

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 10/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS
2b Employer Identification Number (EIN): 06-1633136
2c Plan Sponsor's telephone number: 203-459-1777
2d Business code (see instructions): 561300

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS  2389 MAIN STREET GLASTONBURY, CT 06033	<b>3b</b> Administrator's EIN 06-1633136  <b>3c</b> Administrator's telephone number 203-459-1777
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	594
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	421
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	398
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	195
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	593
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	593
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	384
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	418
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	3

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**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 2V

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached 0

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**ALERUS RETIREMENT SOLUTIONS**

**45-6062081**

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

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

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

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

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	151702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANAVATY, DAVENPORT, STUDLEY & WHITELL P

123 SOUTH MAIN STREET  
NEWTOWN, CT 06470

(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?
10	ACCOUNTANT	11500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
99	THIRD PARTY ADMIN	8100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1633136</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	28988	26235
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	133978	240030
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	71215	183227
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	664873
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	297513	213749
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	40853634	41727740
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	41385328	43055854
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	156759	682716
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	156759	682716
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	41228569	42373138

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1101427	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2505407	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	10445	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3617279
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	17616	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		17616
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2545518	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2545518
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3240758
<b>c</b> Other income .....	<b>2c</b>		69081
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		9490252

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	8946718	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8946718
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	4890	
(4) IQPA audit fees .....	<b>2i(4)</b>	11500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	8100	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1540	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		26030
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8972748

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		517504
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		664873
(2) From this plan .....	<b>2l(2)</b>		37808

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **NAVATY,DAVENPORT,STUDLEY&WHITELLP**

(2) EIN: **06-1402749**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12957
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>n</b> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SPECS HOLDING 401K RETIREMENT PLAN	20-2051803	001
PBFS PLAN FOR ALARM SPECIALISTS, INC.	13-3049123	001

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

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

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
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**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): 45-6062081

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>333</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS</b></p>	<p><b>D</b> Administrator's EIN <b>06-1633136</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

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

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>ALARM SPECIALIST, INC.</b>	<b>2b</b> EIN <b>13-3049123</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>2.45</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>
<b>2a</b> Name of Participating Employer <b>ACARI BIOSCIENCES INC.</b>	<b>2b</b> EIN <b>88-0493083</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.07</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>63523</b>

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

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

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

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

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BECKETT & ASSOCIATES VETERINARY SERVICES, LLC	06-1131373	4.13	2080437
BLUEPOINT MARITIME, LLC	47-3962984	1.48	527737
COGNITIVE CONSULTING LLC	47-1303835	8.15	1703811
COMPUTER INNOVATIONS, INC.	06-1053200	0.46	265119
CONNECTICUT COASTAL	84-3933526	0.53	47248
DUBIN, CLARK & COMPANY INC	13-3253697	11.77	3861539
DYNAMIC EDGE PHYSIOTHERAPY LLC	81-2649684	0.06	258769
ENGINEERED BIOPHARMACEUTICAL, INC	27-0611933	0.26	100162
GRENIAN CAPITAL LLC	46-3360716	2.66	405463

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

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRILL & PARTNERS, LLC	06-1180833	2.45	1526545
SIXT RENT-A-CAR	04-3137556	2.21	2206412
HARRINGTON & SMITH, ATTORNEYS AT LAW, LLC	27-1535766	5.29	732789
HARTT REALTY ADVISORS LLC	27-3990023	1.05	208507
STEPHEN L. HERZBERG, DDS. PC	20-1634814	0.37	378039
HOME BUILDERS ASSOCIATION OF HARTFORD COUNTY INC	06-0661571	1.58	574164
HUDSON SOFTWARE CORP.	13-3714617	0.44	673575
KENCAST, INC.	20-5602242	4.23	1864920
ROBERT H. LORD CO., INC.	06-0858289	8.54	4550520

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

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS	06-1633136	3.24	1320878
LUMINAS, LLC	82-3296396	13.46	1673800
METROGUARD	86-1486618	1.02	2387
MUSKUS & WILEMSKI, LLC	26-1569271	1.20	463641
NEW CITY BUILDER	46-3891297	2.94	100225
NEWTOWN CAR CARE CENTER	06-1308308	1.27	646070
NORSTAR CHARTERING (USA) LLC	81-1524959	1.05	1242736
NXT	81-3528834	1.00	17413
PETSAFE OF CT, LLC	06-1515686	0.85	609858

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

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMOLIN, CALBO, DAVIDSON & ASSOC. LLC	45-5683178	2.87	1382146
SOKANA	85-2626983	3.41	140343
SPEC HOLDING	20-2051803	3.24	766070
STEUTE MEDITECH, INC.	13-4111923	3.43	1413448
TEED & CO., INC.	06-1584381	1.00	54814
WESTCHESTER EUROPEAN KITCHENS LLC	82-3676289	0.12	203606
WHITE PLAINS LASER IMPLANTS AND FAMILY DENTISTRY PC	47-1321729	0.24	29202
WILEMSKI & COMPANY LLC	82-2111093	0.03	667936
YONKERS COMMUNITY ACTION PRO, INC.	13-2579051	1.00	185143

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

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E.C.R., CORP.	06-1492499	0.55	432459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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

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

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

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

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Total Team Solutions 401(k) Retirement Plan

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

Years Ended December 31, 2024 and 2023

Total Team Solutions 401(k) Retirement Plan  
E.I.N. 06-1633136 / Plan Number 333

**Table of Contents**

December 31, 2024 and 2023

	<u>Page</u>
Independent Auditor's Report .....	1
Financial Statements:	
Statements of Net Assets Available for Benefits .....	5
Statements of Changes in Net Assets Available for Benefits .....	6
Notes to the Financial Statements .....	7
Supplemental Schedules:	
Schedule of Assets Held for Investment Purposes at the End of Year .....	15
Schedule of Reportable Transactions .....	16
Statement of Net Assets Available for Benefits by Company .....	18
Statement of Changes in Net Assets Available for Benefits by Company .....	20
Schedule of Delinquent Contributions .....	22

## Independent Auditor's Report

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

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

We have performed audits of the accompanying financial statements of Total Team Solutions 401(k) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of Total Team Solution 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Total Team Solutions 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Total Team Solutions 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Total Team Solutions 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, that raise substantial doubt about Total Team Solutions 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules listed in the foregoing table of contents for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Nanavaty, Davenport, Studley & White, LLP*

October 8, 2025

Total Team Solutions 401(k) Retirement Plan  
**Statements of Net Assets Available for Benefits**  
As of December 31,

	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Investments at fair value (Note 3)	\$ 41,727,740	\$ 40,853,634
Receivables:		
Employer contributions	240,030	133,978
Employee contributions	183,227	71,215
Notes receivable from participants	213,749	297,513
Total receivables	637,006	502,706
Cash and cash equivalents	691,108	28,988
Total assets	43,055,854	41,385,328
<b>Liabilities:</b>		
Accrued expenses	1,400	-
Due to broker	681,316	156,759
Total liabilities	682,716	156,759
<b>Net Assets Available for Benefits</b>	<b>\$ 42,373,138</b>	<b>\$ 41,228,569</b>

*See independent auditor's report and accompanying notes to the financial statements.*

Total Team Solutions 401(k) Retirement Plan  
**Statements of Changes in Net Assets Available for Benefits**  
Years Ended December 31,

	2024	2023
<b>Additions</b>		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 3,240,758	\$ 4,839,359
Dividends and interest	2,563,134	1,335,386
	5,803,892	6,174,745
Total investment income		
Contributions:		
Participant	2,505,407	1,905,979
Employer	1,101,427	822,686
Transfers in from rollovers	10,445	1,458
	3,617,279	2,730,123
Total contributions and rollovers		
Other:		
Transfers in from other plans	664,873	-
Other plan income	69,081	29,871
	733,954	29,871
Total additions	10,155,125	8,934,739
<b>Deductions</b>		
Deductions from net assets attributed to:		
Transfers and distributions to participants	8,946,718	2,605,077
Transfers to other plans	37,808	315,293
Administrative expenses	26,030	23,346
	9,010,556	2,943,716
Total deductions		
Net increase	1,144,569	5,991,023
<b>Net Assets Available for Benefits:</b>		
Beginning of year	41,228,569	35,237,546
End of year	\$ 42,373,138	\$ 41,228,569

*See independent auditor's report and accompanying notes to the financial statements.*

Total Team Solutions 401(k) Plan

**Notes to the Financial Statements**

December 31, 2024 and 2023

**NOTE 1 - DESCRIPTION OF THE PLAN**

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. Each of the Company’s clients is able to modify its sub-plan specifications before it adopts its plan. The Plan is a defined contribution plan established effective October 1, 2001, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan Administrator.

*Eligibility*

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’s hire date but no greater than one year of service and its age requirement is twenty-one years or older. The plan entry dates are January 1, April 1, July 1, and October 1.

*Contributions*

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.

*Participant Accounts*

Each participant’s account is credited with the participant’s contribution and employer contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. 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.

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 1 - PLAN DESCRIPTION (continued)**

*Participant 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 any time. The investment options are summarized as follows:

*Conservative Investment Account* – Stable Value Fund.

*Moderate Investment Accounts* – United States Government Securities, United States and International Corporate Bond Accounts, Bond Emphasis Balanced Account and Stock Emphasis Balanced Account.

*Dynamic Investment Accounts* – Large Cap, Mid Cap and Small Cap Index Accounts; Large Cap, Mid Cap and Small Cap Growth Accounts; Large Cap, Mid Cap and Small Cap Value Accounts; and International Stock Accounts.

*Target Date Retirement Accounts* – Funds that provide a diversified exposure to stocks, bonds and cash for those investors who have a specific retirement date in mind. The allocation among asset classes is adjusted to more conservative mixes as the target retirement date approaches.

*Vesting*

A participant's 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 choose from the following vesting options:

- (a) Full and immediate vesting.
- (b) 0% vested for less than 3 years 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.

*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.

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 1 - 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.

*Plan Termination*

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

*Forfeited Accounts*

These accounts are used to reduce future employer contributions. During the years ended December 31, 2024 and 2023, forfeitures of \$3,268 and \$3,831 were used to reduce employer contributions.

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

*Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting and are in conformity with accounting principles generally accepted in the United States of America ("GAAP").

*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.

Total Team Solutions 401(k) Retirement Plan

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 2 - SIGNIFICANT OF ACCOUNTING POLICIES (continued)**

*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 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an 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 those 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. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are classified as distributions based upon the terms of the plan document. The interest rate on outstanding participant loans range from 3.5% to 8.5%.

*Contributions*

Contributions from Plan participants and any contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

*Payment of Benefits*

Benefits are recorded when paid.

*Administrative Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

*Subsequent Events*

The Plan has evaluated transactions and events that occurred through October 8, 2025, the date that these financial statements were available to be issued, for recognition and/or disclosure in these financial statements.

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 3 - 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 Inputs to the valuation methodology include:

- 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.

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.

The following is a description of the valuation methodologies used for the assets measured at fair value.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded.

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.

Total Team Solutions 401(k) Retirement Plan

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 3 - FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. These investment assets have been certified as complete and accurate by the plan custodian. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 41,313,978	\$ 413,762	\$ -	\$ 41,727,740
Total assets at fair value	<u>\$ 41,313,978</u>	<u>\$ 413,762</u>	<u>\$ -</u>	<u>\$ 41,727,740</u>

	<u>2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 38,412,168	\$ 2,441,466	\$ -	\$ 40,853,634
Total assets at fair value	<u>\$ 38,412,168</u>	<u>\$ 2,441,466</u>	<u>\$ -</u>	<u>\$ 40,853,634</u>

For years ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2, and there were no Level 3 investments.

**NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan Administrator has elected the method of compliance in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Alerus Financial, N.A., the trustee of the plan, has certified to the Plan Administrator the following information as complete and accurate, which has been relied upon by the Plan Administrator in the preparation of the plan's financial statements:

- The fair value, and physical custody of the mutual fund investments of \$41,727,740 and \$40,853,634, in total and by investment option, at December 31, 2024 and 2023, respectively. Cash equivalents of \$664,873 and \$-0- at December 31, 2024 and 2023, respectively; Cash – noninterest bearing of \$26,235 and \$28,988, at December 31, 2024 and 2023, respectively. Notes receivable from participants of \$213,749 and \$297,513, at December 31, 2024 and 2023, respectively.

Total Team Solutions 401(k) Retirement Plan

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE (continued)**

- Dividends and interest of \$2,563,134 and \$1,335,386 and the net appreciation in the fair value of investments of \$3,240,758 and \$4,839,359 in total and by investment option for the years ended December 31, 2024 and 2023, respectively.
- The information provided on the Supplemental Schedule Form 5500 Schedule H, Line 4i – Schedule of Assets Held for Investment Purposes at the End of the Year.

**NOTE 5 - RELATED-PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS**

Certain plan investments are shares of mutual funds managed by Alerus Financial, N.A. Alerus Financial, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the asset management and recordkeeping services amounted to \$4,890 and \$4,346 for the years ended December 31, 2024 and 2023, respectively. The Plan has also incurred fees from a third-party administrator in the amount of \$8,100 and \$8,000 for the years ended December 31, 2024 and 2023, respectively. The Plan also paid \$11,500 and \$11,000 for auditing fees in the years 2024 and 2023. These transactions also qualify as parties-in-interest transactions.

**NOTE 6 - 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 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 2021.

**NOTE 7 - ADMINISTRATIVE EXPENSES**

Administrative fees incurred by the Plan for year ended December 31, 2024 and 2023 totaled \$26,030 and \$23,346, respectively. The Plan Administrator pays all other administrative expenses, such as facilities and personnel expenses not paid directly by the plan.

Total Team Solutions 401(k) Retirement Plan

**Notes to the Financial Statements (continued)**

December 31, 2024 and 2023

**NOTE 8 - 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 investments, it is at least reasonably possible that changes in the value of these investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

**NOTE 9 - NONEXEMPT PROHIBITED TRANSACTIONS**

During the plan year there were \$12,957.35 of participant and employer contributions remitted to the plan outside of the normal cycle of transfers. These late remittances were identified as nonexempt prohibited transactions and are being corrected by the Plan outside of the VFCP.

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H, FORM 5500**

The following is a reconciliation of the net increase in the statement of changes in net assets available for benefits per the financial statements at December 31, 2024 to Schedule H, of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 1,144,569
Transfers from other plans per the financial statements	(664,873)
Transfers to other plans per the financial statements	<u>37,808</u>
Net increase in net assets available for benefits per the Form 5500	<u><u>\$ 517,504</u></u>

## *Supplemental Schedules*

Total Team Solutions 401(k) Retirement Plan

EIN: 06-1633136

Plan No. 333

**Schedule of Assets Held for Investment Purposes at the End of Year**  
December 31, 2024

(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.	American Funds Target Retirement 2055	n/a	\$ 188,096
*	Alerus Financial, N.A.	American Funds Target Retirement 2050	n/a	1,667,189
*	Alerus Financial, N.A.	American Funds Target Retirement 2045	n/a	654,714
*	Alerus Financial, N.A.	American Funds Target Retirement 2040	n/a	1,266,497
*	Alerus Financial, N.A.	American Funds Target Retirement 2035	n/a	811,880
*	Alerus Financial, N.A.	American Funds Target Retirement 2030	n/a	1,775,110
*	Alerus Financial, N.A.	American Funds Target Retirement 2025	n/a	556,864
*	Alerus Financial, N.A.	American Funds Target Retirement 2020	n/a	342,042
*	Alerus Financial, N.A.	American Funds Target Retirement 2015	n/a	24,627
*	Alerus Financial, N.A.	American Funds Target Retirement 2060	n/a	312
*	Alerus Financial, N.A.	American Funds Target Retirement 2065	n/a	910
*	Alerus Financial, N.A.	Blackrock Balanced Capital Fund	n/a	2,094,669
*	Alerus Financial, N.A.	American Funds US Government R-4	n/a	248,815
*	Alerus Financial, N.A.	PGIM Global Total Return Fund Class A	n/a	139,149
*	Alerus Financial, N.A.	PGIM Investments Total Return Bond A	n/a	4,306,610
*	Alerus Financial, N.A.	PGIM High Yield Class A	n/a	1,342,034
*	Alerus Financial, N.A.	Invesco Small Cap Value Fund Class A	n/a	1,809,319
*	Alerus Financial, N.A.	Blackrock S&P 500 Index Fund Class A	n/a	2,350,668
*	Alerus Financial, N.A.	JP Morgan US Equity A	n/a	2,368,476
*	Alerus Financial, N.A.	JP Morgan Large Cap Growth A	n/a	1,747,651
*	Alerus Financial, N.A.	JP Morgan Mid Cap Growth Fund Class A	n/a	1,412,161
*	Alerus Financial, N.A.	MFS Growth R3	n/a	6,032,332
*	Alerus Financial, N.A.	T Rowe Price Integrated US Small-Cap Growth Equity Fund Advis	n/a	1,846,604
*	Alerus Financial, N.A.	Victory Sycamore Established Value Fund Class A	n/a	2,095,127
*	Alerus Financial, N.A.	AFS Washington Fund Class R4, Fund #2401	n/a	2,083,107
*	Alerus Financial, N.A.	J Hancock International Growth A	n/a	2,910,358
*	Alerus Financial, N.A.	MFS Global Growth A	n/a	163,927
*	Alerus Financial, N.A.	American Funds New World R4	n/a	1,074,730
*	Alerus Financial, N.A.	Federated Hermes Capital Preservation	n/a	413,762
		Total investments		41,727,740
*	Participant Loans	Participant loans (interest rates 3.25% to 8.5%)	-0-	213,749
		Total plan investments		\$ 41,941,489

\* denotes a party-in-interest

*See independent auditor's report.*

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

**Schedule of Reportable Transactions**

December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Cost of asset	(f) Current Value of asset on transaction date	(h) Net gain (loss)
Alerus Financial, N.A.	Purchases of Metropolitan West Total Return Bond M	\$ 6,119,083	-	\$ 6,119,083	\$ 6,119,083	\$ -
Alerus Financial, N.A.	Sales of Metropolitan West Total Return Bond M	\$ -	\$ 6,119,083	\$ 6,578,769	\$ 6,119,083	\$ (459,686)
Alerus Financial, N.A.	Purchases of PGIM Investments Total Return Bond A	\$ 4,976,050	\$ -	\$ 4,976,050	\$ 4,976,050	\$ -
Alerus Financial, N.A.	Sales of PGIM Investments Total Return Bond A	\$ -	\$ 4,976,050	\$ 4,980,402	\$ 4,976,050	\$ (4,352)
Alerus Financial, N.A.	Purchases of Edgewood Growth Retail	\$ 2,309,309	\$ -	\$ 2,309,309	\$ 2,309,309	\$ -
Alerus Financial, N.A.	Sales of Edgewood Growth Retail	\$ -	\$ 2,309,309	\$ 1,765,700	\$ 2,309,309	\$ 543,609
Alerus Financial, N.A.	Purchases of Columbia Small Cap index	\$ 2,254,081	\$ -	\$ 2,254,081	\$ 2,254,081	\$ -
Alerus Financial, N.A.	Sales of Columbia Small Cap index	\$ -	\$ 2,254,081	\$ 2,143,530	\$ 2,254,081	\$ 110,551
Alerus Financial, N.A.	Purchases of JP Morgan Large Cap Growth A	\$ 2,125,461	\$ -	\$ 2,125,461	\$ 2,125,461	\$ -
Alerus Financial, N.A.	Sales of JP Morgan Large Cap Growth A	\$ -	\$ 2,125,461	\$ 2,100,226	\$ 2,125,461	\$ 25,235

*See independent auditor's report.*

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

**Schedule of Reportable Transactions**

December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Cost of asset	(f) Current Value of asset on transaction date	(h) Net gain (loss)
Alerus Financial, N.A.	Purchases of MFS Growth R3	\$ 6,194,434	\$ -	\$ 6,194,434	\$ 6,194,434	\$ -
Alerus Financial, N.A.	Sales of MFS Growth R3	\$ -	\$ 6,194,434	\$ 5,432,843	\$ 6,194,434	\$ 761,591
Alerus Financial, N.A.	Purchases of T Rowe Price Integrated US Small Gr Eq Adv	\$ 2,273,537	-	\$ 2,273,537	\$ 2,273,537	\$ -
Alerus Financial, N.A.	Sales of T Rowe Price Integrated US Small Gr Eq Adv	\$ -	\$ 2,273,537	\$ 2,266,475	\$ 2,273,537	\$ 7,062
Alerus Financial, N.A.	Purchases of American Funds New World Fund CL A	\$ 2,245,794	\$ -	\$ 2,245,794	\$ 2,245,794	\$ -
Alerus Financial, N.A.	Sales of American Funds New World Fund CL A	\$ -	\$ 2,245,794	\$ 2,217,294	\$ 2,245,794	\$ 28,500
Alerus Financial, N.A.	Purchases of Federated Hermes Capital Preservation	\$ 3,167,075	\$ -	\$ 3,167,075	\$ 3,167,075	\$ -
Alerus Financial, N.A.	Sales of Federated Hermes Capital Preservation	\$ -	\$ 3,167,075	\$ 3,167,108	\$ 3,167,075	\$ (33)

*See independent auditor's report.*

Total Team Solutions 401(k) Retirement Plan  
Statement of Net Assets Available for Benefits by Company  
December 31, 2024

Client Company	Assets						Liabilities		
	Cash	Contributions Receivable	Notes Receivable from Participants	Total	Investments at Fair Market Value	Total	Total Assets	Accrued Expenses and Due To Broker	Net Assets
Alarm Specialist, Inc.	\$ -	\$ -	\$ -	\$ -	\$ 23,800	\$ 23,800	\$ 23,800	\$ -	\$ 23,800
Aracari Biosciences, Inc.	-	-	-	-	64,410	64,410	64,410	-	64,410
Alarm-Tech Security	-	-	-	-	10,644	10,644	10,644	-	10,644
Atlantic Copper	-	-	-	-	779,260	779,260	779,260	-	779,260
Beckett & Associates	-	-	37,539	37,539	2,042,902	2,042,902	2,080,441	-	2,080,441
Benefit Planning Services, LLC	-	-	-	-	72	72	72	-	72
Big Apple Lights Corp.	-	-	-	-	16,265	16,265	16,265	-	16,265
Bluepoint Maritime, LLC	-	-	-	-	527,737	527,737	527,737	-	527,737
Cambridge Consumer Products	-	-	-	-	20,924	20,924	20,924	-	20,924
Computer Innovations, Inc.	-	-	23,600	23,600	960,310	960,310	983,910	-	983,910
Chase Communications/Cinn Worldwide Corp.	-	-	-	-	265,339	265,339	265,339	-	265,339
Cognitive Consulting	-	-	-	-	1,703,912	1,703,912	1,703,912	-	1,703,912
Connecticut Challenge	-	-	-	-	47,248	47,248	47,248	-	47,248
Cross-Western, LLC	-	-	-	-	283,965	283,965	283,965	-	283,965
Deutsch Acquisition Co. II	-	-	-	-	182,683	182,683	182,683	-	182,683
Dubin Clark & Company, Inc.	-	-	8,896	8,896	3,853,111	3,853,111	3,862,007	-	3,862,007
Luminas - Dubin Clark	-	-	-	-	323	323	323	-	323
Dynamic Edge Physiotherapy, LLC	-	-	-	-	258,780	258,780	258,780	-	258,780
Team Tankers Management, LLC	-	-	-	-	3,472,127	3,472,127	3,472,127	-	3,472,127
Engineered BioPharmaceuticals, Inc.	-	-	-	-	100,163	100,163	100,163	-	100,163
FBJ Learning Center, Inc.	-	-	-	-	27,257	27,257	27,257	-	27,257
Fearless Entertainment	-	-	-	-	12,174	12,174	12,174	-	12,174
Gerolymatos	-	-	-	-	-	-	-	-	-
The Good Search	-	-	-	-	20,675	20,675	20,675	-	20,675
Grenian	-	-	-	-	406,350	406,350	406,350	-	406,350
Goodworks Entertainment Group	-	-	789	789	119,521	119,521	120,310	-	120,310
Grill & Partners	-	-	-	-	1,526,545	1,526,545	1,526,545	-	1,526,545
Harrington & Smith PC	-	-	6,796	6,796	726,137	726,137	732,933	-	732,933
Hartt Realty Advisors, LLC	-	-	31,028	31,028	177,480	177,480	208,508	-	208,508
Stephen Herzberg, D.D.S.	-	-	15,526	15,526	362,514	362,514	378,040	-	378,040
Highpoint Advisors	-	-	-	-	32,055	32,055	32,055	-	32,055
Home Builders Association	-	-	-	-	574,319	574,319	574,319	-	574,319
Hudson Software Corp.	-	-	-	-	673,655	673,655	673,655	-	673,655
Huff Smith Enterprises, LLC	-	-	-	-	8,229	8,229	8,229	-	8,229
Iron Clad Metal Works	-	-	-	-	49,751	49,751	49,751	-	49,751
Jay Harland Corp.	-	-	44,305	44,305	2,163,060	2,163,060	2,207,365	-	2,207,365
Kencastr, Inc.	-	-	-	-	1,865,537	1,865,537	1,865,537	-	1,865,537

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan  
Statement of Net Assets Available for Benefits by Company  
December 31, 2024

Client Company	Assets						Liabilities		
	Cash	Contributions Receivable	Notes Receivable from Participants		Investments at Fair Market Value		Total Assets	Accrued Expenses and Due To Broker	Net Assets
			Total	Total	Total	Total			
Kenyon Investments, LLC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Team Tankers Maritime, LLC	-	-	-	-	1,071,609	1,071,609	1,071,609	-	1,071,609
Luminas	-	-	1,215	1,215	1,672,536	1,672,536	1,673,751	-	1,673,751
Lynn Group Inc., dba Total Team Solutions	-	-	-	-	1,321,796	1,321,796	1,321,796	-	1,321,796
Morris Media	-	-	-	-	70,009	70,009	70,009	-	70,009
Muskus & Partners, LLC	-	-	-	-	463,642	463,642	463,642	-	463,642
Metroguard Security & Risk Management	-	-	-	-	2,388	2,388	2,388	-	2,388
New City Builders - NCB	-	-	-	-	100,225	100,225	100,225	-	100,225
Newtown Car Care Company	-	-	-	-	646,071	646,071	646,071	-	646,071
New England Country Day School	-	-	-	-	31,057	31,057	31,057	-	31,057
Norstar Chartering USA LLC	-	-	-	-	1,242,737	1,242,737	1,242,737	-	1,242,737
NXT Events Media Group, LLC	-	-	-	-	17,412	17,412	17,412	-	17,412
Peregrine Shipping - PERE	-	-	-	-	86,858	86,858	86,858	-	86,858
Performance Connectivity, Inc.	-	-	-	-	46,369	46,369	46,369	-	46,369
Petsafe of Connecticut, LLC	-	-	1,810	1,810	608,098	608,098	609,908	-	609,908
Robert H. Lord Company, Inc.	-	-	34,603	34,603	4,466,445	4,466,445	4,501,048	-	4,501,048
S.T.A.R.D., Inc. dba Big's Bedrooms	-	-	-	-	1	1	1	-	1
Silver Brook Systems	-	-	-	-	1,310,975	1,310,975	1,310,975	-	1,310,975
Smith Huff Enterprises	-	-	-	-	34,150	34,150	34,150	-	34,150
Smolin, Calbo, Davidson & Associates	-	-	-	-	1,380,836	1,380,836	1,380,836	-	1,380,836
Sokana Shipping - SOKA	-	-	4,224	4,224	136,320	136,320	140,544	-	140,544
Specs Holdings - SPECC	-	-	-	-	766,069	766,069	766,069	-	766,069
Spin Out - SPIN	-	-	-	-	-	-	-	-	-
South Shore Sleep Shop, Inc.	-	-	-	-	64,329	64,329	64,329	-	64,329
Steute Meditech, Inc.	-	-	1,416	1,416	1,412,034	1,412,034	1,413,450	-	1,413,450
Sun Yorkos Enterprises	-	-	-	-	16,592	16,592	16,592	-	16,592
Teed Company, Inc.	-	-	-	-	54,813	54,813	54,813	-	54,813
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	-	-	-	-	99,075	99,075	99,075	-	99,075
Toria Truck Rental & Leasing	-	-	-	-	68,084	68,084	68,084	-	68,084
Total Tennis and Fitness	-	-	-	-	38,342	38,342	38,342	-	38,342
ECR Corp.	-	-	-	-	432,460	432,460	432,460	-	432,460
Westchester European Kitchens	-	-	-	-	203,607	203,607	203,607	-	203,607
Wilemski & Company, LLC	-	-	-	-	670,120	670,120	670,120	-	670,120
White Plains Dentist	-	-	-	-	29,203	29,203	29,203	-	29,203
Yonkers Community Action Program	-	-	-	-	185,144	185,144	185,144	-	185,144
Yonkers Private Industry Council	-	-	-	-	22,340	22,340	22,340	-	22,340
Plan cash and unallocated	691,108	423,257	2,002	1,116,367	(403,240)	(403,240)	713,127	(682,716)	30,411
	<u>\$ 691,108</u>	<u>\$ 423,257</u>	<u>\$ 2,002</u>	<u>\$ 1,328,114</u>	<u>\$ 41,727,740</u>	<u>\$ 41,727,740</u>	<u>\$ 43,055,854</u>	<u>\$ (682,716)</u>	<u>\$ 42,373,138</u>

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan  
**Statement of Changes in Net Assets Available for Benefits by Company**  
Year Ended December 31, 2024

Client Company	Opening Balance	Contributions	Investment Income	Other Income	Withdrawals	Transfers	Expenses	Ending Balance
Alarm Specialist, Inc.	\$ 1,130,246	\$ 80,332	\$ 3,670	\$ -	\$ (1,190,047)	\$ -	\$ (401)	\$ 23,800
Aracari Biosciences, Inc.	54,630	2,414	7,366	-	-	-	-	64,410
Alarm-Tech Security	9,716	-	928	-	-	-	-	10,644
Atlantic Copper	677,933	-	130,931	-	(29,604)	-	-	779,260
Beckett & Associates	1,781,497	135,325	216,548	-	(52,421)	-	(508)	2,080,441
Benefit Planning Services, LLC	-	-	(1,061)	-	-	1,333	(200)	72
Big Apple Lights Corp.	14,163	2,100	2	-	-	-	-	16,265
Bluepoint Maritime, LLC	403,977	48,531	76,308	-	(1,079)	-	-	527,737
Cambridge Consumer Products	19,182	718	1,024	-	-	-	-	20,924
Computer Innovations, Inc.	1,055,506	15,079	168,149	-	(254,624)	-	(200)	983,910
Chase Communications/Cinn Worldwide Corp.	237,260	10,471	17,608	-	-	-	-	265,339
Cognitive Consulting	1,237,430	266,929	206,292	-	(6,689)	-	(50)	1,703,912
Connecticut Challenge	-	41,915	5,333	-	-	-	-	47,248
Cross-Western, LLC	267,730	16,146	89	-	-	-	-	283,965
Deutsch Acquisition Co. II	156,890	-	25,793	-	-	-	-	182,683
Dubin Clark & Company, Inc.	2,928,874	385,604	553,524	-	(5,944)	-	(51)	3,862,007
Luminas - Dubin Clark - Lumi - 587	-	310	13	-	-	-	-	323
Dynamic Edge Physiotherapy, LLC	190,462	19,625	41,599	-	-	7,094	-	258,780
Team Tankers Management, LLC	4,659,310	-	1,007,946	-	(2,194,943)	-	(186)	3,472,127
Engineered BioPharmaceuticals, Inc.	73,744	8,656	17,763	-	-	-	-	100,163
FBJ Learning Center, Inc.	22,359	-	4,898	-	-	-	-	27,257
Fearless Entertainment	10,129	-	2,045	-	-	-	-	12,174
Gerolymatos	91,670	-	6,705	-	(98,325)	-	(50)	-
The Good Search	17,290	1,500	1,948	-	-	-	(63)	20,675
Grenan	290,420	87,000	28,930	-	-	-	-	406,350
Goodworks Entertainment Group	106,979	-	13,968	-	(537)	-	(100)	120,310
Grill & Partners	1,300,396	80,212	145,937	-	-	-	-	1,526,545
Harrington & Smith PC	2,801,325	173,336	268,808	-	(2,509,601)	-	(935)	732,933
Hartt Realty Advisors, LLC	186,407	34,305	21,268	-	(33,247)	-	(225)	208,508
Stephen Herzberg, D.D.S.	305,012	12,151	62,208	-	(1,130)	-	(201)	378,040
Highpoint Advisors	29,387	-	2,668	-	-	-	-	32,055
Home Builders Association	453,381	51,909	72,873	-	(3,794)	-	(50)	574,319
Hudson Software Corp.	589,063	14,467	92,075	-	(21,850)	-	(100)	673,655
Huff Smith Enterprises, LLC	6,847	-	1,382	-	-	-	-	8,229
Iron Clad Metal Works	49,751	-	-	-	-	-	-	49,751
Jay Harland Corp.	1,883,979	72,326	292,412	-	(41,201)	-	(151)	2,207,365
Kencast, Inc.	1,487,283	138,688	239,568	-	(2)	-	-	1,865,537

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan  
**Statement of Changes in Net Assets Available for Benefits by Company**  
Year Ended December 31, 2024

Client Company	Opening Balance	Contributions	Investment Income	Other Income	Withdrawals	Transfers	Expenses	Ending Balance
Kenyon Investments, LLC	\$ 80,326	\$ -	\$ 2,235	\$ -	\$ (82,511)	\$ -	\$ (50)	\$ -
Team Tankers Maritime, LLC	1,039,179	-	157,471	-	(124,941)	-	(100)	1,071,609
Luminas	1,197,000	440,593	192,978	-	(156,482)	-	(338)	1,673,751
Lynn Group Inc., dba Total Team Solutions	1,113,193	106,315	174,256	-	(71,918)	-	(50)	1,321,796
Morris Media	57,716	9,498	2,795	-	-	-	-	70,009
Muskus & Partners, LLC	383,475	32,701	47,466	-	-	-	-	463,642
Metrogard Security & Risk Management	994	1,190	204	-	-	-	-	2,388
New City Builders - NCB	-	96,372	3,853	-	-	-	-	100,225
Newtown Car Care Company	543,133	41,550	65,088	-	(3,649)	-	(51)	646,071
New England Country Day School	27,057	-	4,000	-	-	-	-	31,057
Norstar Chartering USA LLC	1,018,220	65,367	162,347	-	(3,197)	-	-	1,242,737
NXT Events Media Group, LLC	-	16,531	881	-	-	-	-	17,412
Peregrine Shipping - PERE	-	62,227	6,066	-	-	18,565	-	86,858
Performance Connectivity, Inc.	40,247	-	6,122	-	-	-	-	46,369
Petsafe of Connecticut, LLC	499,985	27,881	82,129	-	(87)	-	-	609,908
Robert H. Lord Company, Inc.	5,004,950	279,909	657,242	-	(1,440,703)	-	(350)	4,501,048
S.T.A.R.D., Inc. dba Big's Bedrooms	95,872	11,129	323	-	(107,273)	-	(50)	1
Silver Brook Systems	994,470	152,945	163,560	-	-	-	-	1,310,975
Smith-Huff Enterprises	31,172	2,970	8	-	-	-	-	34,150
Smolin, Calbo, Davidson & Associates	1,121,855	94,035	176,863	-	(11,867)	-	(50)	1,380,836
Sokana Shipping - SOKA	-	80,685	10,618	-	(4,124)	53,478	(113)	140,544
Specs Holdings - SPEC	-	106,061	4,927	-	(1,900)	657,081	(100)	766,069
Spin Out - SPIN	-	1,200	1,413	-	(2,613)	-	-	-
South Shore Sleep Shop, Inc.	61,418	-	2,911	-	-	-	-	64,329
Steute Meditech, Inc.	1,164,147	112,412	226,454	-	(89,425)	-	(138)	1,413,450
Sun Yorkos Enterprises	14,962	-	1,630	-	-	-	-	16,592
Teed Company, Inc.	397,305	1,656	75,131	-	(419,179)	-	(100)	54,813
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	83,885	-	15,190	-	-	-	-	99,075
Tonia Truck Rental & Leasing	57,941	-	10,143	-	-	-	-	68,084
Total Tennis and Fitness	32,965	-	5,377	-	-	-	-	38,342
ECR Corp.	357,390	18,057	63,032	-	(5,969)	-	(50)	432,460
Westchester European Kitchens	131,621	39,415	32,571	-	-	-	-	203,607
Wilemski & Company, LLC	564,162	-	105,958	-	-	-	-	670,120
White Plains Dentist	17,906	7,885	3,412	-	-	-	-	29,203
Yonkers Community Action Program	165,953	738	18,453	-	-	-	-	185,144
Yonkers Private Industry Council	21,651	-	689	-	-	-	-	22,340
Plan cash and unallocated	378,191	97,463	(417,422)	69,081	24,158	(100,041)	(21,019)	30,411
	<b>\$ 41,228,569</b>	<b>\$ 3,606,834</b>	<b>\$ 5,803,892</b>	<b>\$ 69,081</b>	<b>\$ (8,946,718)</b>	<b>\$ 637,510</b>	<b>\$ (26,030)</b>	<b>\$ 42,373,138</b>

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2024

Participants Contributions Transferred Late to Plan Check here if Late Participants Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
\$12,957.35	-	\$12,957.35	-	-

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

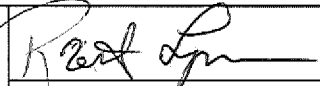
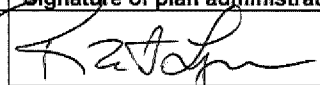
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan TOTAL TEAM SOLUTIONS 401 (K) RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	333
		<b>1c</b> Effective date of plan	10/01/2001
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS  2389 MAIN STREET  GLASTONBURY CT 06033		<b>2b</b> Employer Identification Number (EIN)	06-1633136
		<b>2c</b> Plan Sponsor's telephone number	203-459-1777
		<b>2d</b> Business code (see instructions)	561300

**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.

<b>SIGN HERE</b>		10-12-25	ROBERT LYNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10-12-25	ROBERT LYNN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS  2389 MAIN STREET  GLASTONBURY CT 06033	<b>3b</b> Administrator's EIN 06-1633136 <hr/> <b>3c</b> Administrator's telephone number 203-459-1777
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	594
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	421
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	398
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	195
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	593
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	593
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	384
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	418
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	3

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	
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**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 2V

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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Total Team Solutions 401(k) Retirement Plan

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2024

Participants Contributions Transferred Late to Plan Check here if Late Participants Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
\$12,957.35	-	\$12,957.35	-	-

Total Team Solutions 401(k) Retirement Plan  
Statement of Net Assets Available for Benefits by Company  
December 31, 2024

Client Company	Assets						Liabilities		
	Cash	Contributions Receivable	Notes Receivable from Participants	Total	Investments at Fair Market Value	Total	Total Assets	Accrued Expenses and Due To Broker	Net Assets
Alarm Specialist, Inc.	\$ -	\$ -	\$ -	\$ -	\$ 23,800	\$ 23,800	\$ 23,800	\$ -	\$ 23,800
Aracari Biosciences, Inc.	-	-	-	-	64,410	64,410	64,410	-	64,410
Alarm-Tech Security	-	-	-	-	10,644	10,644	10,644	-	10,644
Atlantic Copper	-	-	-	-	779,260	779,260	779,260	-	779,260
Beckett & Associates	-	-	37,539	37,539	2,042,902	2,042,902	2,080,441	-	2,080,441
Benefit Planning Services, LLC	-	-	-	-	72	72	72	-	72
Big Apple Lights Corp.	-	-	-	-	16,265	16,265	16,265	-	16,265
Bluepoint Maritime, LLC	-	-	-	-	527,737	527,737	527,737	-	527,737
Cambridge Consumer Products	-	-	-	-	20,924	20,924	20,924	-	20,924
Computer Innovations, Inc.	-	-	23,600	23,600	960,310	960,310	983,910	-	983,910
Chase Communications/Cinn Worldwide Corp.	-	-	-	-	265,339	265,339	265,339	-	265,339
Cognitive Consulting	-	-	-	-	1,703,912	1,703,912	1,703,912	-	1,703,912
Connecticut Challenge	-	-	-	-	47,248	47,248	47,248	-	47,248
Cross-Western, LLC	-	-	-	-	283,965	283,965	283,965	-	283,965
Deutsch Acquisition Co. II	-	-	-	-	182,683	182,683	182,683	-	182,683
Dubin Clark & Company, Inc.	-	-	8,896	8,896	3,853,111	3,853,111	3,862,007	-	3,862,007
Luminas - Dubin Clark	-	-	-	-	323	323	323	-	323
Dynamic Edge Physiotherapy, LLC	-	-	-	-	258,780	258,780	258,780	-	258,780
Team Tankers Management, LLC	-	-	-	-	3,472,127	3,472,127	3,472,127	-	3,472,127
Engineered BioPharmaceuticals, Inc.	-	-	-	-	100,163	100,163	100,163	-	100,163
FBJ Learning Center, Inc.	-	-	-	-	27,257	27,257	27,257	-	27,257
Fearless Entertainment	-	-	-	-	12,174	12,174	12,174	-	12,174
Gerolymatos	-	-	-	-	-	-	-	-	-
The Good Search	-	-	-	-	20,675	20,675	20,675	-	20,675
Grenian	-	-	-	-	406,350	406,350	406,350	-	406,350
Goodworks Entertainment Group	-	-	789	789	119,521	119,521	120,310	-	120,310
Grill & Partners	-	-	-	-	1,526,545	1,526,545	1,526,545	-	1,526,545
Harrington & Smith PC	-	-	6,796	6,796	726,137	726,137	732,933	-	732,933
Hartt Realty Advisors, LLC	-	-	31,028	31,028	177,480	177,480	208,508	-	208,508
Stephen Herzberg, D.D.S.	-	-	15,526	15,526	362,514	362,514	378,040	-	378,040
Highpoint Advisors	-	-	-	-	32,055	32,055	32,055	-	32,055
Home Builders Association	-	-	-	-	574,319	574,319	574,319	-	574,319
Hudson Software Corp.	-	-	-	-	673,655	673,655	673,655	-	673,655
Huff Smith Enterprises, LLC	-	-	-	-	8,229	8,229	8,229	-	8,229
Iron Clad Metal Works	-	-	-	-	49,751	49,751	49,751	-	49,751
Jay Harland Corp.	-	-	44,305	44,305	2,163,060	2,163,060	2,207,365	-	2,207,365
Kencastr, Inc.	-	-	-	-	1,865,537	1,865,537	1,865,537	-	1,865,537

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan  
Statement of Net Assets Available for Benefits by Company  
December 31, 2024

Client Company	Assets						Liabilities		
	Cash	Contributions Receivable	Notes Receivable from Participants		Investments at Fair Market Value		Total Assets	Accrued Expenses and Due To Broker	Net Assets
			Total	Total	Total	Total			
Kenyon Investments, LLC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Team Tankers Maritime, LLC	-	-	-	-	1,071,609	1,071,609	1,071,609	-	1,071,609
Luminas	-	-	1,215	1,215	1,672,536	1,672,536	1,673,751	-	1,673,751
Lynn Group Inc., dba Total Team Solutions	-	-	-	-	1,321,796	1,321,796	1,321,796	-	1,321,796
Morris Media	-	-	-	-	70,009	70,009	70,009	-	70,009
Muskus & Partners, LLC	-	-	-	-	463,642	463,642	463,642	-	463,642
Metroguard Security & Risk Management	-	-	-	-	2,388	2,388	2,388	-	2,388
New City Builders - NCB	-	-	-	-	100,225	100,225	100,225	-	100,225
Newtown Car Care Company	-	-	-	-	646,071	646,071	646,071	-	646,071
New England Country Day School	-	-	-	-	31,057	31,057	31,057	-	31,057
Norstar Chartering USA LLC	-	-	-	-	1,242,737	1,242,737	1,242,737	-	1,242,737
NXT Events Media Group, LLC	-	-	-	-	17,412	17,412	17,412	-	17,412
Peregrine Shipping - PERE	-	-	-	-	86,858	86,858	86,858	-	86,858
Performance Connectivity, Inc.	-	-	-	-	46,369	46,369	46,369	-	46,369
Petsafe of Connecticut, LLC	-	-	1,810	1,810	608,098	608,098	609,908	-	609,908
Robert H. Lord Company, Inc.	-	-	34,603	34,603	4,466,445	4,466,445	4,501,048	-	4,501,048
S.T.A.R.D., Inc. dba Big's Bedrooms	-	-	-	-	1	1	1	-	1
Silver Brook Systems	-	-	-	-	1,310,975	1,310,975	1,310,975	-	1,310,975
Smith Huff Enterprises	-	-	-	-	34,150	34,150	34,150	-	34,150
Smolin, Calbo, Davidson & Associates	-	-	-	-	1,380,836	1,380,836	1,380,836	-	1,380,836
Sokana Shipping - SOKA	-	-	4,224	4,224	136,320	136,320	140,544	-	140,544
Specs Holdings - SPECC	-	-	-	-	766,069	766,069	766,069	-	766,069
Spin Out - SPIN	-	-	-	-	-	-	-	-	-
South Shore Sleep Shop, Inc.	-	-	-	-	64,329	64,329	64,329	-	64,329
Steute Meditech, Inc.	-	-	1,416	1,416	1,412,034	1,412,034	1,413,450	-	1,413,450
Sun Yorkos Enterprises	-	-	-	-	16,592	16,592	16,592	-	16,592
Teed Company, Inc.	-	-	-	-	54,813	54,813	54,813	-	54,813
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	-	-	-	-	99,075	99,075	99,075	-	99,075
Toria Truck Rental & Leasing	-	-	-	-	68,084	68,084	68,084	-	68,084
Total Tennis and Fitness	-	-	-	-	38,342	38,342	38,342	-	38,342
ECR Corp.	-	-	-	-	432,460	432,460	432,460	-	432,460
Westchester European Kitchens	-	-	-	-	203,607	203,607	203,607	-	203,607
Wilemski & Company, LLC	-	-	-	-	670,120	670,120	670,120	-	670,120
White Plains Dentist	-	-	-	-	29,203	29,203	29,203	-	29,203
Yonkers Community Action Program	-	-	-	-	185,144	185,144	185,144	-	185,144
Yonkers Private Industry Council	-	-	-	-	22,340	22,340	22,340	-	22,340
Plan cash and unallocated	691,108	423,257	2,002	1,116,367	(403,240)	(403,240)	713,127	(682,716)	30,411
	<u>\$ 691,108</u>	<u>\$ 423,257</u>	<u>\$ 2,002</u>	<u>\$ 1,328,114</u>	<u>\$ 41,727,740</u>	<u>\$ 41,727,740</u>	<u>\$ 43,055,854</u>	<u>\$ (682,716)</u>	<u>\$ 42,373,138</u>

See independent auditor's report.