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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)
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

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	MIKE VIOLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS

2389 MAIN STREET
GLASTONBURY, CT 06033

3b Administrator's EIN: 06-1633136

3c Administrator's telephone number: 203-459-1777

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	593
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	398
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	6
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	418
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	6
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS

D Employer Identification Number (EIN)
06-1633136

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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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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	118227	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	THIRD PARTY ADMIN	10075	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS

D Employer Identification Number (EIN)
06-1633136

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	26235	928
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240030	0
(2) Participant contributions	1b(2)	183227	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	664873	18416
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	213749	80544
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	41727740	437202
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	43055854	537090
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	682716	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	682716	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	42373138	537090

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	329555	
(B) Participants	2a(1)(B)	756499	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1086054
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	571	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	10033	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10604
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	212496	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		212496
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2275651
c Other income	2c		37077
d Total income. Add all **income** amounts in column (b) and enter total	2d		3621882
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4760877	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4760877
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	12445	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	26075	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		58520
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4819397
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1197515
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		40638533

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) [X] 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) [X] 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: NANAVATY,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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
DYNAMIC EDGE PHYSIOTHERAPY LLC 401K PLAN	81-2649684	001
BECKETT AND ASSOCIATES VETERINARY SERVICES LLC 401K PLAN	06-1131373	002
CONGRUITY HR RETIREMENT SAVINGS PLAN	45-2818926	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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOTAL TEAM SOLUTIONS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS

D Employer Identification Number (EIN)
06-1633136

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 45-6062081

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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).**

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

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

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	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.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

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	0
BLUEPOINT MARITIME, LLC	47-3962984	1.48	0
COGNITIVE CONSULTING LLC	47-1303835	8.15	0
COMPUTER INNOVATIONS, INC.	06-1053200	0.46	0
CONNECTICUT COASTAL	84-3933526	0.53	0
DUBIN, CLARK & COMPANY INC	13-3253697	11.77	0
DYNAMIC EDGE PHYSIOTHERAPY LLC	81-2649684	0.06	0
ENGINEERED BIOPHARMACEUTICAL, INC	27-0611933	0.26	0
GRENIAN CAPITAL LLC	46-3360716	2.66	331244

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	0
SIXT RENT-A-CAR	04-3137556	2.21	0
HARRINGTON & SMITH, ATTORNEYS AT LAW, LLC	27-1535766	5.29	0
HARTT REALTY ADVISORS LLC	27-3990023	1.05	0
STEPHEN L. HERZBERG, DDS. PC	20-1634814	0.37	0
HOME BUILDERS ASSOCIATION OF HARTFORD COUNTY INC	06-0661571	1.58	0
HUDSON SOFTWARE CORP.	13-3714617	0.44	0
KENCAST, INC.	20-5602242	4.23	0
ROBERT H. LORD CO., INC.	06-0858289	8.54	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS	06-1633136	3.24	0
LUMINAS, LLC	82-3296396	13.46	0
METROGUARD	86-1486618	1.02	0
MUSKUS & WILEMSKI, LLC	26-1569271	1.20	0
NEW CITY BUILDER	46-3891297	2.94	0
NEWTOWN CAR CARE CENTER	06-1308308	1.27	0
NORSTAR CHARTERING (USA) LLC	81-1524959	1.05	106292
NXT	81-3528834	1.00	0
PETSAFE OF CT, LLC	06-1515686	0.85	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMOLIN, CALBO, DAVIDSON & ASSOC. LLC	45-5683178	2.87	0
SOKANA	85-2626983	3.41	0
SPEC HOLDING	20-2051803	3.24	0
STEUTE MEDITECH, INC.	13-4111923	3.43	0
TEED & CO., INC.	06-1584381	1.00	0
WESTCHESTER EUROPEAN KITCHENS LLC	82-3676289	0.12	0
WHITE PLAINS LASER IMPLANTS AND FAMILY DENTISTRY PC	47-1321729	0.24	0
WILEMSKI & COMPANY LLC	82-2111093	0.03	0
YONKERS COMMUNITY ACTION PRO, INC.	13-2579051	1.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E.C.R., CORP.	06-1492499	0.55	0
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.

Part III Pooled Employer Plan Information

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 _____

Total Team Solutions 401(k) Retirement Plan

Financial Statements and Supplemental Schedules With Independent Auditor's Report

Years Ended December 31, 2025 and 2024

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

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December 31, 2025 and 2024

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Independent Auditor's Report

To the Administrator of the Plan
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, 2025 and 2024, 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, 2025 and 2024, 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.

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- 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, 2025, 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 9, 2026

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

	2025	2024
Assets:		
Investments at fair value (Note 3)	$ 455,618	$ 41,727,740
Receivables:		
Employer contributions	-	240,030
Employee contributions	-	183,227
Notes receivable from participants	80,544	213,749
Total receivables	80,544	637,006
Cash and cash equivalents	928	691,108
Total assets	537,090	43,055,854
Liabilities:		
Accrued expenses	-	1,400
Due to broker	-	681,316
Total liabilities	-	682,716
Net Assets Available for Benefits	$ 537,090	$ 42,373,138

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,

	2025	2024
Additions		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 2,275,651	$ 3,240,758
Dividends and interest	223,100	2,563,134
Total investment income	2,498,751	5,803,892
Contributions:		
Participant	756,499	2,505,407
Employer	329,555	1,101,427
Transfers in from rollovers	-	10,445
Total contributions and rollovers	1,086,054	3,617,279
Other:		
Transfers in from other plans	-	664,873
Other plan income	37,077	69,081
	37,077	733,954
Total additions	3,621,882	10,155,125
Deductions		
Deductions from net assets attributed to:		
Transfers and distributions to participants	4,760,877	8,946,718
Transfers to other plans	40,638,533	37,808
Administrative expenses	58,520	26,030
Total deductions	45,457,930	9,010,556
Net (decrease) increase	(41,836,048)	1,144,569
Net Assets Available for Benefits:		
Beginning of year	42,373,138	41,228,569
End of year	$ 537,090	$ 42,373,138

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

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.

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.

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

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. See Note 10 for additional information on Plan termination.

Forfeited Accounts

These accounts are used to reduce future employer contributions. During the years ended December 31, 2025 and 2024, forfeitures of $2,687 and $3,268 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.

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.

NOTE 2 - SIGNIFICANT OF ACCOUNTING POLICIES (continued)

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, 2025 and 2024. Delinquent participant loans are classified as distributions based upon the terms of the plan document. The interest rate on outstanding participant loans range from 4% to 8.75%.

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 9, 2026, the date that these financial statements were available to be issued, for recognition and/or disclosure in these financial statements.

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.

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, 2025 and 2024. 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:

2025

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 437,202	$ 18,416	$ -	$ 455,618
Total assets at fair value	$ 437,202	$ 18,416	$ -	$ 455,618

2024

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 41,313,978	$ 413,762	$ -	$ 41,727,740
Total assets at fair value	$ 41,313,978	$ 413,762	$ -	$ 41,727,740

For years ended December 31, 2025 and 2024, 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 $455,618 and $41,727,740, in total and by investment option, at December 31, 2025 and 2024, respectively. Cash equivalents of $18,416 and $664,873 included in investments at fair value at December 31, 2025 and 2024, respectively; Cash – noninterest bearing of $928 and $26,235, at December 31, 2025 and 2024, respectively. Notes receivable from participants of $80,544 and $213,749, at December 31, 2025 and 2024, respectively.

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE (continued)

- Dividends and interest of $223,100 and $2,563,134 and the net appreciation in the fair value of investments of $2,275,651 and $3,240,758 in total and by investment option for the years ended December 31, 2025 and 2024, 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 $12,445 and $6,430 for the years ended December 31, 2025 and 2024, respectively. The Plan has also incurred fees from a third-party administrator in the amount of $26,075 and $8,100 for the years ended December 31, 2025 and 2024, respectively. The Plan also paid $20,000 and $11,500 for auditing fees in the years 2025 and 2024. 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 2022.

NOTE 7 - ADMINISTRATIVE EXPENSES

Administrative fees incurred by the Plan for year ended December 31, 2025 and 2024 totaled $58,520 and $26,030, respectively. The Plan Administrator pays all other administrative expenses, such as facilities and personnel expenses not paid directly by the plan.

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 - 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, 2025 to Schedule H, of Form 5500:

Net decrease in net assets available for benefits per the financial statements	$ (41,836,048)
Transfers to other plans per the financial statements	40,638,533
Net loss per Form 5500 (Schedule H, line 2k)	$ (1,197,515)

NOTE 10 - PLAN TERMINATION

On November 30, 2025, the Board of Directors of Congruity HR Services (the Sponsor) approved the termination of the Total Team Solutions 401(k) Plan (the Plan), a defined contribution plan to qualified under Section 401(k) of the Internal Revenue Code. The Plan termination was effective November 30, 2025.

Effective May 28, 2025, the employers of the Total Team Solutions 401(k) Retirement Plan provided notice of their intention to withdraw from the Plan and establish a new retirement plan under the Congruity HR Retirement Services Plan (the "Spin-off Plan") qualified under the Internal Revenue Code; and at this time the employers also directed that their assets in the Plan be transferred to the Spin-off Plan. It was further resolved that the assets held by Alerus Financial, N.A., as Plan custodian, were transferred to the custodian of the Spin-off Plan as soon as reasonably feasible.

Effective September 30, 2025, participant contributions, employer matching contributions, employer nonelective contributions, and other benefit accruals under the Plan ceased. The Plan remains in existence solely for the purpose of completing the liquidation of Plan assets, allocating remaining earnings and expenses, resolving administrative matters, and distributing participants' vested account balances in accordance with the Plan document and applicable law.

As a result of the Plan termination, participants became fully vested in accordance with the Plan's existing vesting provisions. Asset transfers began on June 18, 2025 and at year end there were $597,090 of net assets available for benefits remaining in the Plan. These remaining assets were transferred by July 31, 2026. See Subsequent Event Note 11.

NOTE 11 - SUBSEQUENT EVENT

In connection with the Plan termination, the remaining assets were transferred out of the plan as of July 31, 2026.

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, 2025

(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 2045	n/a	$ 26,916
*	Alerus Financial, N.A.	Blackrock Balanced Capital Fund	n/a	47,815
*	Alerus Financial, N.A.	iShares S&P 500 Index Fund	n/a	27,929
*	Alerus Financial, N.A.	PGIM Global Total Return Fund Class A	n/a	37,888
*	Alerus Financial, N.A.	PGIM Investments Total Return Bond A	n/a	542
*	Alerus Financial, N.A.	PGIM High Yield Class A	n/a	41,640
*	Alerus Financial, N.A.	JP Morgan Mid Cap Growth Fund Class A	n/a	42,385
*	Alerus Financial, N.A.	MFS Growth R3	n/a	53,263
*	Alerus Financial, N.A.	T Rowe Price Integrated US Small-Cap Growth Equity Fund Advi	n/a	67,174
*	Alerus Financial, N.A.	Victory Sycamore Established Value Fund Class A	n/a	21,985
*	Alerus Financial, N.A.	MFS Global Growth A	n/a	42,441
*	Alerus Financial, N.A.	American Funds New World R4	n/a	27,224
*	Alerus Financial, N.A.	Capital Preservation Fund Instl Svc Principal	n/a	18,416
		Total investments		455,618
*	Participant Loans	Participant loans (interest rates 4% to 8.75%)	-0-	80,544
		Total plan investments		$ 536,162

* 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, 2025

(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.	Sales of Blackrock Balanced Capital Fund	$ -	$ 2,283,482	$ 2,189,613	$ 2,283,482	$ 93,869
Alerus Financial, N.A.	Sales of JP Morgan US Equity A	$ -	$ 2,515,252	$ 1,887,978	$ 2,515,252	$ 627,274
Alerus Financial, N.A.	Sales of John Hancock International Growth A	$ -	$ 3,150,823	$ 3,178,471	$ 3,150,823	$ (27,648)
Alerus Financial, N.A.	Sales of MFS Global Growth A	$ -	$ 4,544,674	$ 3,506,319	$ 4,544,674	$ 1,038,355
Alerus Financial, N.A.	Sales of MFS Global Growth A	$ -	$ 2,999,472	$ 2,355,062	$ 2,999,472	$ 644,410
Alerus Financial, N.A.	Sales of PGIM Total Return Bond Fund Class A	$ -	$ 2,463,804	$ 2,526,787	$ 2,463,804	$ (62,983)
Alerus Financial, N.A.	Sales of PGIM Total Return Bond Fund Class A	$ -	$ 4,153,052	$ 4,216,702	$ 4,153,052	$ (63,650)
Alerus Financial, N.A.	Sales of AFS Washington Fund Class R4 Fund	$ -	$ 2,177,842	$ 1,819,807	$ 2,177,842	$ 358,035
Alerus Financial, N.A.	Sales of iShares S&P 500 Index Fund	$ -	$ 1,980,086	$ 1,385,728	$ 1,980,086	$ 594,358

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan

Statement of Net Assets Available for Benefits by Company

December 31, 2025

	Assets					
Client Company	**Cash**	**Contributions Receivable**	**Notes Receivable from Participants**	**Total**	**Investments at Fair Market Value**	**Total Net Assets**
Grenian	$ -	$ -	$ -	$ -	$ 331,244	$ 331,244
Home Builders Association	-	-	-	-	5	5
Norstar Chartering USA LLC	-	-	-	-	106,293	106,293
Plan cash and unallocated	928	-	80,544	81,472	18,076	99,548
	$ 928	$ -	$ 80,544	$ 81,472	$ 455,618	$ 537,090

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, 2025

Client Company	Opening Balance	Contributions	Investment Income	Other Income	Withdrawals	Transfers	Expenses	Ending Balance
Alarm Specialist, Inc.	$ 23,800	$ -	$ -	$ -	$ (23,800)	$ -	$ -	$ -
Aracari Biosciences, Inc.	64,410	1,798	7,569	-	-	(73,725)	(52)	-
Alarm-Tech Security	10,644	-	416	-	-	(11,060)	-	-
Atlantic Copper	779,260	-	29,683	-	(35,415)	(773,513)	(15)	-
Beckett & Associates	2,080,441	74,698	305,594	-	-	(2,460,064)	(669)	-
Benefit Planning Services, LLC	72	-	278	-	-	-	(350)	-
Big Apple Lights Corp.	16,265	-	692	-	(16,957)	-	-	-
Bluepoint Maritime, LLC	527,737	14,292	23,551	-	-	(565,580)	-	-
Cambridge Consumer Products	20,924	-	422	-	(21,346)	-	-	-
Computer Innovations, Inc.	983,910	8,751	99,942	-	-	(1,092,242)	(361)	-
Chase Communications/Cinn Worldwide Corp.	265,339	-	10,829	-	-	(276,151)	(17)	-
Cognitive Consulting	1,703,912	66,185	124,592	-	(7,850)	(1,886,583)	(256)	-
Connecticut Challenge	47,248	8,327	6,401	-	-	(61,879)	(97)	-
Cross-Western, LLC	283,965	-	10,005	-	-	(293,969)	(1)	-
Deutsch Acquisition Co. II	182,683	-	7,448	-	-	(190,115)	(16)	-
Dubin Clark & Company, Inc.	3,862,007	111,676	122,337	-	(89,561)	(4,005,453)	(1,006)	-
Luminas - Dubin Clark - Lumi - 587	323	-	9	-	(282)	-	(50)	-
Dynamic Edge Physiotherapy, LLC	258,780	13,272	25,958	-	-	(297,877)	(133)	-
Team Tankers Management, LLC	3,472,127	-	136,808	-	(843,904)	(2,764,950)	(81)	-
Engineered BioPharmaceuticals, Inc.	100,163	5,950	12,625	-	-	(118,683)	(55)	-
FBJ Learning Center, Inc.	27,257	-	(53)	-	-	(27,204)	-	-
Fearless Entertainment	12,174	-	495	-	-	(12,669)	-	-
FIVE	-	27,196	2,372	-	(1,262)	(28,146)	(160)	-
The Good Search	20,675	438	894	-	-	(22,007)	-	-
Grenian	406,350	153,000	51,005	-	(278,984)	-	(127)	331,244
Goodworks Entertainment Group	120,310	-	5,693	-	-	(125,990)	(13)	-
Grill & Partners	1,526,545	16,700	70,890	-	(400,049)	(1,213,986)	(100)	-
HARB	-	85,115	3,459	-	(703)	(87,822)	(49)	-
Harrington & Smith PC	732,933	-	27,891	-	(3,090)	(757,436)	(298)	-
Hartt Realty Advisors, LLC	208,508	7,312	(16,449)	-	-	(199,321)	(50)	-
Stephen Herzberg, D.D.S.	378,040	5,142	(29,385)	-	(27,467)	(326,043)	(287)	-
Highpoint Advisors	32,055	-	1,836	-	-	(33,891)	-	-
Home Builders Association	574,319	24,534	63,528	-	(4,878)	(657,225)	(273)	5
Hudson Software Corp.	673,655	17,688	38,333	-	(7,168)	(722,443)	(65)	-
Huff Smith Enterprises, LLC	8,229	-	334	-	-	(8,563)	-	-
Iron Clad Metal Works	49,751	-	-	-	(49,751)	-	-	-
Jay Harland Corp.	2,207,365	5,195	73,905	-	(1,305,187)	(981,092)	(186)	-
Kencast, Inc.	1,865,537	52,979	78,128	-	(277)	(1,996,301)	(66)	-

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, 2025

Client Company	Opening Balance	Contributions	Investment Income	Other Income	Withdrawals	Transfers	Expenses	Ending Balance
Team Tankers Maritime, LLC	$ 1,071,609	$ -	$ 40,642	$ -	$ (78,407)	$ (1,033,732)	$ (112)	$ -
Luminas	1,673,751	123,171	69,861	-	(24,781)	(1,841,396)	(606)	-
Lynn Group Inc., dba Total Team Solutions	1,321,796	30,159	46,638	-	(337,910)	(1,060,568)	(115)	-
Morris Media	70,009	-	2,424	-	-	(72,433)	-	-
Muskus & Partners, LLC	463,642	9,952	26,654	-	-	(500,248)	-	-
Metroguard Security & Risk Management	2,388	720	249	-	-	(3,326)	(31)	-
New City Builders - NCB	100,225	71,198	19,367	-	-	(190,653)	(137)	-
Newtown Car Care Company	646,071	35,741	76,750	-	(5,558)	(752,420)	(584)	-
New England Country Day School	31,057	-	1,204	-	(32,211)	-	(50)	-
Norstar Chartering USA LLC	1,242,737	11,033	98,029	-	(679,421)	(565,880)	(205)	106,293
NXT Events Media Group, LLC	17,412	7,469	2,861	-	-	(27,709)	(33)	-
Peregrine Shipping - PERE	86,858	22,364	4,595	-	(38,959)	(74,808)	(50)	-
Performance Connectivity, Inc.	46,369	-	1,582	-	-	(47,800)	(151)	-
Petsafe of Connecticut, LLC	609,908	7,370	(7,503)	-	-	(609,701)	(74)	-
Robert H. Lord Company, Inc.	4,501,048	195,827	476,278	-	(112,886)	(5,058,909)	(1,358)	-
S.T.A.R.D., Inc. dba Big's Bedrooms	1	-	-	-	-	-	(1)	-
Silver Brook Systems	1,310,975	-	8,495	-	-	(1,319,454)	(16)	-
Smith-Huff Enterprises	34,150	-	1,334	-	-	(35,484)	-	-
Smolin, Calbo, Davidson & Associates	1,380,836	35,834	57,929	-	(10,804)	(1,463,780)	(15)	-
Sokana Shipping - SOKA	140,544	66,573	12,538	-	(40,608)	(178,880)	(167)	-
Specs Holdings - SPEC	766,069	131,620	83,909	9,792	(83,166)	(891,122)	(17,102)	-
South Shore Sleep Shop, Inc.	64,329	-	1,625	-	(1,254)	(64,685)	(15)	-
Steute Meditech, Inc.	1,413,450	33,748	(30,099)	-	(416,751)	(1,000,257)	(91)	-
Sun Yorkos Enterprises	16,592	-	979	-	-	(17,571)	-	-
Teed Company, Inc.	54,813	-	2,332	-	-	(57,145)	-	-
Torante, LLC dba Cliff's BMW Motorcycles of Danbury	99,075	-	5,526	-	-	(104,601)		-
Toria Truck Rental & Leasing	68,084	-	3,058	-	-	(71,142)	-	-
Total Tennis and Fitness	38,342	-	2,203	-	-	(40,545)	-	-
ECR Corp.	432,460	1,901	(21,833)	-	(2,114)	(410,314)	(100)	-
Westchester European Kitchens	203,607	27,070	26,109	-	(3,706)	(252,965)	(115)	-
Wilemski & Company, LLC	670,120	-	6,838	-	-	(676,943)	(15)	-
White Plains Dentist	29,203	-	1,750	-	-	(30,953)	-	-
Yonkers Community Action Program	185,144	-	10,831	-	(932)	(194,993)	(50)	-
Yonkers Private Industry Council	22,340	-	315	-	-	(22,640)	(15)	-
Plan cash and unallocated	30,411	(425,944)	167,246	27,285	226,522	106,507	(32,479)	99,548
	$ 42,373,138	$ 1,086,054	$ 2,498,751	$ 37,077	$ (4,760,877)	$ (40,638,533)	$ (58,520)	$ 537,090

See independent auditor's report.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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)
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

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.

SIGN HERE		10/15/25	MIKE VIOLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/25	MIKE VIOLA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

LYNN GROUP, INC. D/B/A TOTAL TEAM SOLUTIONS

2389 MAIN STREET

GLASTONBURY CT 06033

3b Administrator's EIN: 06-1633136

3c Administrator's telephone number: 203-459-1777

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	593
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	398
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	6
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	418
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	6
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

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

Schedule of Reportable Transactions

December 31, 2025

(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.	Sales of Blackrock Balanced Capital Fund	$ -	$ 2,283,482	$ 2,189,613	$ 2,283,482	$ 93,869
Alerus Financial, N.A.	Sales of JP Morgan US Equity A	$ -	$ 2,515,252	$ 1,887,978	$ 2,515,252	$ 627,274
Alerus Financial, N.A.	Sales of John Hancock International Growth A	$ -	$ 3,150,823	$ 3,178,471	$ 3,150,823	$ (27,648)
Alerus Financial, N.A.	Sales of MFS Global Growth A	$ -	$ 4,544,674	$ 3,506,319	$ 4,544,674	$ 1,038,355
Alerus Financial, N.A.	Sales of MFS Global Growth A	$ -	$ 2,999,472	$ 2,355,062	$ 2,999,472	$ 644,410
Alerus Financial, N.A.	Sales of PGIM Total Return Bond Fund Class A	$ -	$ 2,463,804	$ 2,526,787	$ 2,463,804	$ (62,983)
Alerus Financial, N.A.	Sales of PGIM Total Return Bond Fund Class A	$ -	$ 4,153,052	$ 4,216,702	$ 4,153,052	$ (63,650)
Alerus Financial, N.A.	Sales of AFS Washington Fund Class R4 Fund	$ -	$ 2,177,842	$ 1,819,807	$ 2,177,842	$ 358,035
Alerus Financial, N.A.	Sales of iShares S&P 500 Index Fund	$ -	$ 1,980,086	$ 1,385,728	$ 1,980,086	$ 594,358

See independent auditor's report.

Total Team Solutions 401(k) Retirement Plan

Statement of Net Assets Available for Benefits by Company

December 31, 2025

	Assets					
Client Company	**Cash**	**Contributions Receivable**	**Notes Receivable from Participants**	**Total**	**Investments at Fair Market Value**	**Total Net Assets**
Grenian	$ -	$ -	$ -	$ -	$ 331,244	$ 331,244
Home Builders Association	-	-	-	-	5	5
Norstar Chartering USA LLC	-	-	-	-	106,293	106,293
Plan cash and unallocated	928	-	80,544	81,472	18,076	99,548
	$ 928	$ -	$ 80,544	$ 81,472	$ 455,618	$ 537,090

See independent auditor's report.