

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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-SF.**

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 01/01/2021 and ending 12/31/2021

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- 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**

<b>1a</b> Name of plan AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN TREE TOWN PEDIATRIC DENTISTRY PLLC	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>10/01/2016</u>
<b>2a</b> 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) TREE TOWN PEDIATRIC DENTISTRY, PLLC  1303 OPACKARD, SUITE 301 ANN ARBOR, MI 48104	<b>2b</b> Employer Identification Number (EIN) <u>47-1852738</u>
	<b>2c</b> Sponsor's telephone number <u>734-662-1591</u>
	<b>2d</b> Business code (see instructions) <u>621210</u>
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.  AMI BENEFIT PLAN ADMINISTRATORS <u>100 TERRA BELLA DR</u> <u>YOUNGSTOWN, OH 44505</u>	<b>3b</b> Administrator's EIN <u>34-1781113</u>  <b>3c</b> Administrator's telephone number <u>800-451-2865</u>
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> <u>12</u>
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b> <u>0</u>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b> <u>11</u>
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b> <u>0</u>
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b> <u>10</u>
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b> <u>0</u>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b> <u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/02/2025	JAMES BOYNTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/01/2025	JAMES BOYNTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	563513	0
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	563513	0
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	31604	
<b>(2)</b> Participants .....	<b>8a(2)</b>	30472	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	36528	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		98604
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		0
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		98604
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	-662117	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2F 2G 3D 2S 2T 2X
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		25000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>	X		
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>	X		

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
TREE TOWN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	47-1852738	003

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703930A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

<p><b>A</b> Name of plan <b>AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN TREE TOWN PEDIATRIC DENTISTRY PLLC</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>001</b></p>
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<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>AMI BENEFIT PLAN ADMINISTRATORS</b></p>	<p><b>D</b> Administrator's EIN <b>34-1781113</b></p>
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**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) **AUTO MEP BY AMI BENEFIT PLAN ADMIN** (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>ALBERTO A. HERRERO, DDS PLLC</b>	<b>2b</b> EIN <b>20-3599014</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>1.57</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>
<b>2a</b> Name of Participating Employer <b>ANN ARBOR PERIODONTICS, PLLC</b>	<b>2b</b> EIN <b>84-4012159</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.53</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAYFRONT PARTNERS, LLC	84-4705054	0.41	0
BBC ENTREPRENEURIAL TRAINING & CONSULTING, LLC	38-2971806	2.08	0
BEST BUY PAINTING INC.	20-0997866	0.66	0
BLAIR FAMILY DENTISTRY, PLC	46-3995653	1.63	0
CENTRAL RESTORATION, INC.	26-3573377	0.48	0
CONSOLIDATED PATHWAYS, INC.	45-3189168	1.06	0
CONSUMER ADVOCATES OF PJM STATES, INC.	46-2335428	0.46	0
DAN A. MEDALIE, MD LLC	81-1306487	1.34	0
DANMAR PRODUCTS, INC.	38-1847489	1.19	0

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEARBORN MUSIC COMPANY	38-2044943	1.42	0
DIHYDRO SERVICES, INC.	38-1291359	1.21	0
EDTEC CENTRAL, LLC	38-3551348	1.78	0
FAMILY FIRST DENTAL GROUP LLC, ROY COLEMAN DDS	87-1256559	0.69	0
FOUNTAIN VIEW FAMILY DENTAL, PLC	80-1890333	1.80	0
FUTURE AGE INC. DBA PROVIDEARIDE	34-1617203	0.90	0
GOLDBERG AND MYERS DENTISTRY, PLC	83-2768991	1.02	0
GREG ROOT INSURANCE AGENCY, INC.	36-4780434	3.78	0
H & M LANDSCAPING, LLC	38-3386284	0.50	0

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARRINGTONS PREPRESS EXPRESS LLC DBA STANDARD PRINTING COMPANY OF	38-3480901	1.07	0
HEYS DENTAL, PLLC	20-5279277	2.17	0
HURON VALLEY PHYSICIANS ASSOCIATION, P.C.	38-2581464	1.89	0
IB CORPORATION	38-2991547	3.46	0
ILEX OUTDOORS, LLC	83-3691109	0.30	0
ITALIAN TOURS AND TRAVEL BY DIANA	27-2014142	0.38	0
J.ZIMMERMAN LLC DBA ZIMMERMAN ELECTRIC	20-0238419	4.24	0
JASON D MAJORS, DMD, FAMILY DENTISTRY, LLC	27-0460648	0.87	0
JOHN ZANGBODIS, DDS, MDS, PLLC	27-3065612	1.25	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOYSONQUIN AUTOMOTIVE SYSTEMS, NORTH AMERICA	83-3535127	3.16	0
KENNETH L GWINN, MD, PC.	38-3120356	1.38	0
KR SERVICES, INC.	38-3081617	0.77	0
LKL GYMNASTICS INC.	47-5291806	1.87	0
MACOMB COUNTY EMS MEDICAL CONTROL AUTHORITY	26-3421732	0.34	0
MCNAMARA ORTHODONTICS, PC	38-2329521	0.24	0
MEDAVAIL TECHNOLOGIES (U.S.) INC.	36-4794085	16.16	0
MIAMI ORTHODONTIC SPECIALISTS, LLC	47-4860188	0.48	0
MICHALKOW ORTHODONTICS PLLC	27-3488814	2.20	0

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOELLER, PC	46-1817177	0.96	0
NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES	59-1986067	0.79	0
NATURAL LAWN & LANDSCAPE	22-3955014	0.55	0
NORCAL RESPIRATORY, INC.	84-1679388	1.65	0
NORTHWEST DERMATOLOGY GROUP, PC	38-1890113	1.51	0
NORTHWEST OHIO PERIODONTICS, BRIAN M. ROY, D.D.S., M.S., LLC.	81-3342412	0.99	0
NOVI DENTISTS PLLC	47-2100320	5.20	0
OCEAN SOLUTIONS, LLC	32-0442016	2.47	0
OWL SERVICES, INC.	82-4007077	1.97	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALMETTO WELLNESS GROUP	26-2253021	2.06	0
PETERSON RUDGERS GROUP, LLC	81-3228928	3.52	0
PREFERRED TITLE AGENCY OF ANN ARBOR, LLC	81-4660860	0.90	0
RENEW VITALITY, LLC	61-1735118	1.96	0
RM JOHNSON GROUP, LLC	85-1031676	0.81	0
SAB MOVING LLC DBA TWO MEN AND A TRUCK	36-4503464	0.09	0
SHECTER LANDSCAPING, INC.	38-2784736	2.11	0
SOHNER PLASTICS, LLC	37-1587921	0.54	0
THERAMAX REHAB INC.	65-1285574	0.79	0

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREE TOWN PEDIATRIC DENTISTRY, PLLC	47-1852738	0.20	0
VANGUARD MANAGEMENT GROUP, INC.	59-3029446	0.68	0
VERO RENAL ASSOCIATES, PA	34-2002685	0.46	0
WHITE PINE DENTAL HEALTH, PLLC	81-2510168	0.68	0
WILLOUGHBY VETERINARY HOSPITAL, PLLC	83-1660325	0.72	0
W.R. TOWNSEND CONTRACTING, INC.	59-1831397	0.03	0
WILSON'S MEATS DBA MAXBAUER'S SPECIALTY MEAT MARKET	45-5457532	1.61	0

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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**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)	MCNAMARA 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%

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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-SF.**

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 01/01/2021 and ending 12/31/2021

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

**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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here ..... ▶

**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**

<b>1a</b> Name of plan AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN TREE TOWN PEDIATRIC DENTISTRY PLLC	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TREE TOWN PEDIATRIC DENTISTRY, PLLC  1303 OPACKARD, SUITE 301 ANN ARBOR MI 48104	<b>1c</b> Effective date of plan 10/01/2016
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. AMI BENEFIT PLAN ADMINISTRATORS  100 TERRA BELLA DR YOUNGSTOWN OH 44505	<b>2b</b> Employer Identification Number (EIN) 47-1852738
	<b>2c</b> Sponsor's telephone number (734) 662-1591
	<b>2d</b> Business code (see instructions)  621210
	<b>3b</b> Administrator's EIN 34-1781113
	<b>3c</b> Administrator's telephone number  (800) 451-2865
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> 12
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 0
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b> 11
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b> 0
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 10
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 0
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 0

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	<u>6/2/25</u>	JAMES BOYNTON
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>6/2/25</u>	JAMES BOYNTON
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Yes  No
- 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  Yes  No  
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- 6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ . (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	563,513	0
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	563,513	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	31,604	
(2)	Participants	30,472	
(3)	Others (including rollovers)		
b	Other income (loss)	36,528	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		98,604
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		
e	Certain deemed and/or corrective distributions (see instructions)		
f	Administrative service providers (salaries, fees, commissions)		
g	Other expenses		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		0
i	Net income (loss) (subtract line 8h from line 8c)		98,604
j	Transfers to (from) the plan (see instructions)	-662,117	

**Part IV Plan Characteristics**

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2A 2E 2J 2F 2G 3D 2S 2T 2X
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 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 there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	X		

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b** PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
TREE TOWN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	47-1852738	003

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703930A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

<p><b>A</b> Name of plan AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN TREE TOWN PEDIATRIC DENTISTRY PLLC</p>	<p><b>B</b> Three-digit Plan number (PN) ..... ▶</p>	<p>001</p>
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<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF TREE TOWN PEDIATRIC DENTISTRY, PLLC</p>	<p><b>D</b> Administrator's EIN  47-1852738</p>
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**Part I** **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) Auto MEP by AMI Benefit Plan Admin (Complete Part II)

**Part II** **Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALBERTO A. HERRERO, DDS PLLC	20-3599014	1.57	0
ANN ARBOR PERIODONTICS, PLLC	84-4012159	0.53	0

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

**Use this page for additional participating employer information.**

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
BAYFRONT PARTNERS, LLC	84-4705054	0.41	0
BBC ENTREPRENEURIAL TRAINING & CONSULTING, LLC	38-2971806	2.08	0
BEST BUY PAINTING INC.	20-0997866	0.66	0
BLAIR FAMILY DENTISTRY, PLC	46-3995653	1.63	0
CENTRAL RESTORATION, INC.	26-3573377	0.48	0
CONSOLIDATED PATHWAYS, INC.	45-3189168	1.06	0
CONSUMER ADVOCATES OF PJM STATES, INC.	46-2335428	0.46	0
DAN A. MEDALIE, MD LLC	81-1306487	1.34	0
DANMAR PRODUCTS, INC.	38-1847489	1.19	0

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**Part II Participating Employer Information (Continued).**

**Use this page for additional participating employer information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
DEARBORN MUSIC COMPANY	38-2044943	1.42	0
DIHYDRO SERVICES, INC.	38-1291359	1.21	0
EDTEC CENTRAL, LLC	38-3551348	1.78	0
FAMILY FIRST DENTAL GROUP LLC, ROY COLEMAN DDS	87-1256559	0.69	0
FOUNTAIN VIEW FAMILY DENTAL, PLC	80-1890333	1.80	0
FUTURE AGE INC. DBA PROVIDEARIDE	34-1617203	0.90	0
GOLDBERG AND MYERS DENTISTRY, PLC	83-2768991	1.02	0
GREG ROOT INSURANCE AGENCY, INC.	36-4780434	3.78	0
H & M LANDSCAPING, LLC	38-3386284	0.50	0

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**Part II Participating Employer Information (Continued).**

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<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
HARRINGTONS PREPRESS EXPRESS LLC DBA STANDARD PRINTING COMPANY OF	38-3480901	1.07	0
HEYS DENTAL, PLLC	20-5279277	2.17	0
HURON VALLEY PHYSICIANS ASSOCIATION, P.C.	38-2581464	1.89	0
IB CORPORATION	38-2991547	3.46	0
ILEX OUTDOORS, LLC	83-3691109	0.30	0
ITALIAN TOURS AND TRAVEL BY DIANA	27-2014142	0.38	0
J.ZIMMERMAN LLC DBA ZIMMERMAN ELECTRIC	20-0238419	4.24	0
JASON D MAJORS, DMD, FAMILY DENTISTRY, LLC	27-0460648	0.87	0
JOHN ZANGBODIS, DDS, MDS, PLLC	27-3065612	1.25	0

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**Part II Participating Employer Information (Continued).**

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<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
JOYSONQUIN AUTOMOTIVE SYSTEMS, NORTH AMERICA	83-3535127	3.16	0
KENNETH L GWINN, MD, PC.	38-3120356	1.38	0
KR SERVICES, INC.	38-3081617	0.77	0
LKL GYMNASTICS INC.	47-5291806	1.87	0
MACOMB COUNTY EMS MEDICAL CONTROL AUTHORITY	26-3421732	0.34	0
MCNAMARA ORTHODONTICS, PC	38-2329521	0.24	0
MEDAVAIL TECHNOLOGIES (U.S.) INC.	36-4794085	16.16	0
MIAMI ORTHODONTIC SPECIALISTS, LLC	47-4860188	0.48	0
MICHALKOW ORTHODONTICS PLLC	27-3488814	2.20	0

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**Part II Participating Employer Information (Continued).**

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<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
MOELLER, PC	46-1817177	0.96	0
NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES	59-1986067	0.79	0
NATURAL LAWN & LANDSCAPE	22-3955014	0.55	0
NORCAL RESPIRATORY, INC.	84-1679388	1.65	0
NORTHWEST DERMATOLOGY GROUP, PC	38-1890113	1.51	0
NORTHWEST OHIO PERIODONTICS, BRIAN M. ROY, D.D.S., M.S., LLC.	81-3342412	0.99	0
NOVI DENTISTS PLLC	47-2100320	5.20	0
OCEAN SOLUTIONS, LLC	32-0442016	2.47	0
OWL SERVICES, INC.	82-4007077	1.97	0

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**Part II Participating Employer Information (Continued).**

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<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
PALMETTO WELLNESS GROUP	26-2253021	2.06	0
PETERSON RUDGERS GROUP, LLC	81-3228928	3.52	0
PREFERRED TITLE AGENCY OF ANN ARBOR, LLC	81-4660860	0.90	0
RENEW VITALITY, LLC	61-1735118	1.96	0
RM JOHNSON GROUP, LLC	85-1031676	0.81	0
SAB MOVING LLC DBA TWO MEN AND A TRUCK	36-4503464	0.09	0
SHECTER LANDSCAPING, INC.	38-2784736	2.11	0
SOHNER PLASTICS, LLC	37-1587921	0.54	0
THERAMAX REHAB INC.	65-1285574	0.79	0

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**Part II Participating Employer Information (Continued).**

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**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

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<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
TREE TOWN PEDIATRIC DENTISTRY, PLLC	47-1852738	0.20	0
VANGUARD MANAGEMENT GROUP, INC.	59-3029446	0.68	0
VERO RENAL ASSOCIATES, PA	34-2002685	0.46	0
WHITE PINE DENTAL HEALTH, PLLC	81-2510168	0.68	0
WILLOUGHBY VETERINARY HOSPITAL, PLLC	83-1660325	0.72	0
W.R. TOWNSEND CONTRACTING, INC.	59-1831397	0.03	0
WILSON'S MEATS DBA MAXBAUER'S SPECIALTY MEAT MARKET	45-5457532	1.61	0

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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