

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: METRO EMPLOYEES RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/2017
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH, 701 94TH AVE. N. SUITE 250, ST. PETERSBURG, FL 33702
2b Employer Identification Number (EIN): 59-3153947
2c Plan Sponsor's telephone number: 727-321-3854
2d Business code (see instructions): 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	206
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	177
	6a(2)	170
	6b	0
	6c	20
	6d	190
	6e	0
	6f	190
	6g(1)	133
	6g(2)	122
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2K 2M 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan METRO EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH	D Employer Identification Number (EIN) 59-3153947	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 62693-1	23	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UBS FINANCIAL SERVICES INS. AGENCY **1000 HARBOR BLVD., FL 8**
WEEHAWKEN, NJ 07086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	208041
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 234624
c	Additions: (1) Contributions deposited during the year	7c(1) 58558
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 4080
	(4) Transferred from separate account	7c(4) 842
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 63480
d	Total of balance and additions (add lines 7b and 7c(6))	7d 298104
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 39313
	(2) Administration charge made by carrier.....	7e(2) 624
	(3) Transferred to separate account	7e(3) 50126
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 90063	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 208041

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan METRO EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH	D Employer Identification Number (EIN) 59-3153947	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BSP RETIREMENT SERVICES

71-1039549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	963	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2802	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BSP RETIREMENT SERVICES	13	2802

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT WEST LIFE & ANNUITY INS COMP 84-0467907	EXPENSE REIMBURSEMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan METRO EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH	D Employer Identification Number (EIN) 59-3153947

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	0 15728
(2) Participant contributions	1b(2)	0 23427
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46828 157796
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4822374 5748389
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	234625 208041
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5103827	6153381
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5103827	6153381

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	417278	
(B) Participants.....	2a(1)(B)	657658	
(C) Others (including rollovers).....	2a(1)(C)	14097	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1089033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1556	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1556
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		699698
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1790287

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	689074	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		689074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	51659	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		51659
j Total expenses. Add all expense amounts in column (b) and enter total	2j		740733

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1049554
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BARTON, GONZALEZ & MYERS, PA**

(2) EIN: **59-2970580**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>METRO EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH</u>	D Employer Identification Number (EIN) <u>59-3153947</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 59-3153947 04-1590850

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

Metro Employees Retirement Plan

Audited Financial Statements

Year Ended December 31, 2024

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Independent Auditor's Report

Plan Administrator
Metro Employees Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of Metro Employees Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Metro Employees Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

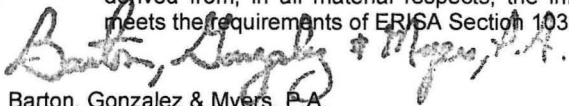
Supplemental Schedules Required by ERISA

The supplemental schedules listed under "Supplemental Information" in the Table of Contents as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


Barton, Gonzalez & Myers, P.A.
Largo, Florida
September 22, 2025

Metro Employees Retirement Plan
Statement of Net Assets Available for Benefits
December 31, 2024

ASSETS

Contributions Receivable	\$ 39,155
Investments, at fair value	
Regulated Investment Companies (Mutual Funds)	<u>6,114,226</u>
	<u>6,153,381</u>
TOTAL ASSETS	6,153,381

LIABILITIES

Excess Contributions Payable	<u>0</u>
TOTAL LIABILITIES	<u>0</u>

NET ASSETS

Net Assets Available For Benefits	\$ <u><u>6,153,381</u></u>
--	----------------------------

See accompanying notes to financial statements.

Metro Employees Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions to Net Assets Attributed To:

Investment income:

Dividends and interest	\$	357,904
Net change in fair value of investments (including realized and unrealized gains and losses)		343,350
Total Investment Income (Loss)		701,254

Contributions:

Employer Contributions		417,278
Employee Contributions		657,658
Rollover Contributions		14,097
Total Contributions		1,089,033

Total Additions to Net Assets		1,790,287
-------------------------------	--	-----------

Deductions from Net Assets Attributed To:

Benefits paid to Participants		689,074
Administrative expenses		51,659
Total Deductions from Net Assets		740,733

Net Increase in Net Assets		1,049,554
----------------------------	--	-----------

Net Assets, Beginning of Year		5,103,827
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Net Assets, End of Year	\$	6,153,381
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See accompanying notes to financial statements.

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE A – DESCRIPTION OF PLAN

The following description of Metro Employees Retirement Plan (“Plan”) provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description on the Plan’s provisions.

General

The Plan is a defined contribution plan subject to the reporting and disclosure requirements, participation and vesting standards and fiduciary responsibility provisions of the Employee Retirement Income Security act of 1974 (ERISA), as amended. The Plan is established under section 403(b) of the Internal Revenue Code (Code) for the purpose of providing retirement benefits to employees. The Plan was originally adopted on October 1, 2017 and has been designated Plan #002. The Plan was subsequently amended effective June 30, 2020.

Eligibility

The Plan covers all eligible employees of Metropolitan Charities, Inc. (METRO). There are no eligibility requirements for the purpose of making salary deferrals to the Plan. Participants are eligible to enter immediately and the salary deferral election will be effective on the first day of each quarter, coincidental with or next following the first day of employment. There are also no requirements for the employee to participate in the Employer’s Non-Elective contribution portion or the Employer’s Matching portion of the plan. There are no age or service requirements for the Employer’s Non-Elective contribution or the Employer’s Matching contribution.

Plan Administration

The management and administration of the Plan is the responsibility of METRO and METRO’s designee. METRO has designated Empower Retirement (“Empower”) as Custodian of all the Plan’s assets including substantially all the responsibility for investment and reinvestment at the direction of the participants. Empower also has the responsibility for control and disbursement of the funds of the Plan. Empower holds and is the custodian of all the assets of the Plan. BSP Retirement Services acts as METRO’s designated Servicing Agent, and accounts for participant information and the Plan’s annual financial activity and reporting.

Administrative expenses incurred by the Custodian are paid by the Plan with Plan assets. All other Plan expenses are paid by METRO.

Contributions

The Plan permits participants to make elective salary deferral contributions in an amount equal to a percentage of the participant’s compensation. When an employee enrolls in the Plan they will select the percentage or dollar amount of their pay they wish to contribute to the Plan. They decide whether to make contributions on a pre-tax basis, an after-tax basis or a combination of the two. The Employer will deduct the amount they have elected from their paycheck and remit these amounts to the Vendor account(s) they have selected under the Plan. *Pre-tax deferrals* are deducted from their pay before federal income taxes are calculated. This reduces the taxable income by the amount they have elected to save under the Plan. The participants are also permitted to make ROTH elective deferrals.

Roth 403(b) deferrals are an after-tax basis deferral. These contributions are also known as Roth 403(b) Deferrals. This means that employee will be taxed on the money when it is withheld from their paycheck. When the employee contributes their salary deferrals on a pre-tax basis they are not taxed on them when they are withheld from their paycheck. Employees may contribute all or a portion of their Elective Deferrals as a Roth 403(b) Deferral.

The participants may also elect to make rollover contributions to the plan from other qualified plans.

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE A – DESCRIPTION OF PLAN (continued)

Contributions (Continued)

In addition to the salary deferrals, METRO may make other types of contributions to the Plan such as a Non-Elective Contribution or a Matching Contribution.

Non-Elective Contributions: There are no age or service requirements for the Employer's Non-Elective Contribution. The employee share of the employer discretionary contribution shall be allocated based on the classification the employee falls under in the Plan. The Plan creates a separate Employee Classification group for each Eligible Employee. Each year the Employer will determine if the contribution will be allocated as a percentage of Compensation or a dollar amount per Participant.

Matching Contributions: There are no age or service requirements for the Employer' Matching Contribution. As an incentive to employees to make salary deferrals to the Plan the Employer may contribute a certain percentage or dollar amount each year. This type of contribution is known as a Matching Contribution. Salary deferrals eligible to receive matching contributions include Pre-tax salary deferral contributions, Roth 403(b) Deferral contributions and age 50 Catch-up Contributions, and will all be matched at the same rate.

The amount of the match depends on the employee's salary deferral. Each payroll period the Employer contributes, participant deferrals will be matched 100%, limited to the following percentages of gross compensation based upon the number or years of service credited:

- 0 - 5 Years of Service - 5% of compensation
- 6 - 9 Years of Service - 6 % of compensation
- 10 or more Years of Service - 7% of compensation

The Employer will limit their matching contributions to 7% of the employee's salary compensation.

The Employer's contributions are normally paid by the Company either during the Plan Year or after the close of the Plan Year (within the time during which the Company has to file its federal tax return). The Employer will allocate the Non-Elective Contribution as of the last day of the Plan Year. The Employer will allocate the Non-Elective Contribution on an annual basis. There were no "Non-Elective Contributions" made during the year ended December 31, 2024.

Matching contributions by METRO are made without regard to current or accumulated net profits. METRO has funded 100% of these required matching contributions. All employee (participant) and employer (METRO) contributions were in the form of cash. Employer contributions and employee contributions to the plan for the year ended December 31, 2024 were \$417,278 (which is net of forfeitures applied of \$5,737) and \$657,658, respectively. Rollover contributions for the year ended December 31, 2024 were \$14,097.

Contributions receivable of \$39,155 at December 31, 2024 represents \$15,728 of employer contributions and \$23,427 of participant contributions due to the plan from METRO as of December 31, 2024 and remitted to the plan subsequent to the end of the year.

Forfeitures

Forfeitures resulting from termination of non-vested employees may be used to pay certain plan expenses or used to reduce the employer contributions at the discretion of the Plan Administrator. Forfeitures incurred during the year ended December 31, 2024 were \$90,379.

**Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024**

NOTE A – DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's elective deferral contributions and with METRO's matching contribution. The participant's account is also credited with the allocation of METRO's profit sharing (non elective) contribution (if any) based on the classification the participant falls under in the Plan. The Plan creates a separate employee classification group for each eligible employee. Each year the Employer will determine if the contribution (if any) will be allocated as a percentage of compensation or a dollar amount per participant.

Each participant's account is credited with allocations of plan earnings, including interest, dividends and net realized and unrealized appreciation in fair value of investments. Each participant's account is charged with allocations of net realized and unrealized depreciation in fair value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

The Plan allows participant direction of investments, and all the participant accounts are self-directed. As such, all plan earnings, gains, losses and expenses are allocated to each participant's account based on the specific performance of the investments chosen by the participant. Participants are able to direct contributions into any of the Plan's offered investment options. The Plan offers various mutual funds as investment options to the participants.

Vesting

Vesting represents the ownership interest in the employee's account balance. The employee is always 100 percent vested in their salary deferral contributions and any voluntary after-tax contributions that they make to the account. Employees are also 100 percent vested in their rollover account.

If an employee terminates employment before they meet the requirements for retirement, the distribution from their Employer's contribution account(s) will be limited to the vested percentage they earned during their years of employment with the Employer who sponsors this Plan.

If an employee is no longer employed due to termination and they have Employer Matching Contributions and Non-Elective Contributions, they will receive a portion of their Employer's matching accounts and Employer contribution accounts based on the following schedules:

<u>Years of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	0%
1 but less than 2	0%
2 but less than 3	25%
3 but less than 4	50%
4 but less than 5	75%
5 or more	100%

Years of vesting service are used to determine where an employee is on the vesting schedule. Employees will be credited with a year of vesting service when an employee completes 12 months of service.

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE A – DESCRIPTION OF PLAN (continued)

Eligibility for Distributions of Benefits

Normal retirement age for the plan is age 65. Under certain circumstances, the Plan will provide for the employee to receive a distribution. The employee must check the terms of each Individual Agreement to determine when the distribution is permitted. Generally, the employee will be permitted to take a distribution from their Elective Deferrals when they reach age 59.5; their employment ceases; if they die or become disabled; or if they experience a financial hardship.

Hardship distributions: The plan permits hardship distributions from employee salary deferrals. Hardship distributions are also permitted from Roth 403(b) deferrals.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Participant Loans

The plan does not permit loans from any source.

Accounting Basis

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United State of America (“U.S. GAAP”).

Parties-in-interest Transactions

Certain administrative functions are performed by employees of the employer (plan sponsor). No such employee receives compensation from the Plan.

Investments

The Plan’s investments are stated at fair value. Shares of mutual funds and any money market portfolio are valued at quoted market prices, which represent the net asset value of shares held at year-end. The Plan applies the relevant accounting guidance on fair value measurements to (i) all financial instruments that are being measured and reported on a fair value basis and (ii) disclosure of fair value of certain financial assets. The following fair value hierarchy is used in selecting inputs for those instruments measured at fair value that distinguishes between assumptions based on market data (observable inputs) and the Plan’s assumptions (unobservable inputs). The hierarchy consists of three levels as follows:

- Level 1 - Quoted market prices in active markets for identical assets or liabilities.
- Level 2 - Inputs other than Level 1 inputs that are either directly or indirectly observable; and
- Level 3 - Unobservable inputs developed using estimates and assumptions developed by the Plan, which reflect those that a market participant would use.

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income Recognition

Security transactions are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on an accrual basis. Realized and unrealized gains and losses on Plan assets are determined based on the change in value of the assets from the beginning of the Plan year values, or from the time of purchase value during the year.

The accompanying Statement of Changes in Net Assets Available for Benefits presents net change (appreciation or depreciation) in fair value of investments – which includes unrealized gains and losses on investments held at December 31, 2024, realized gains and losses on investments sold during the year then ended, investment management fees associated with the Plan's investments and loan transaction and servicing fees.

Benefits Paid

Benefit payments are recorded when paid.

Income Tax Status

The Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has adopted in its entirety the DATAIR Section 403(B) ERISA Base plan. The Plan's custodian has stated no IRS determination letter is required for this plan. The Plan's management believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no income tax expense was incurred or accrued.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

See also Note F "Contingencies."

Plan Termination

Although METRO has not expressed any intent to do so, METRO has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants become 100% vested in the Plan.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reporting amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

**Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024**

NOTE C – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statement amounts to the Form 5500 Schedule H:

	Per Statement of Net Assets Available for Benefits:	Difference	Per Form 5500 Schedule H Part I:
<u>Assets</u>			
Investments at Fair Value	\$ 6,114,226	<u>0</u>	\$ 6,114,226 See below
		Interest-bearing cash	\$ 157,796 Line 1 c (1)
		Value of interest in registered investment companies	5,748,389 Line 1 c (13)
		Value of funds held in insurance company general account	<u>208,041</u> Line 1 c (14)
			\$ <u>6,114,226</u> See above
	Per Statement of Changes in Net Assets Available for Benefits:	Difference	Per Form 5500 Schedule H Part II:
<u>Additions to Net Assets</u>			
Investment Income (Loss)	\$ 701,254	<u>0</u>	\$ 701,254
	See below		See below
Dividends and interest	\$ 357,904	Interest from cash	\$ 1,556 Line 2 b (1) (A)
Net change in fair value of investments	<u>343,350</u>	Net investment gain	<u>699,698</u> Line 2 b (10)
Total investment income	\$ <u>701,254</u>		\$ <u>701,254</u>
	See above		See above

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE D – INVESTMENTS

The following table represents the fair values of the Plan's investments maintained by the Custodian at December 31, 2024. All of the fair values of the mutual funds are based on Quoted Prices in Active Markets for Identical Assets (Level 1) except for the General Account which is considered a Level 2. All investments below are held in the Participants' self-directed accounts:

EMPOWER:	
GENERAL ACCOUNT	\$ 208,041
MUTUAL FUNDS:	
ALLSPRING SPECIAL MID CAP VALUE R6	31,648
AMERICAN CENTURY EQUITY INCOME R6	38,969
AMERICAN CENTURY ONE CHOICE 2025 R6	222,249
AMERICAN CENTURY ONE CHOICE 2030 R6	585,815
AMERICAN CENTURY ONE CHOICE 2035 R6	113,585
AMERICAN CENTURY ONE CHOICE 2040 R6	259,555
AMERICAN CENTURY ONE CHOICE 2045 R6	496,607
AMERICAN CENTURY ONE CHOICE 2050 R6	693,430
AMERICAN CENTURY ONE CHOICE 2055 R6	245,207
AMERICAN CENTURY ONE CHOICE 2060 R6	298,267
AMERICAN CENTURY ONE CHOICE IN RETIRE R6	139,144
AMERICAN FUNDS CAPITAL WORLD BOND R6	55,248
AMERICAN FUNDS CAPITAL WORLD G/I R6	27,669
AMERICAN FUNDS EUROPACIFIC GR R6	17,678
AMERICAN FUNDS GROWTH FUND OF AMER R6	57,730
BLACKROCK HIGH YIELD BOND PORTFOLIO K	28
BLACKROCK TOTAL RETURN K	231,608
HARTFORD MIDCAP R6	42,476
INVESCO BALANCED-RISK COMMODITY STRAT R6	7,932
INVESCO DIVERSIFIED DIVIDEND R6	48,346
INVESCO GLOBAL REAL ESTATE INCOME R6	32,800
INVESCO GROWTH AND INCOME R6	71,450
INVESCO SMALL CAP EQUITY R6	25,614
INVESCO SMALL CAP GROWTH R6	60,265
ISHARES MSCI TOTAL INTERNATIONAL INDEX K	94,864
ISHARES RUSSELL 2000 SMALL-CAP INDEX K	148,770
ISHARES RUSSELL MID-CAP INDEX K	137,268
ISHARES S&P 500 INDEX K	678,037
JPMORGAN EMRG MKTS RESEARCH ENHANC EQ R6	23,988
LORD ABBETT FUNDAMENTAL EQUITY R6	147,510
MFS GROWTH R6	713,713
PIMCO INCOME INSTL	42,358
TOTAL MUTUAL FUNDS	<u>5,789,828</u>
FORFEITURE/ASSET HOLDING ACCOUNT	<u>116,357</u>
TOTAL INVESTMENTS	<u>\$ 6,114,226</u>

The information above included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian. In addition, the custodian certified the investment income (loss) as shown on Note C of \$701,254.

Metro Employees Retirement Plan
Notes to Financial Statements
Year Ended December 31, 2024

NOTE D – INVESTMENTS (continued)

The MassMutual Guaranteed Interest Account (“GIA”) is a general account product. Because the GIA is a general account product offered through a group annuity contract, participant principal and interest are backed by the entire general account assets of Empower Annuity Insurance Company of America (EAIC). The Level 2 “GIA” is a stable value investment with a guaranteed rate of return and a guarantee of principal. General account products within retirement plans are offerings through which insurance companies guarantee both principal and interest to participants invested in the products. This affords participants the ability to both preserve capital and receive a generally higher credited rate than what is offered by money market funds in most interest rate environments. General account products tend to be less than equities or bond funds. The investment strategy employed for this product seeks to achieve consistent returns to support a competitive credited rate. Bonds invested in the general account segment have an average maturity between three and seven years; are investment-grade in quality; and are diversified across a range of fixed-income asset classes such as asset-backed securities, mortgage-backed securities, commercial mortgage-backed securities, commercial mortgages and private equity.

Crediting rates for a plan are reset every quarter, semi-annual or annual basis and is based on a contract with the plan sponsor and are determined by the anticipated investment of the applicable segment of the general investment account for that year; the target spread which is comprised of the annual administrative services revenue, and a risk charge for the interest rate guarantee, investment expenses, and other distribution and administrative costs; in no event will the guaranteed rate be less than the minimum guaranteed rate, which will be no less than 1% or more than 3%, as determined by a formula in the contract with the plan sponsor. If plan expenses are deducted from the contract, then the net annual rate of return will be less than the stated annual rate of return and may be less than the guaranteed minimum rate.

The activity in the Level 2 MassMutual Guaranteed Interest Account is as follows:

<u>Guaranteed Interest Fund Rollforward</u>	
Beginning Balance at January 1, 2024	\$ 234,624
Investment income	4,079
Contributions (includes rollovers)	58,558
Benefit payments	(39,313)
Administrative expenses	(624)
Transfers	<u>(49,283)</u>
Ending Balance as of December 31, 2024	<u>\$ 208,041</u>

NOTE E - MARKET RISK

The Plan invests in various equity fund investments. All of the Plan’s investments are recorded at fair value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The fair value of these investments is primarily dependent upon the national and global economy and is subject to market factors and fluctuation which may result in a loss of capital (principal).

NOTE F - CONTINGENCIES

The Plan is subject to certain top heavy discrimination testing requirements. Under discrimination rules, highly compensated employees matching cannot be in excess of the maximum average percentage for all employees. For the year ended December 31, 2024, the Plan determined it failed the 401(m) discrimination test and corrective distributions were required.

NOTE G – SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the report (September 22, 2025), which is also the date the financial statements were available to be issued.

Plan Sponsor's EIN: 59-3153947

Plan Number: 002

Schedule H, line 4i - Schedule of Assets (Held at End of Year, 12/31/24)

(a) Identity of Interest (*)	(b) Identity of issue, borrower, lessor, or	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
EMPOWER		GENERAL ACCOUNT	\$ 201,190	\$ 208,041
MUTUAL FUNDS:				
ALLSPRING GLOBAL		ALLSPRING SPECIAL MID CAP VALUE R6	31,029	31,648
AMERICAN CENTURY		AMERICAN CENTURY EQUITY INCOME R6	41,222	38,969
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2025 R6	222,942	222,249
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2030 R6	564,729	585,815
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2035 R6	112,970	113,585
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2040 R6	261,076	259,555
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2045 R6	492,407	496,607
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2050 R6	645,834	693,430
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2055 R6	226,619	245,207
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2060 R6	269,364	298,267
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE IN RETIRE R6	147,129	139,144
AMERICAN FUNDS		AMERICAN FUNDS CAPITAL WORLD BOND R6	57,648	55,248
AMERICAN FUNDS		AMERICAN FUNDS CAPITAL WORLD G/I R6	25,306	27,669
AMERICAN FUNDS		AMERICAN FUNDS EUROPACIFIC GR R6	18,110	17,678
AMERICAN FUNDS		AMERICAN FUNDS GROWTH FUND OF AMER R6	46,193	57,730
BLACKROCK		BLACKROCK HIGH YIELD BOND PORTFOLIO K	27	28
BLACKROCK		BLACKROCK TOTAL RETURN K	238,000	231,608
HARTFORD FUNDS		HARTFORD MIDCAP R6	39,765	42,476
INVESCO		INVESCO BALANCED-RISK COMMODITY STRAT R6	8,302	7,932
INVESCO		INVESCO DIVERSIFIED DIVIDEND R6	48,679	48,346
INVESCO		INVESCO GLOBAL REAL ESTATE INCOME R6	33,311	32,800
INVESCO		INVESCO GROWTH AND INCOME R6	70,124	71,450
INVESCO		INVESCO SMALL CAP EQUITY R6	21,828	25,614
INVESCO		INVESCO SMALL CAP GROWTH R6	50,215	60,265
BLACKROCK		ISHARES MSCI TOTAL INTERNATIONAL INDEX K	90,757	94,864
BLACKROCK		ISHARES RUSSELL 2000 SMALL-CAP INDEX K	131,207	148,770
BLACKROCK		ISHARES RUSSELL MID-CAP INDEX K	120,063	137,268
BLACKROCK		ISHARES S&P 500 INDEX K	514,098	678,037
JP MORGAN		JPMORGAN EMRG MKTS RESEARCH ENHANC EQ R6	23,320	23,988
LORD ABBETT		LORD ABBETT FUNDAMENTAL EQUITY R6	125,005	147,510
MFS		MFS GROWTH R6	588,586	713,713
PIMCO FUNDS		PIMCO INCOME INSTL	42,058	42,358
	Total Mutual Funds		<u>5,307,923</u>	<u>5,789,828</u>
	Forfeiture/Asset Holding Account		<u>116,191</u>	<u>116,357</u>
	Total Investments		<u>\$ 5,625,304</u>	<u>\$ 6,114,226</u>

Metro Employees Retirement Plan

Plan Sponsor's EIN: 59-3153947

Plan Number: 002

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of for the Year Ended 12/31/24)

There were no assets purchased and then disposed by the end of the plan year.

Also, all investments are participant directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: METRO EMPLOYEES RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): METROPOLITAN CHARITIES, INC. D/B/A METRO INCLUSIVE HEALTH
2b Employer Identification Number (EIN): 59-3153947
2c Plan Sponsor's telephone number: 727-321-3854
2d Business code (see instructions): 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Enter name of individual signing as plan administrator. Includes a signature for Rajantie (Priya) Rajkumar dated Oct 8, 2025.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	206
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	177
	6a(2)	170
	6b	0
	6c	20
	6d	190
	6e	0
	6f	190
	6g(1)	133
6g(2)	122	
6h	12	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2K 2M 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Plan Sponsor's EIN: 59-3153947

Plan Number: 002

Schedule H, line 4i - Schedule of Assets (Held at End of Year, 12/31/24)

(a) Identity of Interest (*)	(b) Identity of issue, borrower, lessor, or	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
EMPOWER		GENERAL ACCOUNT	\$ 201,190	\$ 208,041
MUTUAL FUNDS:				
ALLSPRING GLOBAL		ALLSPRING SPECIAL MID CAP VALUE R6	31,029	31,648
AMERICAN CENTURY		AMERICAN CENTURY EQUITY INCOME R6	41,222	38,969
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2025 R6	222,942	222,249
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2030 R6	564,729	585,815
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2035 R6	112,970	113,585
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2040 R6	261,076	259,555
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2045 R6	492,407	496,607
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2050 R6	645,834	693,430
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2055 R6	226,619	245,207
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE 2060 R6	269,364	298,267
AMERICAN CENTURY		AMERICAN CENTURY ONE CHOICE IN RETIRE R6	147,129	139,144
AMERICAN FUNDS		AMERICAN FUNDS CAPITAL WORLD BOND R6	57,648	55,248
AMERICAN FUNDS		AMERICAN FUNDS CAPITAL WORLD G/I R6	25,306	27,669
AMERICAN FUNDS		AMERICAN FUNDS EUROPACIFIC GR R6	18,110	17,678
AMERICAN FUNDS		AMERICAN FUNDS GROWTH FUND OF AMER R6	46,193	57,730
BLACKROCK		BLACKROCK HIGH YIELD BOND PORTFOLIO K	27	28
BLACKROCK		BLACKROCK TOTAL RETURN K	238,000	231,608
HARTFORD FUNDS		HARTFORD MIDCAP R6	39,765	42,476
INVESCO		INVESCO BALANCED-RISK COMMODITY STRAT R6	8,302	7,932
INVESCO		INVESCO DIVERSIFIED DIVIDEND R6	48,679	48,346
INVESCO		INVESCO GLOBAL REAL ESTATE INCOME R6	33,311	32,800
INVESCO		INVESCO GROWTH AND INCOME R6	70,124	71,450
INVESCO		INVESCO SMALL CAP EQUITY R6	21,828	25,614
INVESCO		INVESCO SMALL CAP GROWTH R6	50,215	60,265
BLACKROCK		ISHARES MSCI TOTAL INTERNATIONAL INDEX K	90,757	94,864
BLACKROCK		ISHARES RUSSELL 2000 SMALL-CAP INDEX K	131,207	148,770
BLACKROCK		ISHARES RUSSELL MID-CAP INDEX K	120,063	137,268
BLACKROCK		ISHARES S&P 500 INDEX K	514,098	678,037
JP MORGAN		JPMORGAN EMRG MKTS RESEARCH ENHANC EQ R6	23,320	23,988
LORD ABBETT		LORD ABBETT FUNDAMENTAL EQUITY R6	125,005	147,510
MFS		MFS GROWTH R6	588,586	713,713
PIMCO FUNDS		PIMCO INCOME INSTL	42,058	42,358
	Total Mutual Funds		<u>5,307,923</u>	<u>5,789,828</u>
	Forfeiture/Asset Holding Account		<u>116,191</u>	<u>116,357</u>
	Total Investments		<u>\$ 5,625,304</u>	<u>\$ 6,114,226</u>

Metro Employees Retirement Plan

Plan Sponsor's EIN: 59-3153947

Plan Number: 002

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of for the Year Ended 12/31/24)

There were no assets purchased and then disposed by the end of the plan year.

Also, all investments are participant directed.