

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ 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:	☒ 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 <u>AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2015</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMI BENEFIT PLAN ADMINISTRATORS, IN</u> <u>100 TERRA BELLA DRIVE</u> <u>YOUNGSTOWN, OH 44505</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1781113</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-406-9021</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1781113</u>	2c Plan Sponsor's telephone number <u>330-406-9021</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>34-1781113</u>					
2c Plan Sponsor's telephone number <u>330-406-9021</u>					
2d Business code (see instructions) <u>524290</u>					

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	PAMELA L SHOUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	PAMELA L SHOUP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	918
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.....		6a(1)	832
a(2) Total number of active participants at the end of the plan year		6a(2)	942
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	72
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1014
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1014
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	845
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	30
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: 2E 2G 2J 2K 2S 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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		b General Schedules (1) ☐ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

Multiple Employer Plan Participating Employer Information
AutoMEP Open Multiple Employer 401(k) Plan

(a)	ALBERTO A. HERRERO, DDS PLLC	(b)	20-3599014	(c)	1.57%
(a)	ANN ARBOR PERIODONTICS, PLLC	(b)	84-4012159	(c)	0.53%
(a)	BAYFRONT PARTNERS, LLC	(b)	84-4705054	(c)	0.41%
(a)	BBC ENTREPRENEURIAL TRAINING & CONSULTING, LLC	(b)	38-2971806	(c)	2.08%
(a)	BEST BUY PAINTING INC.	(b)	20-0997866	(c)	0.66%
(a)	BLAIR FAMILY DENTISTRY, PLC	(b)	46-3995653	(c)	1.63%
(a)	CENTRAL RESTORATION, INC.	(b)	26-3573377	(c)	0.48%
(a)	CONSOLIDATED PATHWAYS, INC.	(b)	45-3189168	(c)	1.06%
(a)	CONSUMER ADVOCATES OF PJM STATES, INC.	(b)	46-2335428	(c)	0.46%
(a)	DAN A. MEDALIE, MD LLC	(b)	81-1306487	(c)	1.34%
(a)	DANMAR PRODUCTS, INC.	(b)	38-1847489	(c)	1.19%
(a)	DEARBORN MUSIC COMPANY	(b)	38-2044943	(c)	1.42%
(a)	DIHYDRO SERVICES, INC.	(b)	38-1291359	(c)	1.21%
(a)	EDTEC CENTRAL, LLC	(b)	38-3551348	(c)	1.78%
(a)	FAMILY FIRST DENTAL GROUP LLC, ROY COLEMAN DDS	(b)	87-1256559	(c)	0.69%
(a)	FOUNTAIN VIEW FAMILY DENTAL, PLC	(b)	80-1890333	(c)	1.80%
(a)	FUTURE AGE INC. DBA PROVIDE-A-RIDE	(b)	34-1617203	(c)	0.90%
(a)	GOLDBERG AND MYERS DENTISTRY, PLC	(b)	83-2768991	(c)	1.02%
(a)	GREG ROOT INSURANCE AGENCY, INC.	(b)	36-4780434	(c)	3.78%
(a)	H & M LANDSCAPING, LLC	(b)	38-3386284	(c)	0.50%
(a)	HARRINGTONS PREPRESS EXPRESS LLC DBA STANDARD PRINTING COMPANY OF	(b)	38-3480901	(c)	1.07%
(a)	HEYS DENTAL, PLLC	(b)	20-5279277	(c)	2.17%
(a)	HURON VALLEY PHYSICIANS ASSOCIATION, P.C.	(b)	38-2581464	(c)	1.89%
(a)	IB CORPORATION	(b)	38-2991547	(c)	3.46%
(a)	ILEX OUTDOORS, LLC	(b)	83-3691109	(c)	0.30%
(a)	ITALIAN TOURS AND TRAVEL BY DIANA	(b)	27-2014142	(c)	0.38%
(a)	J. ZIMMERMAN LLC DBA ZIMMERMAN ELECTRIC	(b)	20-0238419	(c)	4.24%
(a)	JASON D MAJORS, DMD, FAMILY DENTISTRY, LLC	(b)	27-0460648	(c)	0.87%
(a)	JOHN ZANG-BODIS, DDS, MDS, PLLC	(b)	27-3065612	(c)	1.25%
(a)	JOYSONQUIN AUTOMOTIVE SYSTEMS, NORTH AMERICA	(b)	83-3535127	(c)	3.16%
(a)	KENNETH L GWINN, MD, PC.	(b)	38-3120356	(c)	1.38%
(a)	KR SERVICES, INC.	(b)	38-3081617	(c)	0.77%
(a)	LKL GYMNASTICS INC.	(b)	47-5291806	(c)	1.87%
(a)	MACOMB COUNTY EMS MEDICAL CONTROL AUTHORITY	(b)	26-3421732	(c)	0.34%
(a)	MCMAMARA ORTHODONTICS, PC	(b)	38-2329521	(c)	0.24%
(a)	MEDAVAIL TECHNOLOGIES (U.S.) INC.	(b)	36-4794085	(c)	16.16%
(a)	MIAMI ORTHODONTIC SPECIALISTS, LLC	(b)	47-4860188	(c)	0.48%
(a)	MICHALKOW ORTHODONTICS PLLC	(b)	27-3488814	(c)	2.20%
(a)	MOELLER, PC	(b)	46-1817177	(c)	0.96%
(a)	NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES	(b)	59-1986067	(c)	0.79%
(a)	NATURAL LAWN & LANDSCAPE	(b)	22-3955014	(c)	0.55%
(a)	NORCAL RESPIRATORY, INC.	(b)	84-1679388	(c)	1.65%
(a)	NORTHWEST DERMATOLOGY GROUP, PC	(b)	38-1890113	(c)	1.51%
(a)	NORTHWEST OHIO PERIODONTICS, BRIAN M. ROY, D.D.S., M.S., LLC.	(b)	81-3342412	(c)	0.99%
(a)	NOVI DENTISTS PLLC	(b)	47-2100320	(c)	5.20%
(a)	OCEAN SOLUTIONS, LLC	(b)	32-0442016	(c)	2.47%
(a)	OWL SERVICES, INC.	(b)	82-4007077	(c)	1.97%
(a)	PALMETTO WELLNESS GROUP	(b)	26-2253021	(c)	2.06%
(a)	PETERSON RUDGERS GROUP, LLC	(b)	81-3228928	(c)	3.52%
(a)	PREFERRED TITLE AGENCY OF ANN ARBOR, LLC	(b)	81-4660860	(c)	0.90%

(a)	RENEW VITALITY, LLC	(b)	61-1735118	(c)	1.96%
(a)	RM JOHNSON GROUP, LLC	(b)	85-1031676	(c)	0.81%
(a)	SAB MOVING LLC DBA TWO MEN AND A TRUCK	(b)	36-4503464	(c)	0.09%
(a)	SHECTER LANDSCAPING, INC.	(b)	38-2784736	(c)	2.11%
(a)	SOHNER PLASTICS, LLC	(b)	37-1587921	(c)	0.54%
(a)	THERAMAX REHAB INC.	(b)	65-1285574	(c)	0.79%
(a)	TREE TOWN PEDIATRIC DENTISTRY, PLLC	(b)	47-1852738	(c)	0.20%
(a)	VANGUARD MANAGEMENT GROUP, INC.	(b)	59-3029446	(c)	0.68%
(a)	VERO RENAL ASSOCIATES, PA	(b)	34-2002685	(c)	0.46%
(a)	WHITE PINE DENTAL HEALTH, PLLC	(b)	81-2510168	(c)	0.68%
(a)	WILLOUGHBY VETERINARY HOSPITAL, PLLC	(b)	83-1660325	(c)	0.72%
(a)	W.R. TOWNSEND CONTRACTING, INC.	(b)	59-1831397	(c)	0.03%
(a)	WILSON'S MEATS DBA MAXBAUER'S SPECIALTY MEAT MARKET	(b)	45-5457532	(c)	1.61%