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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1975

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)
LEAVITT GROUP ENTERPRISES, INC.

136 W UNIVERSITY BLVD.
CEDAR CITY, UT 84720

2b Employer Identification Number (EIN) 88-0090855

2c Plan Sponsor's telephone number 435-586-6553

2d Business code (see instructions) 524210

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.	10/13/2023	MARK G. KENNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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**	3781
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)**	2505
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2559
b	Retired or separated participants receiving benefits	**6b**	86
c	Other retired or separated participants entitled to future benefits	**6c**	1358
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4003
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4003
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3919
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	305
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	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)	[X]	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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEAVITT GROUP ENTERPRISES, INC.

D Employer Identification Number (EIN)
88-0090855

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	385041-01	2808	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	17033143
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	18530416
c	Additions: (1) Contributions deposited during the year	7c(1)	2205632		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	242227		
	(4) Transferred from separate account	7c(4)	2434814		
	(5) Other (specify below)	7c(5)	416675		
	▶ LOAN PAYMENTS AND FORFEITURES				
	(6) Total additions			7c(6)	5299348
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	23829764
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2606710		
	(2) Administration charge made by carrier	7e(2)	41516		
	(3) Transferred to separate account	7e(3)	4148395		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	6796621
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	17033143

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEAVITT GROUP ENTERPRISES, INC.

D Employer Identification Number (EIN)
88-0090855

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	385041-01	27	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	15333
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LEAVITT GROUP ENTERPRISES, INC.	88-0090855

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	280993	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	75078	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRIME CAPITAL INVESTMENT ADVISORS L

6201 COLLEGE BLVD 7TH FL
OVERLAND PARK, KS 66211

(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?
27	INVESTMENT ADVISOR	71904	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DURHAM JONES & PINEGAR

PO BOX 4050
SALT LAKE CITY, UT 84110

(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?
29	ATTORNEY	31006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HINTON BURDICK, PLLC

63 SOUTH 300 EAST SUITE 100
ST GEORGE, UT 84770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	14900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

(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

(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 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEAVITT GROUP ENTERPRISES, INC.

D Employer Identification Number (EIN)
88-0090855

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25726	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2669205	3069544
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	153974515	137999726
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	18530416	17033143
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	14185022	15708853
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	189384884	173811266
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	189384884	173811266

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)	4271068	
(B) Participants	2a(1)(B)	12718571	
(C) Others (including rollovers)	2a(1)(C)	4892383	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21882022
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	134815	
(F) Other	2b(1)(F)	242227	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		377042
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5503719	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5503719
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11543	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9886	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1657
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	887987	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		887987

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-30530197
c Other income	2c		98254
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1779516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13192306	
(2) To insurance carriers for the provision of benefits	2e(2)	15333	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13207639
f Corrective distributions (see instructions)	2f		40252
g Certain deemed distributions of participant loans (see instructions)	2g		72330
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	473881	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		473881
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13794102
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-15573618
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: HINTONBURDICK CPA'S AND ADVISORS **(2)** EIN: 87-0492866

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		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	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEAVITT GROUP ENTERPRISES, INC.

D Employer Identification Number (EIN)
88-0090855

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): 20-3691708

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) through (c)

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

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

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

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_____

The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan

Financial Statements

December 31, 2022 and 2021

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HINTON BURDICK
CPAs & ADVISORS

Independent Auditors' Report

To the Administrative Committee of
The Leavitt Group Profit Sharing and
Retirement Savings Employee Stock Ownership Plan

Opinion

We have audited the financial statements of The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan as of December 31, 2022 and 2021, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership 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 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.

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 Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership 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 Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets Held for Investment 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HintonBurdick, PLLC

St George, Utah
October 6, 2023

The Leavitt Group Profit Sharing and Retirement Savings
Employee Stock Ownership Plan
Statement of Net Assets Available for Benefits
December 31, 2022 and 2021

Assets	**2022**	**2021**
Cash and cash equivalents	$ -	$ 25,726
Total cash and cash equivalents	-	25,726
Investments, at fair value:		
Shares of registered investment companies		
Empower Retirement	137,999,726	153,974,514
Leavitt Group stock - Plan Sponsor	17,282,940	14,185,023
Other investments	17,033,143	18,530,416
Total investments	172,315,809	186,689,953
Receivables:		
Participant notes receivable	3,069,544	2,669,205
Total receivables	3,069,544	2,669,205
Total assets	175,385,353	189,384,884
Net assets available for benefits	$ 175,385,353	$ 189,384,884

The accompanying notes are an integral part of the financial statements

The Leavitt Group Profit Sharing and Retirement Savings
Employee Stock Ownership Plan
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2022 and 2021

Additions to net assets attributed to:	**2022**	**2021**
Investment income:		
Dividends	$ 5,503,719	$ 8,652,502
Interest	377,042	356,528
Gain(loss) from pooled separate account	(30,431,943)	8,863,517
Realized gain(loss)	1,657	41,356
Unrealized gain(loss)	2,462,074	2,135,755
Total investment income(loss)	(22,087,451)	20,049,658
Contributions:		
Employer contributions	4,271,068	3,784,454
Participant contributions	12,718,571	11,341,319
Participant rollover contributions	4,892,383	2,843,113
Total contributions	21,882,022	17,968,886
Total additions(reductions)	(205,429)	38,018,544
Deductions from net assets attributed to:		
Participant distributions	13,320,221	12,306,741
Administrative expenses	473,881	295,539
Total deductions	13,794,102	12,602,280
Net increase(decrease) before transfers	(13,999,531)	25,416,264
Net increase(decrease)	(13,999,531)	25,416,264
Net assets available for benefits:		
Beginning of year	189,384,884	163,968,620
End of year	$ 175,385,353	$ 189,384,884

The accompanying notes are an integral part of the financial statements

The Leavitt Group Profit Sharing and Retirement Savings
Employee Stock Ownership Plan
Notes to the Financial Statements
December 31, 2022 and 2021

Note 1. Description of Plan

The following description of The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of participating agencies, who are not excluded by class, and are age twenty-one or older. Employees become eligible to participate in the plan after thirty days of employment. The Plan is subject to The Department of Labor (DOL) provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan allows the separate company entities several employer contribution methods. The Plan also allows employee contributions, through salary reduction contributions. The employer cash contributions, for its qualifying employees, can vary on a yearly basis and the contributions to employees, as a percentage of wages, are prescribed by the Plan and the Commissioner of the Internal Revenue Service.

Participant Accounts

Each participant's account is credited with the participant's contributions, contributions by the employer on the participant's behalf, and an allocation of Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances. 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 voluntary contributions, rollover contributions and actual earnings thereon. All employer contributions are 100 percent vested upon and after the participant attains normal retirement age, or if his employment terminates as a result of death or disability. If a participant's employment terminates prior to normal retirement age for any reason other than death or disability, then vesting in the employer's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested after six years of credited service. Credited years of service are those with more than 1,000 hours.

Note 1. Description of Plan, Continued

Investment Options

Upon enrollment in the Plan, a participant may direct their employee and employer contributions in any of the investment options offered by the plan through Empower Retirement. Participants are allowed to change the allocation of these investments daily. The amount attributable to employer contributions may be directed to employer stock during the annual ESOP offering.

Effective July 1, 2003, the plan was amended to include employer securities as an investment option through an Employee Stock Ownership Plan ("ESOP"). A plan participant may direct the purchase of employer securities only with amounts attributable to employer contributions. Amounts attributable to elective deferrals or rollover contributions may not be directed toward the purchase of Employer Securities. Participants may purchase or redeem investments in employer securities during the annual ESOP offering. The annual ESOP offering occurs each year immediately following the receipt of the June 30 semi-annual stock valuation report prepared by a qualified independent appraiser. Quarterly dividends paid on employer securities are allocated to each ESOP participant's general retirement account and invested according to their current investment election. Employer securities are not publicly traded and are sold or redeemed once each year during the annual ESOP offering. The annual ESOP offering memorandum encourages participants to carefully consider the transfer restrictions placed upon employer securities before making an investment election. Participants who are residents of California are prohibited from directing plan assets into an investment in employer securities.

The investments, unless invested in employer stock, are placed into Empower Retirement which has a series of funds ranging from high risk / return to low risk / return.

Group Annuity Contract with Great West Trust Company, LLC

The Plan has entered into an investment contract, Key Guaranteed Portfolio Fund, with Great-West Trust Company, LLC, totaling $17,033,143 for 2022 and $18,530,416 for 2021. Key Guaranteed Portfolio Fund is a Group Annuity Contract. This Group Annuity Contract is benefit responsive for participant-initiated transactions. Great-West Trust Company, LLC maintains the contributions in a general account. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great-West Trust Company, LLC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 1. Description of Plan, Continued

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) premature termination of the contracts by the plan, (2) plant closings, (3) layoffs, (4) plan termination, (5) bankruptcy, (6) mergers, (7) and early retirement incentives. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants.

Payment of Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, in either a lump-sum or substantially equal monthly, quarterly or annual installments over a fixed reasonable period of time, not exceeding the longest of the life expectancy of the participant or the joint life expectancy of the participant and his/her beneficiary.

Plan Termination

Although it has not expressed any intent to do so, and notwithstanding any other provision of the Plan to the contrary, upon the date of either full or partial termination of the Plan an affected participant's right to his accrued benefit shall be 100 percent vested.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited non-vested accounts totaled $12,490 and $10,264, respectively. The forfeitures that occurred throughout the year were applied toward employer contributions effectively reducing the amount funded by the company.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates

Distributions to Participants

Distributions to participants are recorded when paid.

Note 2. Summary of Significant Accounting Policies, Continued

Plan Expenses

Currently, Leavitt Group Enterprises, Inc., performs or provides the administrative functions, duties, physical space and responsibilities required for The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan without charge to the Plan. Direct costs such as amounts sent to outside legal counsel, third-party administrators, auditors, and other direct costs are paid by the Plan.

Subsequent Events

The Plan management and administration have reviewed the subsequent events through October 6, 2023, the date of issuance of the financial statements and noted no significant events.

Investment Valuation and Income Recognition

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

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets, or liabilities.

Level 2: Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

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.

Note 2. Summary of Significant Accounting Policies, Continued

Shares of company stock are stated at the fair value. The value of company shares is determined by an independent appraiser.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Note 3. Investments

The Trustees of the Plan administer the Plan's investments. Investment decisions are made in accordance with the Plan agreement and assets of the Plan are invested in various mutual funds purchased through Empower Retirement. The following summary reflects significant present investments. Investments that represent five percent or more of the Plan have been shown separately.

	12/31/22	12/31/21
Investments:		
KEY GUARANTEED PORTFOLIO FUND Fixed Annuities 2	$ 17,032,143	$ 18,530,416
WESTERN ASSET CORE PLUS BOND FUND I Mutual	11,733,185	17,034,493
JPMORGAN EQUITY INCOME R5 Mutual Funds 1	11,377,713	14,374,883
LOOMIS SAYLES CORE PLUS BOND Y Mutual Funds 1	10,168,418	12,829,481
AMERICAN FUNDS NEW PERSPECTIVE R5 Mutual Funds	9,457,421	12,336,864
AMERICAN CENTURY INFL-ADJ BD R5 Mutual Funds 1	9,249,488	10,068,546
VICTORY SYCAMORE ESTABLISHED VALUE R	-	9,508,525
Total other Empower Retirement Funds	68,981,358	59,291,306
Total shares of Investment funds	137,999,726	153,974,514
Leavitt Group stock	17,282,940	14,185,023
Other investments	17,033,143	18,530,416
Total investments	$ 172,315,809	$ 186,689,953

Note 3. Investments, Continued

The following presents the plan investments within the fair value hierarchy as previously discussed in Note 2:

	Investment Assets at Fair Value as of December 31, 2022			
Investment:	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds	$ 137,999,726	$ -	$ -	$ 137,999,726
Guaranteed Accounts	-	17,033,143	-	17,033,143
Leavitt Group Stock	-	-	17,282,941	17,282,941
	$ 137,999,726	$ 17,033,143	$ 17,282,941	$ 172,315,810

	Investment Assets at Fair Value as of December 31, 2021			
Investment:	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds	$ 153,974,514	$ -	$ -	$ 153,974,514
Guaranteed Accounts	-	18,530,416	-	18,530,416
Leavitt Group Stock	-	-	14,185,023	14,185,023
	$ 153,974,514	$ 18,530,416	$ 14,185,023	$ 186,689,953

Note 4. Participant Notes Receivable

The following presents the activity for participant loans categorized receivables for the year ended December 31:

Participant Loans	2022	2021
Beginning Balances	$ 2,669,205	$ 2,547,274
Issuances	1,986,196	1,416,134
Settlements	(1,725,063)	(1,482,595)
Transfers	6,124	57,342
Accrued Interest	133,082	131,050
Ending Balances	$ 3,069,544	$ 2,669,205

Note 4. Participant Notes Receivable, Continued

The Leavitt Group Profit Sharing and Retirement Savings Plan allows its participants to borrow against one-half of their vested benefits, with a ceiling of any participant loan of $50,000, as allowed by Treasury Regulations. The interest rate required on such borrowings is set as one percentage point over the prime interest rate of Zion's First National Bank, Salt Lake City, Utah; said rate is fixed throughout the duration of the loans. Interest earned and paid on these loans is individually allocated back to the participant's fund investments based upon the participant's directed allocation method amongst the funds.

The individual loan payback periods do not exceed 180 months. The 2022 earnings for these participant loans was $133,082 and the 2022 ending balance of Participant Notes Receivable was $3,069,544. The 2021 earnings for these participant loans was $131,050 and the 2021 ending balance of Participant Notes Receivable was $2,669,205.

Note 5. Employers' Contribution Receivable

At year-end, the board of directors of each individual affiliate determines the employer's matching contribution rate on eligible employees' compensation. The employer matching contribution rate ranges between 3 and 5 percent of eligible compensation. Each affiliate then remits their employer contribution net of non-vested forfeited amounts realized from distributions to terminated employees of each respective affiliate. The year-end 2022 and 2021 receivable balances for all eligible affiliate employer contributions were $0 and $0 respectively. An allowance for doubtful accounts is not shown and is not considered material.

Note 6. Participant Distributions

As of December 31, 2022 and 2021, the Plan distributed to participants totals of $13,320,221 and $12,306,741 respectively.

Note 7. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022 and 2021 to Schedule H of Form 5500:

	2022	2021
Net assets available for benefits per the financial statements	$ 175,385,353	$ 189,384,884
Amounts allocated to withdrawing participants	-	-
Employer contribution receivable not included on Form 5500	-	-
Participant contribution receivable not included on Form 5500	-	-
Other investment increases not included on Form 5500	-	-
Net assets available for benefits per the Form 5500	$ 175,385,353	$ 189,384,884

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2022 to Form 5500:

Benefits paid to participants per the financial statements	$ 13,320,221
Add: Amounts allocated to withdrawing participants at December 31, 2021	-
Less: Amounts allocated to withdrawing participants at December 31, 2022	-
Benefits paid to participants per the Form 5500	$ 13,320,221

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2021 to Form 5500:

Benefits paid to participants per the financial statements	$ 12,306,741
Add: Amounts allocated to withdrawing participants at December 31, 2020	-
Less: Amounts allocated to withdrawing participants at December 31, 2021	-
Benefits paid to participants per the Form 5500	$ 12,306,741

Note 8. Tax Status

In 2011, an update of the Plan document was prepared and submitted to the Internal Revenue Service, which received a favorable determination letter dated February 2, 2016.

The Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Note 9. Fidelity Bond

The Plan continues to have a Fidelity Bond in place for employees who handle plan assets as required by Department of Labor and ERISA statutes.

Note 10. Related Party Transactions and Parties in Interest

Certain Plan investments are shares of mutual funds administered by Empower Retirement. Empower Retirement is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to $102,910 for the year ended December 31, 2022.

The Plan employs Durham Jones & Pinegar for investment management services. This qualifies Durham Jones & Pinegar as a party-in-interest. Compensation paid to Durham Jones & Pinegar amounted to $31,006 for the year ended December 31, 2022.

The Plan employs Prime Capital Investment Advisors, LLC as an investment advisor to assist the Sponsor with investment advising and fund analysis. This qualifies Prime Capital Investment Advisors, LLC as a party-in-interest. Fees paid to Prime Capital Investment Advisors, LLC amounted to $71,904 for the year ended December 31, 2022.

The plan employs Hinton Burdick, PLLC as independent auditors in the annual audit of the Plans financial statements which qualifies Hinton Burdick, PLLC as a party-in-interest.

Note 11. Risks and Uncertainties

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

Supplementary Information

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year

The Leavitt Group
Profit Sharing and Retirement Savings Employee Stock Ownership plan
Plan Year Ending December 31, 2022
Plan 001 EIN 88-0090855

(a)	(b)	(c)	(d)	(e)
Issue	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest collateral, par or maturity date	Costs	Current value
	Empower Retirement	KEY GUARANTEED PORTFOLIO FUND Fixed Annuities 2	n/a	17,032,143
	Empower Retirement	WESTERN ASSET CORE PLUS BOND FUND I Mutual Funds 1	n/a	11,733,185
	Empower Retirement	JPMORGAN EQUITY INCOME R5 Mutual Funds 1	n/a	11,377,713
	Empower Retirement	LOOMIS SAYLES CORE PLUS BOND Y Mutual Funds 1	n/a	10,168,418
	Empower Retirement	AMERICAN FUNDS NEW PERSPECTIVE R5 Mutual Funds 1	n/a	9,457,421
	Empower Retirement	AMERICAN CENTURY INFL-ADJ BD R5 Mutual Funds 1	n/a	9,249,488
	Empower Retirement	MFS INTERNATIONAL DIVERSIFICATION R3 Mutual Funds 1	n/a	8,402,055
	Empower Retirement	VICTORY SYCAMORE ESTABLISHED VALUE R Mutual Funds 1	n/a	7,091,218
	Empower Retirement	VANGUARD SMALL CAP INDEX ADM Mutual Funds 1	n/a	6,607,748
	Empower Retirement	FIDELITY TOTAL MARKET INDEX Mutual Funds 1	n/a	5,828,904
	Empower Retirement	ARTISAN INTERNATIONAL VALUE INVESTOR Mutual Funds 1	n/a	5,652,888
	Empower Retirement	MFS GLOBAL TOTAL RETURN R3 Mutual Funds 1	n/a	4,329,292
	Empower Retirement	COLUMBIA DIVIDEND INCOME INSTL Mutual Funds 1	n/a	4,103,387
	Empower Retirement	VANGUARD MID CAP INDEX FUND ADMIRAL Mutual Funds 1 -	n/a	3,879,574
	Empower Retirement	PRINCIPAL REAL ESTATE SECURITIES INST Mutual Funds 1	n/a	3,725,176
	Empower Retirement	FEDERATED HERMES INSTL HIGH YIELD BD IS Mutual Funds 1	n/a	2,735,640
	Empower Retirement	COLUMBIA CONTRARIAN CORE INSTL Mutual Funds 1	n/a	2,671,665
	Empower Retirement	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	2,666,276
	Empower Retirement	JHANCOCK DISCIPLINED VALUE MID CAP I Mutual Funds 1	n/a	2,437,062
	Empower Retirement	INVESCO DEVELOPING MARKETS A Mutual Funds 1	n/a	2,179,314
	Empower Retirement	VANGUARD 500 INDEX ADMIRAL Mutual Funds 1	n/a	1,890,511
	Empower Retirement	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	1,750,491
	Empower Retirement	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	1,597,087
	Empower Retirement	PRINCIPAL MIDCAP INST Mutual Funds 1	n/a	1,434,136
			Subtotal	$ 138,000,794

* - Party in interest

n/a - Participant Directed Accounts

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year - Continued

The Leavitt Group
Profit Sharing and Retirement Savings Employee Stock Ownership plan
Plan Year Ending December 31, 2022
Plan 001 EIN 88-0090855

(a)	(b)	(c)	(d)	(e)
Issue	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest collateral, par or maturity date	Costs	Current value
	Empower Retirement	VANGUARD INTERNATIONAL GROWTH ADM Mutual Funds 1	n/a	1,433,921
	Empower Retirement	PIMCO INCOME A Mutual Funds 1	n/a	1,413,914
	Empower Retirement	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	1,330,302
	Empower Retirement	T. ROWE PRICE INSTL LARGE CAP CORE GR Mutual Funds 1	n/a	1,319,745
	Empower Retirement	EMPOWER SECUREFOUNDATION BALANCED SVC Mutual Funds	n/a	1,100,620
	Empower Retirement	MFS NEW DISCOVERY R3 Mutual Funds 1	n/a	1,026,084
	Empower Retirement	T. ROWE PRICE GLOBAL TECHNOLOGY Mutual Funds 1	n/a	1,015,925
	Empower Retirement	DELAWARE SMALL CAP VALUE INSTL Mutual Funds 1	n/a	821,284
	Empower Retirement	VANGUARD INDUSTRIALS INDEX ADM Mutual Funds 1	n/a	689,067
	Empower Retirement	MFS INTERNATIONAL INTRINSIC VALUE R4 Mutual Funds 1	n/a	684,684
	Empower Retirement	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	645,347
	Empower Retirement	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	564,262
	Empower Retirement	VIRTUS KAR SMALL-CAP CORE I Mutual Funds 1	n/a	544,677
	Empower Retirement	DELAWARE SMID CAP GROWTH INSTL Mutual Funds 1	n/a	483,136
	Empower Retirement	FIDELITY PACIFIC BASIN Mutual Funds 1	n/a	368,857
	Empower Retirement	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	364,424
	Empower Retirement	PIMCO GLOBAL BOND OPPS (USD-HEDGED) A Mutual Funds 1	n/a	339,627
	Empower Retirement	PRINCIPAL GLOBAL REAL ESTATE SEC R6 Mutual Funds 1	n/a	336,130
	Empower Retirement	UNDISCOVERED MGRS BEHAVIORAL VALUE L Mutual Funds 1	n/a	335,565
	Empower Retirement	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	329,258
	Empower Retirement	PIONEER STRATEGIC INCOME Y Mutual Funds 1	n/a	264,313
	Empower Retirement	PIMCO LONG DURATION TOTAL RETURN INSTL Mutual Funds 1	n/a	254,346
	Empower Retirement	FEDERATED HERMES ULTRASHORT BOND IS Mutual Funds 1	n/a	244,614
	Empower Retirement	AMERICAN FUNDS 2015 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	202,996
			Subtotal	$ 16,113,097

* - Party in interest

n/a - Participant Directed Accounts

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year - Continued

The Leavitt Group
Profit Sharing and Retirement Savings Employee Stock Ownership plan
Plan Year Ending December 31, 2022
Plan 001 EIN 88-0090855

(a)	(b)	(c)	(d)	(e)
Issue	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest collateral, par or maturity date	Costs	Current value
	Empower Retirement	ALLSPRING PRECIOUS METALS INSTITUTIONAL Mutual Funds 1	n/a	193,179
	Empower Retirement	VICTORY TRIVALENT INTERNATIONAL SM-CP I Mutual Funds 1	n/a	156,244
	Empower Retirement	TEMPLETON INSTL FOREIGN SMALLER CO SER A Mutual Funds	n/a	131,040
	Empower Retirement	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6 Mutual Funds 1	n/a	105,893
	Empower Retirement	T. ROWE PRICE NEW ERA Mutual Funds 1	n/a	102,418
	Empower Retirement	MFS EMERGING MARKETS DEBT R3 Mutual Funds 1	n/a	98,713
	Empower Retirement	MFS LIFETIME INCOME R3 Mutual Funds 1	n/a	70,855
	Empower Retirement	VANGUARD LONG-TERM BOND INDEX ADMIRAL Mutual Funds	n/a	60,636
*	The Leavitt Group, Inc.	138,774 shrs Common Stock	n/a	17,282,940
	Various	Participant Loans 4.25 - 8.00 %	n/a	3,069,544
			Subtotal	21,271,463
			Subtotal from previous pages	154,113,891
			Total Investments and Participant Loans	$ 175,385,354
			Cash and Cash Equivalents	-
			Total Plan Assets	$ 175,385,354

* - Party in interest

n/a - Participant Directed Accounts

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBL1			1,170,270.13	1,100,620.00
1RFJTX			212,097.27	202,996.19
1RRCTX			400,100.64	364,423.97
1RFDTX			1,710,912.19	1,597,087.13
1RFETX			1,894,295.53	1,750,490.98
1RFFTX			2,776,643.40	2,666,276.41
1RFGTX			682,733.33	645,346.96
1RFHTX			1,418,321.39	1,330,302.25
1RFITX			365,626.64	329,257.52
1RFKTX			611,876.07	564,262.38
1RFUTX			115,831.28	105,893.06
1MLLHX			80,615.88	70,854.53
1RNPFX			10,373,010.34	9,457,420.57
1ARTKX			6,091,997.91	5,652,888.40
1FPBFX			424,730.69	368,857.39
1MFWHX			4,514,934.31	4,329,292.33
1MDIHX			8,728,240.90	8,402,055.46
1MINHX			747,197.10	684,683.68
1ODMAX			2,475,438.40	2,179,313.55
1PGRSX			374,393.27	336,130.28
1PRGTX			1,733,257.64	1,015,925.03
1TFSCX			154,758.91	131,040.34
1VWILX			1,801,821.86	1,433,920.58
1MISIX			162,227.80	156,244.28
1PIREX			3,881,479.14	3,725,176.05
1PRNEX			95,348.04	102,417.88
1VINAX			685,299.14	689,066.97
1EKWYX			219,353.87	193,179.39
1DEVIX			812,033.08	821,283.72
1MNDHX			1,200,733.55	1,026,083.58
1UBVLX			323,817.78	335,564.55
1VSMAX			6,839,302.71	6,607,747.64
1PKSFX			485,673.63	544,677.18
1DFDIX			777,706.42	483,136.41
1JVMIX			2,251,304.96	2,437,062.11
1PCBIX			1,312,611.39	1,434,136.36
1VIMAX			4,027,399.27	3,879,574.35
1GETGX			7,173,807.84	7,091,217.94
1SMGIX			3,050,692.13	2,671,665.22
1GSFTX			3,274,542.44	4,103,386.65
1FSKAX			5,515,753.34	5,828,903.89
1OIERX			9,618,094.21	11,377,713.41
1TPLGX			1,723,921.98	1,319,744.64
1VFIAX			1,825,074.17	1,890,511.41
1AIANX			10,508,735.91	9,249,487.73
1FIHBX			3,046,161.87	2,735,639.74
1FULIX			248,955.42	244,613.65
1NERYX			11,599,630.30	10,168,418.34
1MEDFX			122,634.49	98,712.95
1PAIIX			356,261.13	339,627.26
1PONAX			1,577,042.75	1,413,913.63

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PLRIX			356,848.14	254,345.58
1STRYX			313,268.42	264,313.31
1VBLAX			81,100.98	60,636.12
1WACPX			13,944,589.87	11,733,184.85
1KGPF		1.300	16,034,477.11	17,020,653.12
1ERLVTT			5,328,390.54	15,707,853.37
			167,633,378.90	**170,729,232.27**
PARTICIPANT LOANS	VARIOUS	4.250-8.000	3,067,676.55	3,069,544.46
FORFEITURES			9,576.41	12,489.73

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 88-0090855

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Leavitt Group Profit Sharing and Retirement Savings Employee Stock Ownership Plan

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MXSBL1	Empower SecureFoundation Balanced Svc
1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFETX	American Funds 2030 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6
1RNPFX	American Funds New Perspective R5
1FPBFX	Fidelity Pacific Basin
1MDIHX	MFS International Diversification R3
1ODMAX	Invesco Developing Markets A
1PRGTX	T. Rowe Price Global Technology
1VWILX	Vanguard International Growth Adm
1PIREX	Principal Real Estate Securities Inst
1VINAX	Vanguard Industrials Index Adm
1DEVIX	Delaware Small Cap Value Instl
1UBVLX	Undiscovered Mgrs Behavioral Value L
1PKSFX	Virtus KAR Small-Cap Core I
1JVMIX	JHancock Disciplined Value Mid Cap I
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1SMGIX	Columbia Contrarian Core Instl
1FSKAX	Fidelity Total Market Index
1TPLGX	T. Rowe Price Instl Large Cap Core Gr
1AIANX	American Century Infl-Adj Bd R5
1FULIX	Federated Hermes Ultrashort Bond IS
1MEDFX	MFS Emerging Markets Debt R3
1PONAX	PIMCO Income A
1STRYX	Pioneer Strategic Income Y
1WACPX	Western Asset Core Plus Bond Fund I
1ERLVTT	Leavitt Group Enterprises Employer Stock
1RFJTX	American Funds 2015 Trgt Date Retire R6
1RFDTX	American Funds 2025 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6
1MLLHX	MFS Lifetime Income R3
1ARTKX	Artisan International Value Investor
1MFWHX	MFS Global Total Return R3
1MINHX	MFS International Intrinsic Value R4
1PGRSX	Principal Global Real Estate Sec R6
1TFSCX	Templeton Instl Foreign Smaller Co Ser A
1MISIX	Victory Trivalent International Sm-Cp I
1PRNEX	T. Rowe Price New Era
1EKWYX	Allspring Precious Metals Institutional
1MNDHX	MFS New Discovery R3
1VSMAX	Vanguard Small Cap Index Adm
1DFDIX	Delaware Smid Cap Growth Instl
1PCBIX	Principal MidCap Inst
1GETGX	Victory Sycamore Established Value R
1GSFTX	Columbia Dividend Income Instl
1OIERX	JPMorgan Equity Income R5
1VFIAX	Vanguard 500 Index Admiral
1FIHBX	Federated Hermes Instl High Yield Bd IS
1NERYX	Loomis Sayles Core Plus Bond Y
1PAIIX	PIMCO Global Bond Opps (USD-Hedged) A
1PLRIX	PIMCO Long Duration Total Return Instl
1VBLAX	Vanguard Long-Term Bond Index Admiral
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year