

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan <u>TOTAL TEAM SOLUTIONS 401(K) RETIREMENT 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>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>10/01/2001</u>					
1b Three-digit plan number (PN) ▶	<u>333</u>								
1c Effective date of plan <u>10/01/2001</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS</u> <u>115 TECHNOLOGY DRIVE, SUITE 301A</u> <u>TRUMBULL, CT 06611</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>06-1633136</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>203-459-1777</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1633136</u>		2c Sponsor's telephone number <u>203-459-1777</u>		2d Business code (see instructions) <u>561300</u>			
2b Employer Identification Number (EIN) <u>06-1633136</u>									
2c Sponsor's telephone number <u>203-459-1777</u>									
2d Business code (see instructions) <u>561300</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.	10/08/2015	ROBERT LYNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS 115 TECHNOLOGY DRIVE, SUITE 301A TRUMBULL, CT 06611		3b Administrator's EIN 06-1633136 3c Administrator's telephone number 203-459-1777
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 622
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 267
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 332
d Subtotal. Add lines 6a , 6b , and 6c		6d 599
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 599
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 486
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 5
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 2J 2K 3H 3B 3F 2R 2S 2T		
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS	D Employer Identification Number (EIN) 06-1633136

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.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(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
01-0233346	65838	83154	0	01/01/2013	12/31/2013

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
18087	3691

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 **1285 AVE OF THE AMERICAS, 17TH FLR**
NEW YORK, NY 10019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18087			3

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

THE ANGELL PENSION GROUP, INC. **88 BOYD AVENUE**
EAST PROVIDENCE, RI 02914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3691	TPA ADMINISTRATOR ALLOWANCE; SVC FEES	5

(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	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 ☐ paid in cash, or ☐ 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS	D Employer Identification Number (EIN) 06-1633136	

Part I	Service Provider Information (see instructions)
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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
ALERUS RETIREMENT SOLUTIONS

45-6062081

(b) Enter name and EIN or address of person who provided you disclosure 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)

ALERUS REVENUE

45-6062081

(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?
15 19 37	NONE	16054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

(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?
16	THIRD PARTY ADMINISTRAT	11116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE INSTITUTIONAL

PO BOX 2226
OMAHA, NE 68103-2226

(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?
15	RECORDKEEPER	510	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
15 28 59 60 62 63 68	RECORDKEEPER	410	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
(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.	
(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

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS</u>	D Employer Identification Number (EIN) <u>06-1633136</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2050</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2045</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2040</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2035</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2030</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2025</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING THROUGH 2020</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2015**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2010**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DFA EMERGING MARKETS VALUE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INTERNATIONAL VALUE FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH INDEX](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INTL EQUITY INDEX FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SCIENCE & TECHNOLOGY FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FINANCIAL SERVICES FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP INDEX FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER INTL GROWTH FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EUROPACIFIC GROWTH FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRU JENNISON MID GROWTH FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FUNDAMENTAL INVESTORS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [UTILITIES FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THE GROWTH FUND OF AMERICA](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EATON VANCE LARGE-CAP VALUE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY ADV NEW INSIGHTS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQUITY INCOME FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DAVIS NEW YORK VENTURE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [500 INDEX FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [HIGH YIELD FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [REAL RETURN BOND FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER INTL BOND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STRATEGIC INCOME OPP FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESTMENT QUAL BOND FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TOTAL RETURN FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK STABLE VAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PBA](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS		D Employer Identification Number (EIN) 06-1633136

Part I Asset and Liability Statement			
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	1369	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	125566	101972
(2) Participant contributions.....	1b(2)	89448	19808
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)	340356	459549
(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)	16533131	18781826
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	691439	748727

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	17781309	20111882

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7842	15199
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7842	15199

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17773467	20096683
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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)	643638	
(B) Participants	2a(1)(B)	1209678	
(C) Others (including rollovers)	2a(1)(C)	16824	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1870140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	13511	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13511
(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)	525239	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		525239
(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)		0
(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)		0

		(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)		1242141
(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)		1256056
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4907087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1726590	
(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)		1726590
f Corrective distributions (see instructions)	2f		15199
g Certain deemed distributions of participant loans (see instructions)	2g		990
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	8755	
(2) Contract administrator fees	2i(2)	410	
(3) Investment advisory and management fees	2i(3)	6584	
(4) Other	2i(4)	18546	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34295
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1777074

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3130013
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		806797

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: NANA VATY, NANA VATY & DAVENPORT, LLP

(2) EIN: 06-1402749

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.	X		

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

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)
AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN / LINCOLN HEALTHCARE INFORMATION CO LLC #1694	13-3867443	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 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.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS</u>	D Employer Identification Number (EIN) <u>06-1633136</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	<u>0</u>
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): <u>01-0233346</u> <u>45-6062081</u>		
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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Total Team Solutions 401(k) Retirement Plan

**Financial Statements and Supplemental Schedules
With Independent Auditor's Report**

Years Ended December 31, 2013 and 2012

Total Team Solutions 401(k) Retirement Plan

Table of Contents

December 31, 2013 and 2012

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedules:	
Schedule of Assets (Held at End of Year)	13
Statement of Net Assets Available for Benefits by Company	15
Statement of Changes in Net Assets Available for Benefits by Company	17

Independent Auditor's Report

To the Plan Sponsor of the
Total Team Solutions 401(k) Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Total Team Solutions 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis of Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Alerus Financial, N.A., the trustee of the Plan for the year ended December 31, 2013 (and John Hancock Financial, the trustee of the Plan for the year ended December 31, 2012), except for comparing such information with the related information included in the financial statements. We have been informed by the plan sponsor that the trustee holds the Plan's investment assets and executes investment transactions. The plan sponsor has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan sponsor by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, listed in the foregoing table of contents, as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Nanavaty, Nanavaty & Davenport, LLP

October 13, 2014

Total Team Solutions 401(k) Retirement Plan

Statement of Net Assets Available for Benefits

As of December 31,

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value (Notes C & D)	\$ 19,530,553	\$ 17,224,570
Receivables:		
Employer contributions	101,972	125,566
Employee contributions	19,808	89,448
Notes receivable from participants	459,549	340,356
Total receivables	<u>581,329</u>	<u>555,370</u>
Cash	<u>-</u>	<u>1,369</u>
Total assets	20,111,882	17,781,309
Liabilities:		
Due to employees	<u>15,199</u>	<u>7,842</u>
Net Assets Available for Benefits	<u><u>\$ 20,096,683</u></u>	<u><u>\$ 17,773,467</u></u>

See accompanying notes to the financial statements.

Total Team Solutions 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31,

	<u>2013</u>	<u>2012</u>
Additions		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments (Note C)	\$ 2,498,197	\$ 1,842,419
Interest and dividends	538,750	11,982
	<u>3,036,947</u>	<u>1,854,401</u>
Contributions:		
Participant	1,209,678	1,288,087
Employer	643,638	668,421
	<u>1,853,316</u>	<u>1,956,508</u>
Other:		
Transfers from participants	16,824	190,325
	<u>16,824</u>	<u>190,325</u>
Total additions	<u>4,907,087</u>	<u>4,001,234</u>
Deductions		
Deductions from net assets attributed to:		
Transfers and distributions to participants	1,742,779	1,765,900
Transfers to other plans	806,797	297,519
Administrative expenses	34,295	49,013
	<u>2,583,871</u>	<u>2,112,432</u>
Total deductions	<u>2,583,871</u>	<u>2,112,432</u>
Net increase	2,323,216	1,888,802
Net Assets Available for Benefits:		
Beginning of year	17,773,467	15,884,665
End of year	<u>\$ 20,096,683</u>	<u>\$ 17,773,467</u>

See accompanying notes to the financial statements.

Total Team Solutions 401(k) Plan

Notes to Financial Statements

December 31, 2013 and 2012

NOTE A - PLAN DESCRIPTION

The following description of the Total Team Solutions (“Company”) 401(k) Retirement Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan’s provisions.

General

The Company is a professional employer organization, providing a co-employment arrangement to facilitate payroll and benefit processing for clients. The Company is the sponsor of the Plan. Each of the Company’s clients is able to modify its sub-plan specifications before it adopts their plan.

The Plan is a multiple employer defined contribution plan covering all eligible “employees” of the Company who have fulfilled their sub-plan service requirements. The sub-plan’s service requirement may be as soon as an employee hire date but no greater than one year of service and its age requirement is twenty-one years or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On April 12, 2013 the Plan sponsor elected to change the Plan’s trustee from John Hancock Financial to Alerus Retirement Solutions, a division of Alerus Financial, N.A., a nationally chartered bank in North Dakota.

Entry Dates

The plan entry dates are January 1, April 1, July 1 and October 1.

Contributions

Each year, participants may contribute up to 90% of pre-tax annual compensation as defined in the plan. Each sub-plan may match a percentage of the base compensation (as determined by the employer in the service agreement) that a participant contributes to the Plan or requires that a “safe harbor” contribution be made. Non-elective contributions may be allocated to the participants on either a pro-rata, integrated, or “cross tested” basis depending upon the sub-plan’s selection. The client’s sub-plan may also allow for discretionary profit sharing contributions. Participants’ contribution amounts may be changed quarterly. Forfeited nonvested accounts will be used to reduce future employer contributions.

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE A - PLAN DESCRIPTION (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participants' vested interest in their accounts attributable to discretionary matching and non-elective contributions will be determined by the option selected in each specific client sub-plan. Each sub-plan may chose from the following vesting options:

- (a) Full and immediate vesting.
- (b) 0% vested for less than 3 year of service; and 100% vested for 3 years or more of service.
- (c) A 6 year vesting schedule with 0% for less than 2 years; 20% for 2 years but less than 3 years; 40% for 3 years but less than 4 years; 60% for 4 years but less than 5 years; 80% for 5 years but less than 6 years; and 100% for 6 years or more.

Investment options

Upon enrollment in the Plan, a participant may direct his or her account to be invested in any of several investment options. Participants may change their investment options at anytime. The investment options are summarized as follows:

Conservative Investment Account – Stable Value Fund.

Moderate Investment Accounts – Government Securities, Bonds and Mortgages, Bond Emphasis Balanced Account and Stock Emphasis Balanced Account.

Dynamic Investment Accounts – Medium and Small Company Blend Accounts, Medium Company Value Accounts, Large Cap Stock Index Account, U.S. Stock, Real Estate and International Stock.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The participant may pay back both the principal and interest directly to their account through payroll deductions, generally over a five-year period. The interest rate is determined at the time one applies for a loan.

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE A - PLAN DESCRIPTION (continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or his or her beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in the form of an annuity, depending on the circumstances and election made.

For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution paid either directly to the participant or as a direct rollover to another qualified plan.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are classified as distributions based upon the terms of the plan document.

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated transactions and events that occurred through October 13, 2014, the date that these financial statements were available to be issued, for recognition and/or disclosure in these financial statements.

NOTE C - INVESTMENTS

The following information included in the accompanying financial statements and the supplemental schedules was obtained from the data that has been prepared and certified as complete and accurate by the trustee. Alerus Financial, N.A., John Hancock Financial and other mutual funds representing 5% or more of the Plan's net assets have been identified below:

	December 31,	
	2013	2012
Invesco Equity and Income Fund Class A	\$ 1,212,055	\$ -
JP Morgan Core Bond Fund A	1,850,302	-
MFS Growth	1,249,760	-
Lifestyle Growth	-	1,932,420
Lifestyle Balanced	-	1,641,620
Stable Value Fund	5,958,469	1,936,940
Investments below 5%	9,259,967	11,713,590
	<u>\$ 19,530,553</u>	<u>\$ 17,224,570</u>

During the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,498,197 and \$1,842,419, respectively.

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE C - INVESTMENTS (continued)

The following additional information 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 Alerus Financial, N.A., and John Hancock Financial for the years ended December 31, 2013 and 2012.

	December 31,	
	2013	2012
Investments, at fair value (1)	\$ 19,530,553	\$ 17,224,570
Investment income (1)	\$ 3,036,947	\$ 1,854,401
Contributions (2)	\$ 1,853,316	\$ 1,956,508
Transfers from participants	\$ 16,824	\$ 190,325
Transfers and distributions (3)	\$ 2,549,576	\$ 2,063,419
Administrative expenses	\$ 34,295	\$ 49,013

- (1) Investments have been adjusted to fair value. Any adjustments have been included in investment income.
- (2) Contributions reported by the trustee have been adjusted for the effects of the change in contribution receivable, and minor contribution adjustments.
- (3) Total transfers and distributions reported by the trustee have been adjusted for corrective distributions and segregated by type in the financial statements.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted market prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE D - FAIR VALUE MEASUREMENTS (continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for the assets measure at fair value.

Common stocks, exchange traded funds, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Consist of registered investment companies; and pooled separate accounts and are valued at the net asset value (NAV) of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	<u>2013</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ 13,572,084	\$ 5,958,469	\$ -
Total assets at fair value	<u>\$ 13,572,084</u>	<u>\$ 5,958,469</u>	<u>\$ -</u>
	<u>2012</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ -	\$ 16,533,131	\$ -
Exchanged traded funds	691,439	-	-
Total assets at fair value	<u>\$ 691,439</u>	<u>\$ 16,533,131</u>	<u>\$ -</u>

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE E - RELATED-PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Alerus Financial, N.A., and John Hancock Financial (prior to May 31, 2013). Alerus Financial, N.A. and John Hancock Financial are trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$6,584 and \$1,112 for the years ended December 31, 2013 and 2012, respectively.

The Plan has also paid fees to third party administrators in the amount of \$3,691 and \$8,835, and commissions to investment managers in the amount of \$24,020 and \$39,066, for the years ended December 31, 2013 and 2012, respectively. These transactions also qualify as party-in-interest transactions.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

NOTE G - TAX STATUS

The Plan has received a favorable Internal Revenue Service determination letter stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan sponsor believes that the Plan and the related trust are qualified under the appropriate sections of the IRC. Although the Plan has been amended since receiving the approval, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America (GAAP) require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that it is no longer subject to income tax examinations for years prior to 2010

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net increase in net assets per the financial statements to Form 5500:

Net increase in net assets per Form 5500	\$ 3,130,013
Less: Transfers from this plan during the year	(806,797)
Net increase in net assets per the financial statements	<u>\$ 2,323,216</u>

Total Team Solutions 401(k) Retirement Plan

Notes to Financial Statements (continued)

December 31, 2013 and 2012

NOTE I - ADMINISTRATIVE EXPENSES

Administrative fees paid by the Plan for year ended December 31, 2013 and 2012 totaled \$34,295 and \$49,013, respectively. The Sponsor has paid all other administrative expenses, such as trustee fees, professional fees, facilities and personnel expenses

NOTE J - RISKS AND UNCERTAINTIES

The Plan invests in various mutual fund investments. These types of investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

Supplemental Schedules

Total Team Solutions 401(k) Retirement Plan
EIN: 06-1633136
Plan No. 333

Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Alerus Financial, N.A.	Invesco Equity and Income Fund Class A	n/a	1,212,055
*	Alerus Financial, N.A.	American Funds Target Retirement 2050	n/a	265,956
*	Alerus Financial, N.A.	American Funds Target Retirement 2045	n/a	176,775
*	Alerus Financial, N.A.	American Funds Target Retirement 2010	n/a	126,227
*	Alerus Financial, N.A.	American Funds Target Retirement 2040	n/a	157,311
*	Alerus Financial, N.A.	American Funds Target Retirement 2035	n/a	295,076
*	Alerus Financial, N.A.	American Funds Target Retirement 2030	n/a	430,143
*	Alerus Financial, N.A.	American Funds Target Retirement 2025	n/a	699,707
*	Alerus Financial, N.A.	American Funds Target Retirement 2020	n/a	471,632
*	Alerus Financial, N.A.	American Funds Target Retirement 2015	n/a	316,852
*	Alerus Financial, N.A.	Franklin U.S. Government Securities Fund Class A	n/a	1,444
*	Alerus Financial, N.A.	Franklin High Income A	n/a	262,209
*	Alerus Financial, N.A.	JP Morgan Core Bond Fund A	n/a	1,850,302
*	Alerus Financial, N.A.	Franklin Templeton Global Bond Fund	n/a	10,222
*	Alerus Financial, N.A.	Invesco S&P 500 Index A	n/a	458,273
*	Alerus Financial, N.A.	Columbia Mid Cap Index A	n/a	774,822
*	Alerus Financial, N.A.	Columbia Small Cap Index A	n/a	686,881
*	Alerus Financial, N.A.	Franklin Small Cap Growth Fund A	n/a	447,775
*	Alerus Financial, N.A.	Franklin Small Cap Value A	n/a	129,977
*	Alerus Financial, N.A.	AFS Fundamental Investors	n/a	204,604
*	Alerus Financial, N.A.	MFS Growth	n/a	1,249,760
*	Alerus Financial, N.A.	Franklin Mutual Global Discovery A	n/a	2,532
*	Alerus Financial, N.A.	Oppenheimer Equity Income Fund	n/a	940,012
*	Alerus Financial, N.A.	Prudential Jennison Mid Cap Growth Class A	n/a	468,053
*	Alerus Financial, N.A.	AFS Europacific Growth Class	n/a	929,560
*	Alerus Financial, N.A.	Oppenheimer Developing Markets A	n/a	255,197
*	Alerus Financial, N.A.	Federated Capital Preservation	n/a	5,958,469
*	TD Ameritrade	1,500 shares Central Fund of Canada Closed End Fund CL A	n/a	19,875
*	TD Ameritrade	400 shares EFTS Palladium Trust	n/a	27,848
*	TD Ameritrade	200 shares First Trust Amex Biotechnology Index Fund	n/a	13,836
*	TD Ameritrade	50 shares Franco Nevada Corp Common	n/a	2,037
*	TD Ameritrade	200 shares Glaxo Smithkline PLC ADR	n/a	10,678
*	TD Ameritrade	40 ishares NASDAQ Biotechnology ETF	n/a	9,082
*	TD Ameritrade	400 ishares NASDAQ Silver Trust	n/a	7,484
*	TD Ameritrade	1,000 shares Market Vectors Gold Miners ETF	n/a	21,130
*	TD Ameritrade	200 shares Newmont Mining Corp Common	n/a	4,606
*	TD Ameritrade	600 shares Powershares Aerospace & Defense Portfolio	n/a	18,618

Total Team Solutions 401(k) Retirement Plan
EIN: 06-1633136
Plan No. 333

Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TD Ameritrade	100 shares Powershares UltraShort Silver	n/a	9,019
*	TD Ameritrade	300 shares Powershares UltraShort Gold	n/a	31,059
*	TD Ameritrade	100 shares Royal Gold Inc. Common	n/a	4,607
*	TD Ameritrade	50,123 American Century Cap Preserv Fund	n/a	50,123
*	TD Ameritrade	3,683 shares Forum Funds Merk Hard Currency Fund	n/a	42,502
*	TD Ameritrade	2,238 shares Mainstay Funds Marketfield Class C	n/a	40,962
*	TD Ameritrade	5,829 shares Permanent Portfolio Fund	n/a	250,975
*	TD Ameritrade	157,134 TD Ameritrade MM Portfolio Class A	n/a	157,134
*	TD Ameritrade	Cash	n/a	27,152
		Total investments		19,530,553
	Participant Loans	Participant loans (interest rates 3.25% to 7.25%)	n/a	459,549
		Total plan investments		<u>\$ 19,990,102</u>

* denotes a party-in-interest

Total Team Solutions 401(k) Retirement Plan

Statement of Net Assets Available for Benefits by Company

December 31, 2013

Client Company	Assets							Liabilities		
						Investments at Fair Market Value				
	Cash	Contributions Receivable	Notes Receivable from Participants	Total	Mutual Funds	Total	Total Assets	Amounts Due To Employees	Net Assets	
20/20 Software, Inc.	\$	-	\$	-	\$	-	\$	309,466	\$	309,466
ACSI	-	-	-	-	-	-	-	-	-	-
Alarm Specialist, Inc.	-	1,081	-	1,081	267,831	267,831	268,912	-	268,912	-
Alarm-Tech Security	-	-	-	-	7,904	7,904	7,904	-	7,904	-
Atlantic Copper	-	-	-	-	429,810	429,810	429,810	-	429,810	-
Beckett	-	2,246	21,232	23,478	476,754	476,754	500,232	-	500,232	-
Big Apple Lights Corp.	-	-	-	-	8,463	8,463	8,463	-	8,463	-
Cambridge Consumer Products	-	-	10,617	10,617	94,436	94,436	105,053	-	105,053	-
Clinical Development Group	-	-	-	-	161,748	161,748	161,748	-	161,748	-
Chase Communications/Cinn Worldwide Corp.	-	-	-	-	220,320	220,320	220,320	-	220,320	-
Contemporary Lights and Staging, LLC	-	-	-	-	-	-	-	-	-	-
Cross-Western, LLC	-	-	-	-	195,260	195,260	195,260	-	195,260	-
Deutsch Acquisition Co. II	-	-	-	-	84,402	84,402	84,402	-	84,402	-
Deutsch Enterprises II, LLC	-	-	-	-	-	-	-	-	-	-
Dr. Morris Westfried	-	1,417	-	1,417	80,559	80,559	81,976	-	81,976	-
Eitzen	-	18,720	-	18,720	2,732,695	2,732,695	2,751,415	-	2,751,415	-
FBJ Learning Center, Inc.	-	-	-	-	14,220	14,220	14,220	-	14,220	-
Fearless Entertainment	-	-	-	-	10,712	10,712	10,712	-	10,712	-
Gerolymatos	-	-	-	-	71,542	71,542	71,542	-	71,542	-
Golden Glow Cookie Co.	-	-	-	-	13,728	13,728	13,728	-	13,728	-
Grill & Partners	-	-	40,258	40,258	386,725	386,725	426,983	-	426,983	-
Harrington & Smith PC	-	612	51,251	51,863	1,748,967	1,748,967	1,800,830	-	1,800,830	-
Stephen Herzberg, D.D.S.	-	270	16,732	17,002	51,790	51,790	68,792	-	68,792	-
Highpoint Advisors	-	-	-	-	17,770	17,770	17,770	-	17,770	-
Home Builders	-	-	-	-	67,301	67,301	67,301	-	67,301	-
Hudson Software Corp.	-	92,306	1,086	93,392	1,944,189	1,944,189	2,037,581	-	2,037,581	-
Jay Harland Corp.	-	1,187	19,101	20,288	1,203,901	1,203,901	1,224,189	-	1,224,189	-
Kencast, Inc.	-	870	-	870	1,139,057	1,139,057	1,139,927	-	1,139,927	-
Kenyon Investments, LLC	-	-	-	-	37,659	37,659	37,659	-	37,659	-
Lane Consulting, LLC	-	-	-	-	121	121	121	-	121	-
Lincoln	-	-	-	-	4	4	4	-	4	-
Lynn Group Inc., dba Total Team Solutions	-	-	66,314	66,314	401,437	401,437	467,751	-	467,751	-
Meineke	-	-	-	-	-	-	-	-	-	-
Morris Media	-	-	-	-	91,577	91,577	91,577	15,199	-	76,378
New England Country Day School	-	40	-	40	24,783	24,783	24,823	-	-	24,823
Norwalk Health & Racquet Club	-	-	-	-	11,798	11,798	11,798	-	-	11,798

Total Team Solutions 401(k) Retirement Plan

Statement of Net Assets Available for Benefits by Company

December 31, 2013

Client Company	Assets						Liabilities		
	Investments at Fair Market Value						Total Assets	Amounts Due To Employees	Net Assets
	Cash	Contributions Receivable	Notes Receivable from Participants	Total	Mutual Funds	Total			
One Dream Sound	-	-	-	-	65,898	65,898	65,898	-	65,898
Parlay Shipping	-	803	-	803	78,086	78,086	78,889	-	78,889
Pegasus Dental Center	-	-	-	-	-	-	-	-	-
Performance Connectivity, Inc.	-	-	33,987	33,987	424,294	424,294	458,281	-	458,281
Petsafe of Connecticut, LLC	-	833	-	833	28,919	28,919	29,752	-	29,752
Quality In-House Catering, Ltd.	-	-	-	-	211,163	211,163	211,163	-	211,163
S.T.A.R.D., Inc. dba Big's Bedrooms	-	-	-	-	39,321	39,321	39,321	-	39,321
SAS/Gift of Learning, Inc. dba Sylvan Learning Center	-	-	-	-	4,478	4,478	4,478	-	4,478
Silver Brook Systems	-	-	-	-	303,890	303,890	303,890	-	303,890
Smith-Huff Enterprises	-	268	-	268	126,538	126,538	126,806	-	126,806
South Shore Sleep Shop, Inc.	-	-	-	-	102,194	102,194	102,194	-	102,194
Steute	-	-	-	-	54,259	54,259	54,259	-	54,259
Strategic Publishing Services	-	-	-	-	44,127	44,127	44,127	-	44,127
Sun Yorkos Enterprises	-	-	-	-	55,225	55,225	55,225	-	55,225
Taconic Builders, Inc.	-	21	198,971	198,992	5,046,413	5,046,413	5,245,405	-	5,245,405
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	-	-	-	-	44,738	44,738	44,738	-	44,738
Toria Truck Rental & Leasing	-	-	-	-	114,221	114,221	114,221	-	114,221
Total Tennis and Fitness	-	-	-	-	20,677	20,677	20,677	-	20,677
Triton Thallasie	-	-	-	-	32,122	32,122	32,122	-	32,122
U-Save Auto Rental E.C.R Corp.	-	584	-	584	321,492	321,492	322,076	-	322,076
Voice-Tel of New York	-	-	-	-	12,322	12,322	12,322	-	12,322
YCAP	-	522	-	522	70,035	70,035	70,557	-	70,557
Yonkers Private Industry Council	-	-	-	-	23,212	23,212	23,212	-	23,212
Plan cash and unallocated	-	-	-	-	-	-	-	-	-
	\$ -	\$ 121,780	\$ 459,549	\$ 581,329	\$ 19,530,553	\$ 19,530,553	\$ 20,111,882	\$ 15,199	\$ 20,096,683

Total Team Solutions 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits by Company

Year Ended December 31, 2013

Client Company	Opening Balance	Total Contributions	Gain/Loss	Dividends and Interest	Withdrawals	Transfers	Expenses	Ending Balance
20/20 Software, Inc.	\$ 216,537	\$ 19,529	\$ 61,223	\$ 12,557	\$ -	\$ -	\$ (380)	\$ 309,466
ACSI	60,980	-	13,901	260	(74,983)	-	(158)	-
Alarm Specialist, Inc.	224,164	25,791	26,927	3,465	(11,094)	-	(341)	268,912
Alarm-Tech Security	24,284	-	3,352	27	(19,749)	-	(10)	7,904
Atlantic Copper	325,148	20,034	83,380	1,787	-	-	(539)	429,810
Beckett	362,636	42,060	82,487	14,116	(494)	-	(573)	500,232
Big Apple Lights Corp.	7,310	-	1,164	-	-	-	(11)	8,463
Cambridge Consumer Products	91,273	-	11,739	2,407	(247)	-	(119)	105,053
Clinical Development Group	217,153	78,359	45,411	3,437	(182,268)	-	(344)	161,748
Chase Communications/Cinn Worldwide Corp.	183,262	5,750	22,741	8,847	-	-	(280)	220,320
Contemporary Lights and Staging, LLC	3,633	-	264	-	(3,867)	-	(30)	-
Cross-Western, LLC	193,399	-	1,281	846	-	-	(266)	195,260
Deutsch Acquisition Co.	71,289	-	12,983	238	-	-	(108)	84,402
Deutsch Enterprises II, LLC	3,240	-	223	-	(3,463)	-	-	-
Dr. Morris Westfried	61,530	4,486	14,143	1,917	-	-	(100)	81,976
Eitzen	2,134,246	253,649	363,503	39,524	(36,096)	-	(3,411)	2,751,415
FBJ Learning Center, Inc.	11,480	-	2,551	207	-	-	(18)	14,220
Fearless Entertainment	8,341	-	2,251	133	-	-	(13)	10,712
Gerolymatos	66,590	-	9,942	-	(4,867)	-	(123)	71,542
Golden Glow Cookie Co.	56,753	(629)	5,813	225	(48,416)	-	(18)	13,728
Grill & Partners	312,359	59,843	52,195	4,626	(1,561)	-	(479)	426,983
Harrington & Smith PC	1,662,714	168,800	101,979	50,054	(180,243)	-	(2,474)	1,800,830
Stephen Herzberg, D.D.S.	55,972	7,915	4,065	1,262	(360)	-	(62)	68,792
Highpoint Advisors	15,173	-	2,210	410	-	-	(23)	17,770
Home Builders	66,101	17,261	12,659	276	(28,917)	-	(79)	67,301
Hudson Software Corp.	1,783,766	171,108	146,934	13,677	(75,519)	-	(2,385)	2,037,581
Jay Harland Corp.	954,515	73,764	169,511	34,643	(6,752)	-	(1,492)	1,224,189
Kencast, Inc.	836,852	101,426	180,360	22,775	(83)	-	(1,403)	1,139,927
Kenyon Investments, LLC	30,323	-	6,624	760	-	-	(48)	37,659
Lane Consulting, LLC	68,238	-	9,860	-	(77,844)	-	(133)	121
Lincoln	718,799	61,396	24,406	568	(804,951)	-	(214)	4

Total Team Solutions 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits by Company

Year Ended December 31, 2013

Client Company	Opening Balance	Total Contributions	Gain/Loss	Dividends and Interest	Withdrawals	Transfers	Expenses	Ending Balance
Lynn Group Inc., dba Total Team Solutions	378,676	9,789	72,738	9,870	(2,696)	-	(626)	467,751
Meineke	585	-	55	-	(640)	-	-	-
Morris Media	32,331	36,992	7,031	108	-	-	(84)	76,378
New England Country Day School	19,215	1,400	3,746	493	-	-	(31)	24,823
Norwalk Health & Racquet Club	10,190	-	1,623	-	-	-	(15)	11,798
One Dream Sound Corp	51,550	-	14,430	-	-	-	(82)	65,898
Parlay Shipping	164,631	51,491	24,779	1,764	(163,579)	-	(197)	78,889
Pegasus Dental Center	1,226	-	90	-	(1,316)	-	-	-
Performance Connectivity, Inc.	379,587	24,773	46,962	8,132	(536)	-	(637)	458,281
Petsafe of Connecticut, LLC	1,789	24,875	2,554	560	-	-	(26)	29,752
Quality In-House Catering, Ltd.	168,093	-	38,533	4,802	-	-	(265)	211,163
S.T.A.R.D., Inc. dba Big's Bedrooms	31,095	-	7,316	960	-	-	(50)	39,321
SAS/Gift of Learning, Inc. dba Sylvan Learning Center	3,868	-	616	-	-	-	(6)	4,478
Silver Brook Systems	214,715	27,666	65,591	8,986	(12,670)	-	(398)	303,890
Smith-Huff Enterprises	107,205	7,532	11,851	-	381	-	(163)	126,806
South Shore Sleep Shop, Inc.	201,840	-	8,617	277	(108,405)	-	(135)	102,194
Steute	34,832	14,032	9,940	191	(4,673)	-	(63)	54,259
Strategic Publishing Services	36,089	-	7,295	800	-	-	(57)	44,127
Sun Yorkos Enterprises	54,436	-	(144)	1,008	-	-	(75)	55,225
Taconic Builders, Inc.	4,538,945	498,838	627,547	267,715	(672,722)	-	(14,918)	5,245,405
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	37,868	-	7,601	1,218	(1,893)	-	(56)	44,738
Toria Truck Rental & Leasing	100,744	-	13,626	-	-	-	(149)	114,221
Total Tennis and Fitness	10,447	6,669	3,111	71	403	-	(24)	20,677
Triton Thallasic	25,530	-	5,792	841	-	-	(41)	32,122
U-Save Auto Rental E.C.R. Corp.	255,911	25,554	28,920	9,830	(14,564)	16,824	(399)	322,076
Voice-Tel of New York	11,238	-	618	481	-	-	(15)	12,322
YCAP	48,589	13,163	10,966	1,316	(3,359)	-	(118)	70,557
Yonkers Private Industry Council	22,813	-	311	283	(164)	-	(31)	23,212
Plan cash and unallocated	1,369	-	-	-	(1,369)	-	-	-
\$	17,773,467	\$ 1,853,316	\$ 2,498,197	\$ 538,750	\$ (2,549,576)	\$ 16,824	\$ (34,295)	\$ 20,096,683

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	

- A** This return/report is for:
- ☐ a multiemployer plan; ☒ a multiple-employer plan; or
☐ 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)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ <u>333</u>
			1c Effective date of plan <u>10/01/2001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS		2b Employer Identification Number (EIN) <u>06-1633136</u>
	115 TECHNOLOGY DRIVE, SUITE 301A		2c Sponsor's telephone number <u>203-459-1777</u>
	TRUMBULL CT 06611		2d Business code (see instructions) <u>561300</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		<u>3/3/15</u>	Robert Lynn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>3/3/15</u>	Robert Lynn
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS 115 TECHNOLOGY DRIVE, SUITE 301A TRUMBULL CT 06611	3b Administrator's EIN 06-1633136 3c Administrator's telephone number 203-459-1777
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 622
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g 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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a 267 6b 0 6c 332 6d 599 6e 0 6f 599 6g 486 6h 5
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 2J 2K 3H 3B 3F 2R 2S 2T 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) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN

Employer Identification Number: ► 06-1633136

For plan year (beginning/ending): ► 01/01/2013-12/31/2013

Plan number: ► 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AFS Europacific Growth Fund R4	MUTUAL FUND		929560
	AFS Fundamental Investors R4	MUTUAL FUND		204604
	Af Target Ret 2010 R4	MUTUAL FUND		126227
	Af Target Ret 2015 R4	MUTUAL FUND		316852
	Af Target Ret 2020 R4	MUTUAL FUND		471632
	Af Target Ret 2025 R4	MUTUAL FUND		699707
	Af Target Ret 2030 R4	MUTUAL FUND		430143
	Af Target Ret 2035 R4	MUTUAL FUND		295076
	Af Target Ret 2040 R4	MUTUAL FUND		157311
	Af Target Ret 2045 R4	MUTUAL FUND		176775
	Af Target Ret 2050 R4	MUTUAL FUND		265956
	Columbia Mid Cap Index A	MUTUAL FUND		774822
	Columbia Sm Cap Index A	MUTUAL FUND		686881
	Federated Capital Pres Isp	MUTUAL FUND		5958469
	Franklin High Income A	MUTUAL FUND		262209
	Franklin Mutl Global Discovery	MUTUAL FUND		2532
	Franklin Small Cap Growth A	MUTUAL FUND		447775
	Franklin Small Cap Value A	MUTUAL FUND		129977
	Franklin Us Govt Securities A	MUTUAL FUND		1444
	Invesco Equity & Income A	MUTUAL FUND		1212055
	Invesco S&P 500 Index A	MUTUAL FUND		458273
	JPMorgan Core Bond A	MUTUAL FUND		1850302
	MFS Growth R3	MUTUAL FUND		1249760
	Oppenheimer Developing Mkts A	MUTUAL FUND		255197
	Oppenheimer Equity Income A	MUTUAL FUND		940012
	Prud Jennison Mid Cap Grth A	MUTUAL FUND		468053
	Self Directed Brokerage	MUTUAL FUND		748727
	Francklin Templeton Global Bond A	MUTUAL FUND		10222
*	Participant loans	LOAN INT RATE 3.25% - 7.25%	0	459549