of legal domicile: CO					
Pa	art I	Summary								
-	1	Briefly describe the organization's mission or most significant activities:	CARING IS	DENVER'S						
Governance		FRONTLINE ANTI-HUNGER ORGANIZATION.								
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14					
		Number of independent voting members of the governing body (Part VI, line 1b)			13					
ss 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			32					
viti	6	Total number of volunteers (estimate if necessary)		6	6892					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
Ð	8	Contributions and grants (Part VIII, line 1h)		11,353,837.	16,023,622.					
nue	9	Program service revenue (Part VIII, line 2g)		194,288.	427,623.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		177,291.	-3,672.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-4,286,171.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,725,416.	12,161,402.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,434,122.	7,677,477.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		1,704,602.	2,373,657.					
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,277,767.	1,749,237.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,416,491.	11,800,371.					
	19	Revenue less expenses. Subtract line 18 from line 12		2,308,925.	361,031.					
S OF			Be	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		8,971,552.	9,274,494.					
Net Assets	21	Total liabilities (Part X, line 26)		226,002.	167,913.					
		Net assets or fund balances. Subtract line 21 from line 20		8,745,550.	9,106,581.					
Pa	art 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		Signature of	officer			Date		
Here		TEVA SIE	NICKI, CEO					
		Type or prin	t name and title					
	Prin	t/Type prepar	er's name	Preparer's signature	Date	Check] PTIN	
Paid	RYAI	N C. HARR	IS	RYAN C. HARRIS	01/18/23	if self-employed	P00614618	
Preparer	Firm	n's name 🕒	PLANTE & MORAN, PLLC			Firm's EIN 🕨 🔅	38-1357951	
Use Only	Firm	n's address 🕨	8181 E TUFTS AVE, SUITE	600				
		-	DENVER, CO 80237			Phone no. 303-7	40 - 9400	
May the II	RS di	scuss this re	eturn with the preparer shown abo	ve? See instructions			X Yes	No
							00	Δ

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III efly describe the organization's mission: TRO CARING WORKS WITH OUR COMMUNITY TO RECOGNIZE ROOT CAUSES OF NGER AND ADDRESS SYSTEMIC ISSUES THAT AFFECT INDIVIDUALS AND MILLES' DAILY LIVES. If the organization undertake any significant program services during the year which were not listed on the Torm Torm 200 or 200 E72		X
efly describe the organization's mission: TRO CARING WORKS WITH OUR COMMUNITY TO RECOGNIZE ROOT CAUSES OF NGER AND ADDRESS SYSTEMIC ISSUES THAT AFFECT INDIVIDUALS AND MILLES' DAILY LIVES.		<u>. X</u>
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MILIES' DAILY LIVES.		
the organization undertake any significant program services during the year which were not listed on the		
or Form 990 or 990-EZ?	Yes	X No
Yes," describe these new services on Schedule O.		
I the organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O.	Yes	X No
scribe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and	d
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MBERS.		
	407	100
	e\$427	,100.
PERIENCED A SIGNIFICANT REDUCTION OF NUMBERS.		
per program services (Describe on Schedulo O)		
	١	
)	
ai program service expenses P		90 (2021
	DD ACCESS: OUR FRESH-FOODS MARKET IS A TAKE-WHAT-YOU-NEED MODEL DCERY STORE WHERE PARTICIPANTS HAVE ACCESS TO A MONTH'S SUPPLY OF DCERIES. FOOD IS RECEIVED THROUGH IN-KIND DONATIONS. TO FOLLOW COVID GULATIONS, THE FRESH-FOOD MARKET CLOSED TO THE PUBLIC AND A IVE-THRU, WALK-UF AND DELIVERY OF FOOD BOXES WAS IMPLEMENTED. OUR MAND TRIPLED AND VOLUNTEER NUMBERS DECREASED BY MORE THAN HALF. de:)(Expenses §249,579. including grants of \$) (Revenu VID-19 METRO CARING: THIS NEW PROGRAM WAS A RESPONSE TO THE COVID-19 NDEMIC. WE ACTED BY INCREASING THE AMOUNT OF FOOD WE PURCHASED, RED ADDITIONAL CLEANING PERSONNEL, AND STIPENDED TEMPORARY COMMUNITY WBERS.	<pre>st</pre>

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization land areas, or historic structures? If "Yes," complete Schedule D, Part II 7	Yes	
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space,		x
		+
The environment inistoric land areas or historic structures (It "Yee " complete Schedule D. Dort II		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		
Schedule D, Part III		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		
or in quasi endowments? If "Yes," complete Schedule D, Part V 10		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		
as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
Part VI	Х	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes." complete Schedule D. Part IX		x
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u> </u>
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		x
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		+
		x
Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year?		
	x	1
		x
		X
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues of more than \$10,000 from graptmaking, fundraising, humana 14a		+
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	x
or more? If "Yes," complete Schedule F, Parts I and IV		<u> </u>
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	1	
foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<u> </u>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<u> </u>	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1
1c and 8a? If "Yes," complete Schedule G, Part II	Х	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1
complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes." complete Schedule I. Parts I and II		x
	990	(2021)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	L
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
		2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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4 2021.05030 METRO CARING

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Par	t 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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	14		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo		5a		x
	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?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├───
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	1		
b				
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
С	Enter the amount of reserves on hand			
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)
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Form	990 (2021) METRO CARING			511695			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, an	nd for a '	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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		14			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)				
				ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,				
				Г	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the foi	rm?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v	
					12c	X	
13				ſ	13	X X	
14					14	Δ	
15		by inc	rependent				
_					45-	x	
				Г	15a	X	
a				·····	15b		
16-		ont w	th a				
108	on Schedule O how this was done			16a		х	
h	, , ,			·····	104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure		<u></u>		100		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	T (section 50	1(c)(3)s	onlv) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.		. (.(0)(0)0	,,,	a r an a	
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv. and	financ	ial	
-	statements available to the public during the tax year.			,, u			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records	•			
	DONNA MUNIP - 303-860-7200						
_	1100 E. 18TH AVENUE PO BOX 300459, DENVER, CO 80203						
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	б						,
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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	e this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization	ı's tax year.
	of the organization's current officers, directors, trustees (whether individuals or organizations), reolumns (D), (E), and (F) if no compensation was paid.	egardless of amount of compen	isation.

• 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, 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition) than o		Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t con	_	1099-INEC)		and related organizations
	line)	ndividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TEVA SIENICKI	40.00	_	_	-						
CEO	0.30	х		х				141,645.	0.	15,437.
(2) DONNA MUNIP	55.00									
CF0/C00				Х				112,280.	0.	11,829.
(3) ERIK HICKS	55.00									
CDO				х				104,372.	0.	9,630.
(4) DEBORAH PRICE	2.00									
CHAIR		Х		Х				0.	0.	0.
(5) SARAE KURTH BAY	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(6) DOUG HOCK	2.00									
VICE PRESIDENT/PAST CHAIR		Х		х				0.	0.	0.
(7) IRIS GARDNER	2.00									
SECRETARY		Х		х				0.	0.	0.
(8) SHELLEY HOOK	2.00									
TREASURER		Х		х				0.	0.	0.
(9) SHEN NAGEL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JO ANN PEGUES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NICOLE LANG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ANDREA MILLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JAMES EAST	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DANETTE HOLLOWELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) RIA RAMIREZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JAMEN TYLER	2.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.

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Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
									250.007				26	
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)								358,297. 0. 358,297.		0. 0. 0.			896. 0. 896.
2	Total number of individuals (including but no compensation from the organization							o re	,	000 of reportable			·	3
3	Did the organization list any former officer,			-	•	•		Ŭ				•	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		3	x	•
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	Isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		x
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										pensat	ion fro	om	
	(A) Name and business		NO:		ig w				(B) Description of s		С	(C ompe	;) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t		se lis 0	ted	above) who received mo	ore than				
												Form	990 (ź	2021)

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a	t VIII								Γ.
		Check if Schedule O	contains a	response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1a					
ind				1b					
ľ	с	Fundraising events		1c	118,302.				
arA		Related organizations		1d	4,567,427.				
mil		Government grants (contr		1e	177,748.				
ŝ	f	All other contributions, gifts,	grants, and						
and Other Similar Amounts		similar amounts not included	above	1f	11,160,145.				
0 P	g	Noncash contributions included in	lines 1a-1f	1g \$	11,990,851.				
an	h	Total. Add lines 1a-1f			►	16,023,622.			
					Business Code				
	2 a	GOVERNMENT CONTRACT	S		900099	427,100.	427,100.		
Revenue	b	SALES			900099	523.	523.		
ent	С								
Bev	d								
	e								
		All other program service				427,623.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include				427,023.			
	3	•	•			-3,672.			-3,6
	4	other similar amounts) Income from investment of				5,0,2.			
	5	Royalties		• •	ŕF				
	U) Real	(ii) Personal				
	6 a	Gross rents	6a	,					
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)	<u> </u>		►				
		Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
3		and sales expenses	7b						
	с	Gain or (loss)	7c						
	d	Net gain or (loss)		<u></u>	►				
	8 a	Gross income from fundraisi	ng events (n	ot					
5		including \$	118,302.	of					
		contributions reported on	,						
		Part IV, line 18		<u>8a</u>					
		Less: direct expenses							
		Net income or (loss) from			▶	-11,844.			-11,84
	9 a	Gross income from gamin							
	•	Part IV, line 19							
		Less: direct expenses			<u>'</u>				
		Net income or (loss) from							
	iu a	Gross sales of inventory, I							
	h	and allowances Less: cost of goods sold							
		Net income or (loss) from							
+				Sintory .	Business Code				
	11 a	LOSS ON SETTLEMENT	OF		900099	-4,274,327.			-4,274,32
Revenue	b					. ,			
eve	c								
å		All other revenue							
		Total. Add lines 11a-11d				-4,274,327.			
		Total revenue. See instruction				12,161,402.	427,623.	0.	-4,289,84

7b, 8k 1 (2 2 (2 iii 3 (2 iii 4 E 5 (2 t 6 (2 F	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 (ii 3 (4 E 5 (6 (F	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 (3 (4 E 5 (6 (7	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
4 E 5 (6 (Grants and other assistance to foreign	7,677,477.	7,677,477.		
ii 4 E 5 (6 (
4 E 5 (6 (organizations, foreign governments, and foreign				
5 (t 6 (ndividuals. See Part IV, lines 15 and 16				
t 6 (Benefits paid to or for members				
6 (Compensation of current officers, directors,				
þ	rustees, and key employees	358,298.	26,884.	171,875.	159,539.
	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,596,429.	935,495.	428,996.	231,938.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	82,701.	40,716.	25,422.	16,563.
	Other employee benefits	187,247.	92,188.	57,559.	37,500.
10 F	Payroll taxes	148,982.	73,349.	45,796.	29,837.
	Fees for services (nonemployees):				
	Management	FF F 0 F	00.011	46.552	
	_egal	55,535.	28,911.	16,573.	10,051.
		54,118.	28,173.	16,150.	9,795.
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	100.000	00.015	50 452	20.000
	column (A), amount, list line 11g expenses on Sch 0.)	169,068.	88,015.	50,453. 86.	30,600.
	Advertising and promotion	4,169.	2,981.		1,102.
	Office expenses	60,227.	26,717.	26,562.	6,948.
	nformation technology				
		255,705.	156,449.	54,910.	44,346.
		255,705.	150,445.	54,510.	44,540.
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	-41,693.	-33,354.	-8,339.	
	nterest Payments to affiliates	11,000.			
	Depreciation, depletion, and amortization	93,645.	74,916.	18,729.	
			, 0 .		
	Dther expenses. Itemize expenses not covered				
a	above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	CLIENT ASSISTANCE	782,227.	753,856.	14,406.	13,965.
· · ·	COMMUNITY DEVELOPMENT	89,546.	87,941.	1,605.	
-	OTHER PROGRAM EXPENSES	65,379.	65,379.		
d -					
-	All other expenses	161,311.	54,825.	40,394.	66,092.
	Fotal functional expenses. Add lines 1 through 24e	11,800,371.	10,180,918.	961,177.	658,276.
	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 Figure if following SOP 98-2 (ASC 958-720)				

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METRO CARING

Form 990 (2021) METRO CARING
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).

sse	8	Inventories for sale or use			161,093.		178,517.	
Assets		Inventories for sale or use		101,055.	8	1/8,51/.		
∢	9				91,326.	9	43,226.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	5,875,958.				
	b	Less: accumulated depreciation	10b	1,273,821.	214,472.	10c	4,602,137.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1				12		
	13	Investments - program-related. See Part IV, line -				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			18,627.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa			8,971,552.	16	9,274,494.	
	17	Accounts payable and accrued expenses		226,002.	17	167,913.		
	18	Grants payable				18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete F			21			
s	22	Loans and other payables to any current or form	rector,					
litie		trustee, key employee, creator or founder, subst	outor, or 35%					
Liabilities		controlled entity or family member of any of thes			22			
Ē	23	Secured mortgages and notes payable to unrela	ties		23			
	24	Unsecured notes and loans payable to unrelated	s		24			
	25	Other liabilities (including federal income tax, page	ated third					
		parties, and other liabilities not included on lines	nplete Part X					
		of Schedule D			25			
	26			226,002.	26	167,913.		
		Organizations that follow FASB ASC 958, che						
Fund Balances		and complete lines 27, 28, 32, and 33.						
and	27	Net assets without donor restrictions			7,843,301.	27	8,130,834.	
Bal	28	Net assets with donor restrictions	assets with donor restrictions					
pu		Organizations that do not follow FASB ASC 9	ere 🕨 🗌					
		and complete lines 29 through 33.						
۵ ۵	29	Capital stock or trust principal, or current funds			29			
Net Assets or	30	Paid-in or capital surplus, or land, building, or eq			30			
As	31	Retained earnings, endowment, accumulated in	come, or oth	er funds		31		
Net	32	Total net assets or fund balances			8,745,550.	32	9,106,581.	
-	33	Total liabilities and net assets/fund balances			8,971,552.	33	9,274,494.	

METRO CARING

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

controlled entity or family member of any of these persons

Notes and loans receivable, net

4 Accounts receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 84-6116951 Page 11

(B) End of year

(A) Beginning of year

1,477,037.

2,096,309.

525,552.

151,136.

4,236,000.

1

2

3

4

5

6

7

948,238.

585,312.

176,611.

Ο.

2,740,453.

Form 990 (2021)

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Form 990 (2021) Part X | Balance Sheet

1

2

3

6

7

Form	1990 (2021) METRO CARING	84-6116951	-	Pad	_{ge} 12
Pa	rt 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,	161,	402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	800,	371.
3	Revenue less expenses. Subtract line 2 from line 1	3		361,	031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	745,	550.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,	106,	581.
Pa	rt 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: Cash X Accrual 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?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			-	000	(0004)

Form **990** (2021)

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of t	the organizati	on						Employer	identification number
				CARING						84-6116951
Pa	art I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instructior	IS.	
The	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		-		•	than 33 1/3% of its supp				-	-
				-	t to certain exceptions; a					-
					(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box on
	_	-			f supporting organizatior					
â				-	upervised, or controlled	• • • •	-			
			•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the st	ipporting
k		¬ -		complete Part IV, Se	l or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by bo	<i>vina</i>
ĸ				-	anization vested in the sa			-		-
			-	at complete Part IV,		anic perso	13 1121 00		ge the supp	Joned
c		- ·			g organization operated	in connect	tion with a	and functiona	llv integrate	ed with
			-). You must complete I				ny mograte	, with,
	1 🗌		-		porting organization oper				ted organiz	zation(s)
-			-		zation generally must sat				-	
					nplete Part IV, Sections					
e	,	-			written determination fro				II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
1	Ente	er the number								
	-			n about the supporte	d organization(s).					r
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A	(Form	990	202
Juncaale A		000	1202

Page 2

54,402,055.

14,359,940.

40,042,115.

METRO CARING 84-6116951 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8,011,599. 9,812,291. 10,740,495. 16,023,623. 9,814,047. 54,402,055. 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

9,814,047.

9,812,291.

10,740,495.

16,023,623.

8,011,599.

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,

furnished by a governmental unit to the organization without charge

4 Total. Add lines 1 through 3

5 The portion of total contributions by each person (other than a governmental unit or publicly

column (f) 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	8,011,599.	9,814,047.	9,812,291.	10,740,495.	16,023,623.	54,402,055.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	59,123.	85,633.	43,412.	177,291.	-3,672.	361,787.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						54,763,842.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	2,519,161.			
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stor	here								
Se	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.12 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	79.45 %			
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X			
k	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	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									
k	b 10% -facts-and-circumstances test - 2020. 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 th	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
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									

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Se	ction A. Public Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus- iness under section 513										
4	Tax revenues levied for the organ-										
	ization'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										
	Amounts included on lines 1, 2, and										
10	3 received from disgualified persons										
ł	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										
	Public support. (Subtract line 7c from line 6.) ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 6										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
k	• Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
C	Add lines 10a and 10b										
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,				
	check this box and stop here										
Se	ction C. Computation of Publi	ic Support Per	centage								
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%				
<u>16</u>						16	%				
	ction D. Computation of Inves		•			<u> </u>					
17	17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17										
18	18 Investment income percentage from 2020 Schedule A, Part III, line 17 18										
19a	19a 33 1/3% support tests - 2021. 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										
k	33 1/3% support tests - 2020. If the										
	line 18 is not more than 33 1/3%, che						▶∐				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins						
1320	23 01-04-22					Schedule	A (Form 990) 2021				
			15								

2021.05030 METRO CARING

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

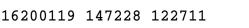
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 Has the organization accepted a gift or contribution from any of the following persons? 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? A Simity member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described or diverses at all times during the tax year? If "Yes" to line 11a, 11b accepted organization setup. I bid the governing body, members of the governing body, differs acting in their afficial capacity, or membership of one or more supported organization adving the tax year? If "Yes" to line supported organizations and what conditions or restrictions. If any, applied to supported organization adving the tax year? If "Yes", explain in Part VI how posses during the tax year. D dit be organization set the benefit of any supported organization/§ that operated, supporting Organizations are trute as a majority of the directors or trustees and inference definition? If "Yes, "explain in Part VI how control or or trustees of each of the organization's autoritide in supported organization? If "Yes, "explain in trute second or analagement of the supporting Organization area to real prize disponder organization? If "Yes, "explain in trute analytic of the organization's autoritide and analytic or induced area majority of the directors or trustees at all intes as analytic or orded organization? Were a majority of the organization's acting the same persons that controlled or management of the supporting Organization and the same persons that controlled or management of the supporting organization was		Supporting Organizations (continued)			
a A parson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b labow? He proveming body of a supported organization? b A family member of a person described on line 11a or 11b above? If Yest' to line 11a, 11b, or 11c, provide deal in PU. cettion 15. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization shows the power to regularize paper in the supported organization's officers, directors, or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization and or remove officers, directors, or trustees at all times during the tax yea?? If 'No,' describe in Part VI how the supported organization and or remove officers, directors, or trustees at all times during the tax yea?? If 'No,' describe in Part VI how the supported organization of the support of organization's directors, or trustees during the tax year? If 'No,' describe organization's directors, or trustees during the tax year? If 'No,' describe in Part VI how the supported organization of the support of organization's directors, directors, or trustees during the tax year. (In a copy of the support of organization's directors or trustees during the tax year allo a majority of the organization's supported organization's directors or trustees during the tax year allo a majority of the organization's supported organization's attrustees during the tax year allo a majority of the organization's supported organizations attrustees during the tax year allo a majority of the directors or trustees during the tax year allo a supported organization's tax year, (I) a withen notice describing the type and anount of support provided during the prior tax year, (I) a withen notice describing the type and anount of support organization's tax year, (I) a withen notice describing the type and anount of support organization's inversed at the supported organ				Yes	No
11 to below, the governing body of a supported organization? 11a b A family member of a person described on line 11a orbit? 11b c A 35% controlled entity of a person described on line 11a orbit? 11b cettion B. Type I Supporting Organizations 11c 1 to bit the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the governing body, officers acting in their official capacity, or membership of one or more supported organization, abover the powers to regularly appoint or elect at least a majority of the organization officers, directors, or trustees well mesting the supported organization of the benefit of any supported organization or genetic the benefit of any supported organization of the supported organization or personal mad/or remove differs, directors, or trustees well must be supported organization operate to the benefit on any supported organization of the supported organization operates to the benefit on any supported organization? If "Yes," explain in Part VI how providing such benefit care out the purposes of the supporting organization? 1 9 Lot the organization operate to the benefit on any supported organization? If "Yes," explain in Part VI how providing such benefit care out the purposes of the support of granization operate to eaganization. 2 9 Lot the organization operate to ganization is supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations. 1 1 Were a majority of the organization is supported organizations, by the list day of the fifth month of the organization is directors or tru	11				
b A family member of a person described on line 11a above? certion B. Type I Supporting Organizations certion C. Type I Supporting Organizations certification person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide certification person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide certification person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide certification person described organizations above the power to regularly appoint or elect at least a majority of the organization is above the over to regularly appoint or elect at least a majority of the organization is deficient, directors, or trustees at all times during the tax yea? If "No," describe in PartVI how the supported organization is derived by a consolidate the organization activities. If the organization is derived by a consolidate the organization is appoint or elect at least a majority of the organization and proves during the tax year. 2 Did the organization supervised, or controlled the supported organization (I ' Yes, "explain in Part VI how providing such banefit cambed out the purposes of the supported organization (I ' Yes, "explain in Part VI how providing organization is directors or trustees during the tax year also a majority of the directors or trustees of each 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 upported organization, (I' ' Yes, "describe in Part VI how control or management of the supporting Organizations. By the last day of the fifth month of the organization provide to each of its supported organization, by the tax day of the fifth month of the organization so officers, directors, or trustees either (I) apported organization is experied organization is directors or trustees or the date of noffication, the text then the tay ported organization's directors income or assets at all times during the tax year? I' "res, "describe in Part VI how t	а		44-		
A 35% controlled entry of a person described on line 11a or 11b above? // "Yes" to line 11a, 11b, or 11c, provide Interestion B, Type I Supporting Organizations Ves Tors of 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 amajority of the organizations () effective) operated, supervised, or controlled the organization or subcorted organization(s) effective) operated, supervised, or controlled the supporting organization and/or remove differs, directors, or trustees at all intese during the tax year. 2 Did the organization expende to the benefit of any supported organization of the supported organization or the the supporting organization or the tax officers, directors, or trustees at all integende or antication organization or the supporting organization or trustees at lines activities. If the organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit and or the purposes of the supported organization? Type II Supporting Organizations Explore any of the organization's directors or trustees at lines and persons that controlled or managed Integende organization organization organization? If Yes a majority of the organization is directors or trustees at line same persons that controlled or managed Integende organization provide to each of the organization. Synthese the attent on the support tax yes (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization provide to each of its supported organization's unported organization's a port of the organization's invectment policies and in directing the tax year (i) a copy of the Form 990 that was most recently filed as of the date of notificatin, and (iii) copies of the organization maintain da close an					
cettion Part VI. 11c ection B. Type I Supporting Organizations Yes 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 regularly applicit or elect at least a majority of the organization software, directors, or rustees at at lines during the tax yea? (If 'No,'' describe in Par VI how the supported organization) and organization, describe how the powers to applications and what conditions or electicity applied to supported organization and arrong the supported organization and arrong the supported organization, describe how the powers of the supported organization and arrong the supported organization determine than ore supported organization (If 'No,'' describe in Par VI how providing such benefit carred out the purposes of the supported organization (If 'No,'' describe in Par VI how control or management of the supporting organization are persons that controlled the supported organization (If 'No,'' describe in Par VI how control or management of the supporting organization are supported organization (If 'No,'' describe in Par VI how control or management of the supporting Organizations Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's directors, or trustees of the organization's supported organizations. Yes 1 Were a majority of the organization supported organizations, by the last day of the fifth month of the organization's directors, or trustees and not the supported organizations and the supported organization supported organization supported organization supported organizations is dincectors, or trustees either (If apoptice) ore			11b		
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 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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</i> "No," <i>explain in</i> Part VI <i>how</i> the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI the role the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI the role the organization's supported organizations played <i>in this</i> regard. ection E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2 and 2b below. 2 Did substantially all of the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organization's activities during the tax year directly further the exempt purposes of the supported organization's on these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's activities during the sactivities during the tax energination's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 					
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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.	a				
these activities but for the organization's involvement.					
			~		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.	_		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	а				
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
2025 01-04-22 Schedule A (Form 990) 2	b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 Schedule A (Form 990) 2021
 METRO
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 Part IV
 Supporting Organizations
 (continued)
 METRO CARING

hedule A (Form 990) 2021 METRO CARING	na Oraoni	-otiono	84-6116951 Pag
Type III Non-Functionally Integrated 509(a)(3) Supporti I Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instruction
All other Type III non-functionally integrated supporting organizations mu			Part VI). See instruction
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
B Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
B Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	dule A (Form 990) 2021 METRO CARING				84-6116951	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Y	'ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	METRO C	ARING			84-6116951	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and	1b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lir	s required by Part II, line 10; , 11a, 11b, and 11c; Part IV, nes 1c, 2a, 2b, 3a, and 3b; P	, Section B, lines 1 art V, line 1; Part V,	and 2; Part IV, Sectior , Section B, line 1e; Pa	n C, art V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part	V, Section E, lines 2, 5	and 6. Also complete this p	part for any addition	al information.	
132028 01-04-2	2					Schedule A (Form 9	990) 2021
				20			,

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Schedule B

(Form 990)

Department of the Treasury nal 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

2021

Name of the organizatio	n	Employer identification number
	METRO CARING	84-6116951
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 organizati	on is covered by the General Rule or a Special Rule.	
, .	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (-EZ, line 1. Complete Parts I and II.	and that received from any one
	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).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
METRO CA	RING		84-6116951
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		- _ \$2,345,	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		- _ \$1,001,	680. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		- _ \$865,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		- _ \$589 <i>,</i>	824. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
5		- _ \$951,	920.PersonX920.NoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
<u>6</u>		- _ \$1,320,	Person ^X Payroll

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page
Name of or	rganization	Emp	loyer identification number
METRO CA	RING		84-6116951
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
7		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$4,567,427.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

Schedule B (Form 990) (2021)

122711_1

Schedule	B (Form 990) (2021)			Page
Name of o	rganization		Employ	er identification number
METRO CA	ARING		84-	-6116951
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	_		
		\$\$2,345	,132.	03/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	_		
		\$1,001	,680.	03/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
3	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	_		
		\$865	,368.	03/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
4	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	_		
		\$589	,824.	03/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
5	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	_		
		\$,920.	03/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
6	FOOD AND COMMODITIES DONATED FOR HUNGER RELIEF AND PREVENTION PROGRAMMING.	-		
		\$ 1,320	,756.	03/31/22

123453 11-11-21

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 3
Name of o	rganization		Employ	yer identification number
METRO CARING			84	4-6116951
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
9	BUILDING AND FIXED ASSETS			
		\$4,430,	018.	03/23/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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²⁵ 2021.05030 METRO CARING

lame of or	ganization	Employer identification numb	
IETRO CAF	RING		84-6116951
Part III	from any one contributor. Complete columns (a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y y. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	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, a		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
23454 11-11-;	21		Schedule B (Form 990) (2

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Department of the Treasury

Internal Revenue Service Name of the organization

(Form	990)
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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.



Employer identification number

81-	6116	951
04-	0110	951

	METRO CARING		84-6116951
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised func	ls
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	· · · · ·	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		prically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a cor	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic stru		2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		C C
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	►		0, 2
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during the year
	► \$		3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	C C	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar 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	8, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, 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		▶ \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		· · · · · · · · · · · · · · · · · · ·

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2021.05030	METRO	CARING

Sche	dule D (Form 990) 2021 METRO CARIN							84-611		Pa	_{age} 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ม 🛄 เ	_oan or exc	change progra	am					
b	Scholarly research	e	• 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	he organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of								_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered '	'Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		1
	Did the organization include an amount on Fo						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i										
Fai	rt V Endowment Funds. Complete i				orm 990, Part (c) Two yea			years back		Voaro	back
4.		(a) Current year	(0) P	rior year		S Dack		years Dack	(e) Four	years	DAUK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance)) hold oo:						
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a	i)) neid as:						
a L	Board designated or quasi-endowment		%								
b	Permanent endowment	% %									
С	Term endowment The percentages on lines 2a, 2b, and 2c show	, -									
20	Are there endowment funds not in the posses		ation that	ara hald a	nd adminiator	od for th	o organiz	otion			
Ja		ssion of the organiza		are neiu a	nu auminister		le organiza	allon	[Yes	No
	by: (i) Unrelated organizations								3a(i)		
	(i) Unrelated organizations(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the										
	rt VI Land, Buildings, and Equipm	0	wither it it	1103.							
	Complete if the organization answered		D, Part IV.	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	ed l	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)	• •	preciation		(u) B00	it valu	5
19	Land		,		.,185,000.				1	185,	000.
	Buildings				,138,633.		894,	928.		243,	
	Leasehold improvements				, , ,		,			,	
	Equipment				464,012.		346,	185.		117,	827.
	Other				88,313.		,	708.			605.
	I. Add lines 1a through 1e. (Column (d) must e		V ochum	n (P) line 1	, ,		,		4	602,	
TUI	n Add mies ta through te. (Column (a) MUST e	<u>qual Form 990, Part</u>	∧. coium	п (в). Iine I	00.)						

Schedule D (Form 990) 2021

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orm 990) 2021 METRO CARING		8	34-6116951 Pag
nvestments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
derivatives			
equity interests			
must equal Form 990 Part X col. (B) line 12)			
-	on Form 990 Part IV line 1	11c. See Form 990. Part X line 13	
			nd-of-vear market value
			la or your market value
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
	. 15 \		
n (b) must equal Form 990, Part X, col. (B) lin Other Liabilities	e 15.)		· · · · · · · · · · · · · · · · · · ·
Other Liabilities.			5
Other Liabilities. Complete if the organization answered "Yes"			
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			5. (b) Book value
Other Liabilities. Complete if the organization answered "Yes"			
	n of security or category (including name of security) derivatives eld equity interests must equal Form 990, Part X, col. (B) line 12.) ► nvestments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (a) Description of investment must equal Form 990, Part X, col. (B) line 13.) ► Dther Assets. Complete if the organization answered "Yes"	n of security or category (including name of security) derivatives eld equity interests eld equity interests must equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line ⁻ (a) Description of investment (b) Book value must equal Form 990, Part X, col. (B) line 13.) must equal Form 990, Part X, col. (B) line 13.) must equal Form 990, Part X, col. (B) line 13.) Ther Assets.	derivatives

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 METRO CARING			84-61169	51 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,575,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			1,413,707.		
е	Add lines 2a through 2d			2e	1,413,707.
3	Subtract line 2e from line 1			3	12,161,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12			5	12,161,402.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	atements With I	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total expenses and losses per audited financial statements			1	11,958,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c					
d			158,359.		
			•	2e	158,359.
3	Subtract line 2e from line 1			3	, 11,800,371.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a		4a			
b					
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i>			5	11,800,371.
	rt XIII Supplemental Information.	<u>10.)</u>		V	, , .
		1. Part IV lines 1h a	nd 2h: Dart V, line 4	· Dart V line '	2. Dart VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			, Part A, Ime A	2, Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional informa	ation.		
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
SPEC	CIAL EVENT EXPENSE	24,363.			
RELA	ATED ENTITY REVENUE	1,389,344.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 2D	1,413,707.			

PART	XII	LINE	2D	_	OTHER	ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES INCLUDED IN CONS	SOLIDATED	
FINANCIAL STATEMENTS	199,205.	
ELIMINATING ENTRIES	-65,209.	
SPECIAL EVENT EXPENSES	24,363.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	158,359.	
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	(Form 990) 2021		CARING
Part XIII	Supplemental	Information	(continued)

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Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	n METRO CARII	NG					84-61169	entification number
	sing Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:	
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total 3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021

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METRO CARING

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	130,821.			130,821.
	2	Less: Contributions	118,302.			118,302.
	3	Gross income (line 1 minus line 2)	12,519.			12,519.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	5,150.			5,150.
Direct Expenses	7	Food and beverages	10,895.			10,895.
ā	8	Entertainment				
	9	Other direct expenses	8,318.			8,318.
	10	Direct expense summary. Add lines 4 through	o lin o olumpo (d)		►	24,363.
		Net income summary. Subtract line 10 from li	ine 3, column (d)		►	-11,844.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

anue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue	1 Gross revenue								
S	2 Cash prizes								
Direct Expenses	3 Noncash prizes								
Direct E	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)							
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act If "No," explain:	tivities in each of these s	states?		Yes No				
	Were any of the organization's gaming licenses rev If "Yes," explain:	· · ·	•		Yes No				

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Schedule G (Form 990) 2021

	edule G (Form 990) 2021	METRO CARING		84-611	6951	Page 3
11	Does the organization conduct g	aming activities with no	nmembers?		Yes	No No
12	Is the organization a grantor, ber	eficiary or trustee of a t	rust, or a member of a partnership or other entity formed	_		
				[Yes	🗌 No
	Indicate the percentage of gamin			I	I	
					I3a	%
					I3b	%
14	Enter the name and address of the	ne person who prepares	s the organization's gaming/special events books and record	ds:		
	Name ►					
	Address 🕨					
15a	Does the organization have a cor	ntract with a third party	from whom the organization receives gaming revenue?	C	Yes	No No
b	If "Yes," enter the amount of gan	ning revenue received b	by the organization \blacktriangleright \$ and the amo	ount		
	of gaming revenue retained by th					
с	If "Yes," enter name and address					
	Name 🕨					
	Address 🕨					
40						
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	▶ \$				
	Description of services provided					
	_					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	er state law to make cha	aritable distributions from the gaming proceeds to			
u	retain the state gaming license?		intable distributions from the gaming proceeds to	Γ	Yes	🗌 No
b			w to be distributed to other exempt organizations or spent i			
	organization's own exempt activi	•				
Pa	rt IV Supplemental Info	mation. Provide the	explanations required by Part I, line 2b, columns (iii) and (v);	and Part II	I, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provid	de any additional information. See instructions.			
13208	33 10-21-21		24	Schedule	G (Form	n 990) 2021

Schedule G	6 (Form 990)		CARING
Part IV	Supplemental	Information	(continued)

 Schedule G (Form 990)

132084 11-18-21

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SCHEDULE I (Form 990)	arante and ether recordance to erganizatione,								
Department of the Treasury	,			Attach to For				Open to Public	
Internal Revenue Service			Go to www.ii	rs.gov/Form990 fo	or the latest inform	nation.		Inspection	
Name of the organiz	ation METRO CARING							Employer identification number 84-6116951	
Part I Genera	I Information on Grants a	nd Assistance							
	nization maintain records t o award the grants or assis								
2 Describe in Pa	art IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants	and Other Assistance to I t that received more than \$	Domestic Organiz	zations and Domestic	c Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
• •	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3 Enter total nur	mber of section 501(c)(3) and the section solution section solution and the section sectors and the sectors and the sectors and the sectors and the sectors are sectors as the sectors are sectors are sectors as the sectors are sectors are sectors as the sectors are sectors as the sectors are se	s listed in the line [.]	1 table						

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

Schedule I (Form 990) 2021

METRO CARING

84-6116951

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT ASSISTANCE - FOOD	18902	0.	7,532,531.	FMV	FOOD AND TOILETRIES
MALL BUSINESS AWARD	21	49,500.	0.		
DIRECT ASSISTANCE - ID PROCUREMENT	12954	95,446.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

METRO CARING WORKS WITH INDIVIDUALS AND FAMILIES TO MEET THEIR IMMEDIATE

NEED FOR NUTRITIOUS FOOD WHILE ALSO FOCUSING ON ISSUES THAT PROMOTE

LONG-TERM SUSTAINABILITY. DEPENDING ON THE TYPE OF ASSISTANCE AND ANY

APPLICABLE GRANT FUNDING REQUIREMENTS, THE ORGANIZATION MAY DETERMINE

ELIGIBILITY OF INDIVIDUAL RECIPIENTS.

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	1545-004	47		
(Fo	rm 990)	-	rs, Trustees, Key Employees, and Highest		20	91			
			ensated Employees		20				
Dena	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to Public				
	al Revenue Service) for instructions and the latest information.	Inspection					
Nam							mber		
_		METRO CARING		84-61	16951				
Ра	rt I Question	s Regarding Compensation							
						Yes	No		
1a			f the following to or for a person listed on Form	990,					
	·	line 1a. Complete Part III to provide any relev							
	First-class or c		Housing allowance or residence for perso						
	Travel for com		Payments for business use of personal re-						
	_	ation and gross-up payments	Health or social club dues or initiation fee						
		spending account	Personal services (such as maid, chauffe	ir, chet)					
	If any of the start								
a		on line 1a are checked, did the organization f							
~	•	rovision of all of the expenses described abo			<u>1b</u>				
2			or allowing expenses incurred by all directors, arding the items checked on line 1a?		2				
	trustees, and onice	is, including the CEO/Executive Director, reg	arding the items checked on line 1a?		🔼				
3	Indicate which if a	w, of the following the organization used to a	establish the compensation of the organization's						
5			boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but expl	, ,	51110					
		· ·							
	Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study								
		ther organizations	X Compensation survey or study X Approval by the board or compensation c	ommittoo					
				ommittee					
4	During the year did	any person listed on Form 990, Part VII, Sec	tion A line 1a with respect to the filing						
	organization or a re	• •	storry, me ra, warroopeer to the ming						
а	-	e payment or change-of-control payment?			4a		x		
b		eive payment from a supplemental nonqualif					x		
		eive payment from an equity-based compens					x		
•	-	les 4a-c, list the persons and provide the app	-						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.						
5			the organization pay or accrue any compensatio	n					
	contingent on the r								
а	•				5a		x		
							х		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n					
	contingent on the r	et earnings of:							
а	The organization?				6a		x		
b							X		
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments						
	not described on lir	es 5 and 6? If "Yes," describe in Part III			. 7		x		
8			ed pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53.49	58-4(a)(3)? If "Yes," describe in Part III		8		x		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in						
	Regulations section	53.4958-6(c)?			9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	or Form 990.	Schedu	le J (Forn	n 990)	2021		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TEVA SIENICKI	(i)	141,645.	٥.	0.	6,435.	9,002.	157,082.	0	
CEO	(ii)	0.	Ο.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

ſ 1 ΖU L **Open to Public** . Inspection

METRO	CARING

Employer identification number

	-	84-6116951

Part I	Types of Property	
		(a) Check

		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	2
			items contributed	Form 990, Part VIII, line 1g			Junic	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	1	4,430,018.	COST BASIS			
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	3408980	7,560,833.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
						<u>ا</u>	/es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31							Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	A (Form	990)	2021

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Schedule M (Form 990) 2021 METRO CARING	84-6116951	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of any additional information.	d 33, and whether the organiz combination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REPORTED FOR FOOD INVENTORY IS MEASURED IN		
THE NUMBER OF POUNDS OF FOOD THAT WAS DONATED.		
132142 11-17-21	Schedule M (For	m 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

FORM 990

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.



Employer identification number 84-6116951

LINE 4D, OTHER PROGRAM SERVICES:

SMALL BUSINESS AWARDS: AS PART OF THE COMMUNITY WEALTH-BUILDING WORK

METRO CARING

WITHIN THE COMMUNITY DEVELOPMENT TEAM, SMALL CASH AWARDS ARE GRANTED TO

COMMUNITY ENTREPRENEURS,

PART III,

INCLUDING GRANTS OF \$ 49,500. EXPENSES \$ 49,500. REVENUE \$ 0

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE FORM

990 IS THEN SHARED WITH THE FULL BOARD OF DIRECTORS.

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

MEMBERS OF THE BOARD OF TRUSTEES SIGN A DOCUMENT UPON JOINING THE BOARD

WHICH PRECLUDES MEMBERS FROM CONFLICTING INTERESTS. IN ADDITION, MEMBERS

DISCLOSE ANNUALLY THAT THEY HAVE NOT PARTICIPATED IN SUCH. AT EACH BOARD

MEETING THE BOARD MEMBERS ARE ASKED IF ANYTHING HAS CHANGED REGARDING ANY

CONFLICTS OF INTEREST.

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

THE BOARD OF TRUSTEES ENGAGES AN INDEPENDENT THIRD PARTY TO PROVIDE

COMPARABLE COMPENSATION DATA FOR NON-PROFIT EMPLOYEES IN COLORADO, WHICH IS

USED AS AN AID FOR DETERMINING THE COMPENSATION OF THE CEO AND PROVIDES

OVERSIGHT ON THE COMPENSATION OF OTHER KEY EMPLOYEES.

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

THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization METRO CARING	Employer identification number 84-6116951
	04-0110951
PART VIII, LINE 11A	
DURING 2014, METRO CARING ENTERED INTO A NEW MARKET TAX CREDIT (NMTC)	
FINANCING TRANSACTION. THE NMTC PROGRAM PROVIDES FUNDS TO ELIGIBLE	
ORGANIZATIONS FOR INVESTMENTS IN QUALIFIED LOW-INCOME COMMUNITY	
INVESTMENT PROJECTS. THE PURPOSE OF THE FINANCING WAS FOR METRO CARING	
TO CONSTRUCT THE HUNGER RELIEF CENTER.	
AS PART OF THE NMTC TRANSACTION, METRO CARING ENTERED INTO FINANCING	
ARRANGEMENTS WITH AN INVESTOR USING NMTC FINANCING. IN CONNECTION WITH	
THE NMTC FINANCING, METRO CARING LENT \$4,236,000 TO THE INVESTOR IN THE	
FORM OF A LOAN RECEIVABLE.	
AS PART OF THE NMTC TRANSACTION, METRO CARING HAD A SEVEN-YEAR	
COMPLIANCE PERIOD RELATED TO CERTAIN TERMS AND CONDITIONS OF THE	
FUNDING PROVIDED, WHICH ENDED ON SEPTEMBER 10, 2021. UPON CONCLUSION	
OF THE COMPLIANCE PERIOD, METRO CARING EXERCISED ITS RIGHTS UNDER A	
PUT-CALL AGREEMENT RELATED TO THE NMTC FINANCING. THIS PUT-CALL	
AGREEMENT ULTIMATELY GAVE METRO CARING THE RIGHT TO ACQUIRE A	
100-PERCENT INTEREST IN THE INVESTOR, WHICH SUBSEQUENTLY RESULTED IN	
THE LOAN RECEIVABLE TO THE INVESTOR TO BE FORGIVEN, AS IT WAS	
THEREAFTER HELD BY METRO CARING. THE FORGIVENESS OF THE LOAN	
RECEIVABLE RESULTED IN A LOSS TO METRO CARING OF \$4,274,327, COMPRISED	
OF THE LOAN RECEIVABLE OF \$4,236,000 AND INTEREST RECEIVABLE OF	
\$38,327.	

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Schedule O (Form 990) 2021

132161 11-17-21 LHA

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

Schedule R (Form 990) 2021

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

METRO CARING

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PERICARP ENTERPRISE LLC - 86-2943498					
1100 E. 18TH AVE.	PERMANENT SUPPORT OF				
DENVER, CO 80218	HOUSING PROJECT	COLORADO	-101.	199,894.	METRO CARING
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HUNGER RELIEF CENTER AT METRO CARERING -							
38-3937659, 1100 E. 18TH AVE., DENVER, CO	TO OWN HUNGER RELIEF						
80218	CENTER BUILDING	COLORADO	501(C)(3)	LINE 12A, I	METRO CARING	x	
	-						
	-						
	-						

Employer identification number 84-6116951

OMB No. 1545-0047

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Insp	bec	ctic	n

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	interentip dannig tite ta											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ninant income Share of total Share of ed, unrelated, income end-of-year		alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F Iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											-+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No
]								
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUNGER RELIEF CENTER AT METRO CARERING	с	4,567,427.	FMV
(2) HUNGER RELIEF CENTER AT METRO CARERING	K	65,210.	FMV
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 METRO CARING

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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