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
- [X] a DFE (specify) D

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
GSG CONSULTANTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2008

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)
GSG CONSULTANTS, INC.

735 REMINGTON RD
SCHAUMBURG, IL 60173-4552

735 REMINGTON RD
SCHAUMBURG, IL 60173-4552

2b Employer Identification Number (EIN) 36-3844476

2c Plan Sponsor's telephone number 630-994-2600

2d Business code (see instructions) 541330

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.	10/15/2026	ARTURO SAENZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ARTURO SAENZ
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	385
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)**	264
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	313
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	126
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	439
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	439
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)**	292
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)**	311
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	20
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 2G 2J 2K 2T 3D

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)** [X] 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)** [X] 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)** [X] **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)** [X] **DCG** (Individual Plan Information) – Number Attached 3
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSG CONSULTANTS, INC.

D Employer Identification Number (EIN)
36-3844476

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

MATRIX FINANCIAL SOLUTIONS, INC.

20-1591048

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

CAPITAL RESEARCH AND MANAGEMENT COM

95-1411037

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

CORRELL CO.

36-3492086

(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)

FINANCIAL RENAISSANCE

36-4252023

(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 27 17 28	ADVISOR	142480	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

CORRELL CO.

36-3492086

(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 37 57 64 99	RECORDKEEPER	5662	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GSG CONSULTANTS, INC.

D Employer Identification Number (EIN)
36-3844476

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CIT III FOR METLIFE GAC

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	490647

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSG CONSULTANTS, INC.

D Employer Identification Number (EIN)
36-3844476

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	10551	15495
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	571459	529819
(2) Participant contributions	1b(2)	109300	100067
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	104903	186316
(9) Value of interest in common/collective trusts	1c(9)	432933	490647
(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)	16769654	20808919
(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	17998800	22131263
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	24639	124047
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	24639	124047
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	17974161	22007216

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)	529946	
(B) Participants	2a(1)(B)	1782334	
(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)		2312280
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1765	
(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)	13436	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15201
(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)	1279715	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1279715
(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)		12460
(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)		1676970
c Other income	2c		9026
d Total income. Add all **income** amounts in column (b) and enter total	2d		5305652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	997062	
(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)		997062
f Corrective distributions (see instructions)	2f		127393
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)	5662	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	142480	
(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)		148142
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1272597
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4033055
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: DEMARCO, SCIACCOTTA, WILKENS & DUNL **(2)** EIN: 27-1170185

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

(1) [X] 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		801220
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**			
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**			
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**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
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**			

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSG CONSULTANTS, INC.

D Employer Identification Number (EIN)
36-3844476

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): 47-3808467 36-3865716

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702342A .

SCHEDULE DCG (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Individual Plan Information

This schedule is required to be filed under section 103 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

Part I DCG Information

A Name of DCG
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C DCG Sponsor's Name (enter here only if different from Name of DCG)

D Employer Identification Number (EIN) for DCG
36-3844476

Part II Individual Schedule DCG Information. Complete a separate Schedule for each individual defined contribution pension plan.

E This Schedule DCG is for: [X] a single-employer plan [ ] a collectively-bargained plan

F This Schedule DCG is: [ ] the first Schedule [ ] the final Schedule [ ] an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan
GSG CONSULTANTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) 001

1c Effective date of plan 01/01/2022

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)
GSG CONSULTANTS, INC.

735 REMINGTON RD
SCHAUMBURG, IL 60173

735 REMINGTON RD
SCHAUMBURG, IL 60173

2b Employer Identification Number (EIN) 36-3844476

2c Plan sponsor's telephone number 630-994-2600

2d Business code 541330

3 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 Plan sponsor's name

c Plan Name

3b EIN

3d PN

4a Plan administrator's name and address
GSG CONSULTANTS, INC.

735 REMINGTON RD
SCHAUMBURG, IL 60173

4b EIN 36-3844476

4c Administrator's telephone number 630-994-2600

5a	Total number of participants at the beginning of the plan year	**5a**	241
b	Total number of participants as of the end of the plan year	**5b**	263
c(1)	Total number of active participants at the beginning of the plan year	**5c(1)**	149
c(2)	Total number of active participants at the end of the plan year	**5c(2)**	165
d(1)	Number of participants with account balances as of the beginning of the plan year	**5d(1)**	190
d(2)	Number of participants with account balances as of the end of the plan year	**5d(2)**	195
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	16

Part IV Financial Information

6	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	8712453	10670215
	(1) Participant loans	6a(1)	4571	39020
b	Total plan liabilities	6b	23389	48270
c	Net Assets (subtract line 6b from line 6a)	6c	8689064	10621945

7a	Contributions received or receivable in cash from		Amount
	(1) Employers	7a(1)	323962
	(2) Participants	7a(2)	902088
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	1226050
d	Other income (loss)	7d	1445579
e	Total Income (add lines 7c and 7d)	7e	2671629
f	Benefit payment and payments to provide benefits	7f	617385
g	Corrective distributions (see instructions)	7g	48270
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	73093
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	738748
l	Net income (loss) (subtract line 7k from line 7e)	7l	1932881
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristic Codes

8 Enter the applicable two-character feature codes from the List of Plan Characteristic Codes in the instructions.

2A 2E 2G 2J 2K 2T 3D

Part VI Compliance Questions

			Yes	No	Amount
9a	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.)	9a	X		409666
b	Were there any nonexempt transactions with any party-in-interest?	9b		X	
c	Has the plan failed to provide any benefit when due under the plan?	9c		X	
d	Was the plan covered by a fidelity bond?	9d	X		500000
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	9e		X	

10 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)

10a Name of plan(s)	10b EIN(s)	10c PN(s)

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? ☐ Yes ☒ No

12a 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

12b 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

13 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702342A.

Part VII Accountant Opinion Information for Participating Plans

14 Is the plan required to attach a report of an independent qualified public accountant (IQPA)? (See instructions on eligibility and condition for waiver of the annual examination and report of an IQPA under 29 CFR 2520.104-46):

☒ Yes ☐ No

Complete lines 14a through 14c if you checked "YES" and the report of an IQPA for the plan is required to be attached to this Schedule DCG.

a The opinion reflected in the attached report of an IQPA accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

(1) Name: DEMARCO, SCIACCOTTA, WILKENS & DUNL **(2)** EIN: 27-1170185

SCHEDULE DCG (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Individual Plan Information

This schedule is required to be filed under section 103 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

Part I DCG Information

A Name of DCG
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C DCG Sponsor's Name (enter here only if different from Name of DCG)

D Employer Identification Number (EIN) for DCG
36-3844476

Part II Individual Schedule DCG Information. Complete a separate Schedule for each individual defined contribution pension plan.

E This Schedule DCG is for: [X] a single-employer plan [ ] a collectively-bargained plan

F This Schedule DCG is: [ ] the first Schedule [ ] the final Schedule [ ] an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan
GSG CONSULTANTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) 001

1c Effective date of plan 01/01/2022

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)
GSG MATERIAL TESTING, INC.
THE HOH GROUP, INC.
GSG CONSULTANTS, INC.
735 REMINGTON RD
SCHAUMBURG, IL 60173
623 COOPER COURT
SCHAUMBURG, IL 60173

2b Employer Identification Number (EIN) 36-4003526

2c Plan sponsor's telephone number 312-424-3613

2d Business code 541330

3 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 Plan sponsor's name
c Plan Name

3b EIN

3d PN

4a Plan administrator's name and address
GSG CONSULTANTS, INC.
735 REMINGTON RD
SCHAUMBURG, IL 60173

4b EIN 36-3844476

4c Administrator's telephone number 630-994-2600

5a	Total number of participants at the beginning of the plan year	**5a**	66
b	Total number of participants as of the end of the plan year	**5b**	81
c(1)	Total number of active participants at the beginning of the plan year	**5c(1)**	54
c(2)	Total number of active participants at the end of the plan year	**5c(2)**	68
d(1)	Number of participants with account balances as of the beginning of the plan year	**5d(1)**	40
d(2)	Number of participants with account balances as of the end of the plan year	**5d(2)**	43
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	1

Part IV Financial Information

6	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	6008852	7336718
	(1) Participant loans	6a(1)	22756	12645
b	Total plan liabilities	6b	0	0
c	Net Assets (subtract line 6b from line 6a)	6c	6008852	7336718

7a	Contributions received or receivable in cash from		Amount
	(1) Employers	7a(1)	116196
	(2) Participants	7a(2)	464113
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	580309
d	Other income (loss)	7d	1069919
e	Total Income (add lines 7c and 7d)	7e	1650228
f	Benefit payment and payments to provide benefits	7f	269643
g	Corrective distributions (see instructions)	7g	3346
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	49373
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	322362
l	Net income (loss) (subtract line 7k from line 7e)	7l	1327866
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristic Codes

8 Enter the applicable two-character feature codes from the List of Plan Characteristic Codes in the instructions.

2A 2E 2G 2J 2K 2T 3D

Part VI Compliance Questions

			Yes	No	Amount
9a	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.)	9a	X		223080
b	Were there any nonexempt transactions with any party-in-interest?	9b		X	
c	Has the plan failed to provide any benefit when due under the plan?	9c		X	
d	Was the plan covered by a fidelity bond?	9d	X		500000
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	9e		X	

10 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)

10a Name of plan(s)	10b EIN(s)	10c PN(s)

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? ☐ Yes ☒ No

12a 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

12b 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

13 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702342A.

Part VII Accountant Opinion Information for Participating Plans

14 Is the plan required to attach a report of an independent qualified public accountant (IQPA)? (See instructions on eligibility and condition for waiver of the annual examination and report of an IQPA under 29 CFR 2520.104-46):

☐ Yes ☒ No

Complete lines 14a through 14c if you checked "YES" and the report of an IQPA for the plan is required to be attached to this Schedule DCG.

a The opinion reflected in the attached report of an IQPA accountant for this plan is (see instructions):

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

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

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

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

(1) Name: **(2)** EIN:

SCHEDULE DCG (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Individual Plan Information

This schedule is required to be filed under section 103 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

Part I DCG Information

A Name of DCG
GSG CONSULTANTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C DCG Sponsor's Name (enter here only if different from Name of DCG)

D Employer Identification Number (EIN) for DCG
36-3844476

Part II Individual Schedule DCG Information. Complete a separate Schedule for each individual defined contribution pension plan.

E This Schedule DCG is for: [X] a single-employer plan [ ] a collectively-bargained plan

F This Schedule DCG is: [ ] the first Schedule [ ] the final Schedule [ ] an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan
GSG CONSULTANTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) 001

1c Effective date of plan 01/01/2022

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)
SPECIALTY CONSULTING, INC.

GSG CONSULTANTS, INC.
735 REMINGTON RD
STE 200
SCHAUMBURG, IL 60173

2942 W VAN BUREN ST
STE 200
CHICAGO, IL 60612

2b Employer Identification Number (EIN) 36-4525444

2c Plan sponsor's telephone number 312-319-7575

2d Business code 541330

3 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 Plan sponsor's name
c Plan Name

3b EIN

3d PN

4a Plan administrator's name and address
GSG CONSULTANTS, INC.
735 REMINGTON RD
SCHAUMBURG, IL 60173

4b EIN 36-3844476

4c Administrator's telephone number 630-994-2600

5a	Total number of participants at the beginning of the plan year	**5a**	78
b	Total number of participants as of the end of the plan year	**5b**	95
c(1)	Total number of active participants at the beginning of the plan year	**5c(1)**	61
c(2)	Total number of active participants at the end of the plan year	**5c(2)**	80
d(1)	Number of participants with account balances as of the beginning of the plan year	**5d(1)**	62
d(2)	Number of participants with account balances as of the end of the plan year	**5d(2)**	73
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	3

Part IV Financial Information

6	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	3277495	4124330
	(1) Participant loans	6a(1)	77576	134652
b	Total plan liabilities	6b	1250	75777
c	Net Assets (subtract line 6b from line 6a)	6c	3276245	4048553

7a	Contributions received or receivable in cash from		Amount
	(1) Employers	7a(1)	89788
	(2) Participants	7a(2)	416133
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	505921
d	Other income (loss)	7d	477874
e	Total Income (add lines 7c and 7d)	7e	983795
f	Benefit payment and payments to provide benefits	7f	110034
g	Corrective distributions (see instructions)	7g	75777
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	25676
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	211487
l	Net income (loss) (subtract line 7k from line 7e)	7l	772308
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristic Codes

8 Enter the applicable two-character feature codes from the List of Plan Characteristic Codes in the instructions.

2A 2E 2G 2J 2K 2T 3D

Part VI Compliance Questions

			Yes	No	Amount
9a	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.)	9a	X		168474
b	Were there any nonexempt transactions with any party-in-interest?	9b		X	
c	Has the plan failed to provide any benefit when due under the plan?	9c		X	
d	Was the plan covered by a fidelity bond?	9d	X		500000
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	9e		X	

10 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)

10a Name of plan(s)	10b EIN(s)	10c PN(s)

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? ☐ Yes ☒ No

12a 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

12b 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

13 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702342A.

Part VII Accountant Opinion Information for Participating Plans

14 Is the plan required to attach a report of an independent qualified public accountant (IQPA)? (See instructions on eligibility and condition for waiver of the annual examination and report of an IQPA under 29 CFR 2520.104-46):

☐ Yes ☒ No

Complete lines 14a through 14c if you checked "YES" and the report of an IQPA for the plan is required to be attached to this Schedule DCG.

a The opinion reflected in the attached report of an IQPA accountant for this plan is (see instructions):

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

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

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

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

(1) Name: **(2)** EIN:

GSG CONSULTANTS, INC. 401(K) PLAN
Plan's EIN: 36-3844476
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at 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
	Interest-Bearing Cash			
*	MG Trust	Cash	**	$ 15,495
	Common/Collective Trust			
	Great Gray	CIT III for MetLife Group Annuity	**	490,647
	Registered Investment Companies			
	American Funds	Target Dt 2010 - R6	**	199,909
	American Funds	Target Dt 2015 - R6	**	56,205
	American Funds	Target Dt 2020 - R6	**	228,044
	American Funds	Target Dt 2025 - R6	**	1,664,270
*	American Funds	Target Dt 2030 - R6	**	3,050,812
	American Funds	Target Dt 2035 - R6	**	2,462,663
	American Funds	Target Dt 2040 - R6	**	1,301,200
	American Funds	Target Dt 2045 - R6	**	1,567,813
	American Funds	Target Dt 2050 - R6	**	878,422
	American Funds	Target Dt 2055 - R6	**	1,016,462
	American Funds	Target Dt 2060 - R6	**	1,271,487
	American Funds	American Balanced Fund R6	**	264,084
	American Funds	American Mutual Fund R6	**	75,070
	American Funds	Bond Fund of America R6	**	20,060
	American Funds	American Funds High Income Trust R6	**	72,473
	American Funds	New Perspective R6	**	153,840
	American Funds	New World R6	**	2,554
	Columbia	Large Cap Index Inst2	**	207,340
	Franklin	Equity Income Fund R6	**	36,229
	Franklin	Rising Dividends Fund R6	**	137,042
	Franklin	Small Cap Vanue R6	**	91,521
	Franklin	Utilities Fund - R6	**	390,389
	Hartford	Core Equity Fund R6	**	27,810
	Hartford	International Growth Fund	**	60,266
	JPMorgan	Equity Income R5	**	261,846
	JPMorgan	Large Cap Growoth R5	**	1,819,341
	JPMorgan	Small Cap Growth Fund R5	**	286,457
	JPMorgan	US GARP Equity Fund R5	**	289,356
	MFS	High Income R6	**	20,440
	MFS	Government Securities R6	**	12,254
	Principlan	International Equity Index-Inst	**	45,748
	Templeton	Developing Markets R6	**	22,089
	The Vanguard Group	500 Index - Admiral	**	1,874,975
	The Vanguard Group	High-Yield Corporate - Admiral	**	75,940
	The Vanguard Group	International Growth - Admiral	**	417,149
	Invesco	Qqq Trust Series 1	**	20,821
	SPDR	Gold Trust Gold Shs	**	401,539
	The Vanguard Group	Vanguard Mid - Cap Growth Index	**	25,000
	Participant loans			
	Loans	Participant Loans 4.25% - 9.5%	**	186,316
	Total Assets		**$ 0**	**$ 21,501,378**

* A party-in-interest as defined by ERISA

**Cost Information is not required for participant-directed investments

Attachment to Form 5500

GSG CONSULTANTS, INC. 401(K) PLAN
GSG CONSULTANTS, INC.
Plan's EIN: 36-3844476
Plan Number: 001
Schedule H, Line 4a - Schedule of Delinquent Partipant Contributions
December 31, 2025

Participant Contribution Transferred Late to Plan	**Total that Consitute Nonexempt Prohibited Transactions**			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
		801,220		

Attachments for Schedule DCG

The following attachments are associated with the Schedule DCG Identified by Employer Identification Number and Plan Number.

EIN: 36-3844476

PN: 001

GSG Consultants, Inc. 401(k) Plan

Chicago, Illinois

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
Including Independent Auditors' Report As of
December 31, 2025 and 2024
and for the Year Ended December 31, 2025

GSG Consultants, Inc. 401(k) Plan

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DSWD
CPAs AND ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
GSG Consultants, Inc. 401(k) Plan
Chicago, Illinois

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

We have performed audits of the accompanying financial statements of GSG Consultants, Inc. 401(k) Plan (the "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 year then ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 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 the 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.

Auditors' 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 GAAS 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 GAAS, 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 GSG Consultants 401(k) 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 the 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 Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions, as of 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 GAAS. 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 are 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).

DeMaco Sciaccotta Wilkens & Dunleavy LLP

Frankfort, Illinois
October 14, 2026

GSG Consultants, Inc. 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2025 and 2024

ASSETS

	2025	2024
Investments		
Cash	$ 15,495	$ 10,551
Investments, fair value	21,299,566	17,202,587
Total investments	21,315,061	17,213,138
Receivables		
Participants' contributions	100,067	109,300
Employer contribution	529,819	571,459
Notes receivable from participants	186,316	104,903
Total receivables	816,202	785,662
TOTAL ASSETS	22,131,263	17,998,800

LIABILITIES

Excess contributions payable	124,046	24,639
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,007,217	$ 17,974,161

See accompanying notes to financial statements

GSG Consultants, Inc. 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2025

ADDITIONS	
Investment income	
Net appreciation in fair value of investments	$ 1,689,430
Dividends and interest	1,281,480
Total investment income	2,970,910
Other Income	
Interest income on notes receivable from participants	13,436
Other income	9,026
Total other income	22,462
Contributions	
Participants	1,658,288
Employer	529,946
Total contributions	2,188,234
Total additions	5,181,606
DEDUCTIONS	
Benefits paid to participants	1,000,408
Administrative fees	148,142
Total deductions	1,148,550
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,033,056
NET ASSETS AVAILABLE FOR BENEFITS- BEGINNING OF YEAR	17,974,161
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 22,007,217

See accompanying notes to financial statements

NOTE 1 - Description of the Plan

The following description of the GSG Consultants, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan's adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a 401(k)-provision sponsored by Specialty Consulting, Inc. and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan permits all employees of GSG Consultants, Inc., GSG Material Testing, Inc. d/b/a The HOH Group, Inc., and Specialty Consulting, Inc. (collectively the "Company" or "Employer"), to participate. Employees may enter the Plan on the first day of the month after meeting eligibility. Upon enrollment in the Plan, participants may direct participant and company contributions to any combination of available investment options.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to the maximum allowed by the Internal Revenue Code ("IRC"). The Plan allows participants to contribute their taxable annual compensation as a Roth 401(k) contribution. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified plans (rollover contributions). The Employer may, at its discretion, contribute participant matching contributions. Participants must be employed at the end of a plan year to receive employer discretionary matching contributions. For the year ended December 31, 2025, the Employer matched 75% of employee deferrals up to 4.5% of qualified wages as defined in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Employer contributions and Plan earnings (net of administrative expenses). Allocations are based on the participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Participants who leave the Plan because of death, normal retirement, or disability retirement, as defined in the Plan, are considered 100% vested. Company matching contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Vesting Years of Service	Percentage Vested
0-1	0%
2	25%
3	50%
4	75%
5 or greater	100%

NOTE 1 - Description of the Plan (cont.)

Forfeited Accounts

Forfeited accounts may be used to reduce employer matching contributions. During the year ended December 31, 2025, no forfeitures were used for employer contributions. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled $74,536 and $47,985, respectively. Subsequent to December 31, 2025, forfeitures of $49,633 were used to reduce the 2025 employer matching contribution receivable.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in a variety of investment choices. Investment choices are more fully described in the Plan's literature. Participants may change their investment options at any time.

Notes Receivable from Participants

A participant may borrow from a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. A participant may have up to two loans outstanding at any specific time. The notes are secured by the balance in the participant's account. Interest on the notes receivable shall equal the prime rate plus 1%. Principal and interest payments are made ratably through payroll deductions. Loans are only granted for specific purposes as defined in the Plan.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The plan distributed the 2025 excess contributions to the applicable participants in 2026.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment or installments. Participants may take in-service payment of benefits on rollover contributions, upon reaching the age of 59-1/2 or financial hardship if certain criteria are met, as defined in the Plan.

NOTE 2 -Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with generally accepted accounting principles in the United States of America ("GAAP").

Use of Estimates

The preparation of the financial statements in accordance with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from these estimates.

NOTE 2 -Summary of Significant Accounting Policies (cont.)

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 4 for a discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded.

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 Employer. Expenses that are paid by the Employer are excluded from these financial statements.

NOTE 3 -Information Prepared and Certified by Custodian - Unaudited

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information, included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Matrix Trust Company, the Custodian of the Plan:

Investments as of December 31, 2025 and 2024
Investment income for the year ended December 31, 2025
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) - Total investments

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 4 - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted 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 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.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Registered investment companies - The fair value of registered investment companies, are valued using quoted market prices in active markets.

Common/collective trust funds - The fair value of common/collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds, which are traded on an active market.

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

The tables below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy.

	2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 20,808,919	$ -	$ -	$ 20,808,919
Investments in the fair value hierarchy	$ 20,808,919	$ -	$ -	20,808,919
Common collective trust				490,647
Total investments at fair value				$ 21,299,566

NOTE 4 - Fair Value Measurements (cont.)

	2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 16,769,654	$ -	$ -	$ 16,769,654
Investments in the fair value hierarchy	$ 16,769,654	$ -	$ -	16,769,654
Common collective trust				432,933
Total investments at fair value				$ 17,202,587

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	December 31, 2025			
Common collective trust	$ 490,647	N/A	Daily	60 days
	December 31, 2024			
Common collective trust	$ 432,933	N/A	Daily	60 days

NOTE 5 - Parties-In-Interest

Certain of the Plan's investments are managed by the Custodian, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 6 - Tax Status

The Plan has adopted a non-standardized form of a prototype plan with CODA, sponsored by Correll Company. The prototype plan obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan is required to operate in conformity with the Internal Revenue Code to maintain its qualification. The plan administrator is not aware of any events that have occurred that might adversely affect the Plan's qualified status.

NOTE 6 - Tax Status (cont.)

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - Plan Termination

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

NOTE 8 - Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, which is the date that the financial statements were approved and available to be issued.

During the second quarter of 2026, the portions of the Plan attributable to participants employed by GSG Material Testing, Inc. d/b/a The HOH Group, Inc. and Specialty Consulting, Inc. were spun off into separate plans sponsored by those employers. In June 2026, Plan investments with a fair value of $11,640,123 were transferred to the successor plans: $7,441,795 to the plan sponsored by GSG Material Testing, Inc. d/b/a The HOH Group, Inc. and $4,198,328 to the plan sponsored by Specialty Consulting, Inc.

The transfers did not affect the Plan's financial statements as of and for the year ended December 31, 2025. However, they substantially reduced the Plan's net assets and number of participants in 2026.

The Plan's management has determined that there are no other subsequent events that require recognition or disclosure in the financial statements.

GSG Consultants, Inc. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2025

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan 001
EIN 36-3844476
As of 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
	American Funds	American Funds 2030 Trgt	**	$ 3,050,812
	American Funds	American Funds 2035 Trgt	**	2,462,663
	Vanguard	Vanguard 500 Index Admiral	**	1,874,975
	JP Morgan	JPMorgan Large Cap Growth	**	1,819,340
	American Funds	American Funds 2025 Trgt	**	1,664,270
	American Funds	American Funds 2045 Trgt	**	1,567,813
	American Funds	American Funds 2040 Trgt	**	1,301,200
	American Funds	American Funds 2060 Trgt	**	1,271,487
	American Funds	American Funds 2055 Trgt	**	1,016,462
	American Funds	American Funds 2050 Trgt	**	878,422
	Vanguard	Vanguard International Growth Adm	**	417,149
	SPDR	SPDR Gold Trust	**	401,539
	Franklin	Franklin Utilities Fund	**	390,389
	JP Morgan	JPMorgan US GARP Equity Fund	**	289,356
	JP Morgan	JPMorgan Small Cap Growth	**	286,457
	American Funds	American Funds American Balanced	**	264,084
	JP Morgan	JPMorgan Equity Income	**	261,846
	American Funds	American 2020 Target Date Retirement Income	**	228,044
	Columbia	Columbia Large Cap Index Fund Instl 2	**	207,340
	American Funds	American 2010 Target Date Retirement Income	**	199,909
	American Funds	American Funds New Perspective	**	153,840
	Franklin	Franklin Rising Dividends Fund	**	137,042
	Franklin	Franklin Small Cap Value CL	**	91,521
	Vanguard	Vanguard High-Yield Corporate Adm	**	75,940
	American Funds	American Funds American Mutual	**	75,070
	American Funds	American Funds High Income Trust	**	72,473
	Hartford	Hartford Intl Grwth	**	60,266
	American Funds	American 2015 Target Date Retirement Income	**	56,205
	Prinicipal Intl	Principal Intl Eqt Indx-Inst	**	45,748
	Franklin	Franklin Equity Income R6	**	36,229
	Hartford	Hartford Core Equity Fund	**	27,810
	Vanguard	Vanguard Mid-Cap Growth Index	**	25,000
	Templeton	Templeton Developing Markets	**	22,089
	Invesco	Invesco QQQ Trust Series 1	**	20,821
	MFS	MFS High Income	**	20,440
	American Funds	American Funds Bond	**	20,060
	MFS	MFS Government Securities Fund	**	12,254
	American Funds	American Funds New World	**	2,554
	Great Gray Trust	MetLife Group Annuity	**	490,647
		Total investments at fair value		21,299,566

GSG Consultants, Inc. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2025

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan 001
EIN 36-3844476
As of 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
*	MG Trust	Cash	**	15,495
		Total investments		21,315,061
	Participant Loans	Interest rates ranging from 4.25% to 9.50%	-0-	186,316
		Total assets held at end of year		$ 21,501,377

* Party-in-interest to the Plan
** Cost omitted for participant directed investments

Total investments has been prepared based on information certified as complete and accurate by Matrix Trust Company.

GSG Consultants, Inc. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2025

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Plan 001
EIN 36-3844476
As of December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Non Exempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included X	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
$ 1,326,087	$ 524,867	$ 801,220	$ -	$ -

SUPPLEMENTAL INFORMATION

GSG CONSULTANTS, INC. 401(K) PLAN
Plan's EIN: 36-3844476
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at 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
	Interest-Bearing Cash			
*	MG Trust	Cash	**	$ 15,495
	Common/Collective Trust			
	Great Gray	CIT III for MetLife Group Annuity	**	490,647
	Registered Investment Companies			
	American Funds	Target Dt 2010 - R6	**	199,909
	American Funds	Target Dt 2015 - R6	**	56,205
	American Funds	Target Dt 2020 - R6	**	228,044
	American Funds	Target Dt 2025 - R6	**	1,664,270
*	American Funds	Target Dt 2030 - R6	**	3,050,812
	American Funds	Target Dt 2035 - R6	**	2,462,663
	American Funds	Target Dt 2040 - R6	**	1,301,200
	American Funds	Target Dt 2045 - R6	**	1,567,813
	American Funds	Target Dt 2050 - R6	**	878,422
	American Funds	Target Dt 2055 - R6	**	1,016,462
	American Funds	Target Dt 2060 - R6	**	1,271,487
	American Funds	American Balanced Fund R6	**	264,084
	American Funds	American Mutual Fund R6	**	75,070
	American Funds	Bond Fund of America R6	**	20,060
	American Funds	American Funds High Income Trust R6	**	72,473
	American Funds	New Perspective R6	**	153,840
	American Funds	New World R6	**	2,554
	Columbia	Large Cap Index Inst2	**	207,340
	Franklin	Equity Income Fund R6	**	36,229
	Franklin	Rising Dividends Fund R6	**	137,042
	Franklin	Small Cap Vanue R6	**	91,521
	Franklin	Utilities Fund - R6	**	390,389
	Hartford	Core Equity Fund R6	**	27,810
	Hartford	International Growth Fund	**	60,266
	JPMorgan	Equity Income R5	**	261,846
	JPMorgan	Large Cap Growoth R5	**	1,819,341
	JPMorgan	Small Cap Growth Fund R5	**	286,457
	JPMorgan	US GARP Equity Fund R5	**	289,356
	MFS	High Income R6	**	20,440
	MFS	Government Securities R6	**	12,254
	Principlan	International Equity Index-Inst	**	45,748
	Templeton	Developing Markets R6	**	22,089
	The Vanguard Group	500 Index - Admiral	**	1,874,975
	The Vanguard Group	High-Yield Corporate - Admiral	**	75,940
	The Vanguard Group	International Growth - Admiral	**	417,149
	Invesco	Qqq Trust Series 1	**	20,821
	SPDR	Gold Trust Gold Shs	**	401,539
	The Vanguard Group	Vanguard Mid - Cap Growth Index	**	25,000
	Participant loans			
	Loans	Participant Loans 4.25% - 9.5%	**	186,316
	Total Assets		**$ 0**	**$ 21,501,378**

* A party-in-interest as defined by ERISA

**Cost Information is not required for participant-directed investments

Attachment to Form 5500

GSG CONSULTANTS, INC. 401(K) PLAN
GSG CONSULTANTS, INC.
Plan's EIN: 36-3844476
Plan Number: 001
Schedule DCG Line 9a - Schedule of Delinquent Partipant Contributions
December 31, 2025

Participant Contribution Transferred Late to Plan	**Total that Consitute Nonexempt Prohibited Transactions**			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
		409,666		

Attachments for Schedule DCG

The following attachments are associated with the Schedule DCG Identified by Employer Identification Number and Plan Number.

EIN: 36-4003526

PN: 001

Attachment to Form 5500

GSG CONSULTANTS, INC. 401(K) PLAN
GSG MATERIAL TESTING, INC. dba THE HOH GROUP, INC.
Plan's EIN: 36-3844476
Plan Number: 001
Schedule DCG Line 9a - Schedule of Delinquent Partipant Contributions
December 31, 2025

Participant Contribution Transferred Late to Plan	Total that Consitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
		223,080		

Attachments for Schedule DCG

The following attachments are associated with the Schedule DCG Identified by Employer Identification Number and Plan Number.

EIN: 36-4525444

PN: 001

Attachment to Form 5500

GSG CONSULTANTS, INC. 401(K) PLAN
SPECIALTY CONSULTING, INC.
Plan's EIN: 36-3844476
Plan Number: 001
Schedule DCG Line 9a - Schedule of Delinquent Partipant Contributions
December 31, 2025

Participant Contribution Transferred Late to Plan	**Total that Consitute Nonexempt Prohibited Transactions**			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
		168,474		