Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [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 RETIREMENT SAVINGS 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.	09/30/2026	JOSEPH C. CALLISTER
	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:

a Sponsor's name LEAVITT GROUP ENTERPRISES, INC.

c Plan Name THE LEAVITT GROUP PROFIT SHARING AND RETIREMENT SAVINGS EMPLOYEE STOCK OWNERSHIP PLAN

4b EIN 88-0090855

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	4889
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)**	2930
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3210
b	Retired or separated participants receiving benefits	**6b**	105
c	Other retired or separated participants entitled to future benefits	**6c**	1723
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5038
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	5064
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	4646
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4925
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	187
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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 Characteristic 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
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

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

A Name of plan
THE LEAVITT GROUP RETIREMENT SAVINGS 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	2769	01/01/2025	12/31/2025

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	20752459
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.	6d	

Specify nature of costs ▶

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	18559980
c	Additions: (1) Contributions deposited during the year	7c(1)	3738022		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	331147		
	(4) Transferred from separate account	7c(4)	3046845		
	(5) Other (specify below)	7c(5)	523729		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	7639743
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	26199723
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1528602		
	(2) Administration charge made by carrier	7e(2)	-2406		
	(3) Transferred to separate account	7e(3)	3921068		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	5447264
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	20752459

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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
THE LEAVITT GROUP RETIREMENT SAVINGS 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 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)

PRIME CAPITAL INVESTMENT ADVISORS

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 50	NONE	512780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

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 50 37 15	NONE	268670	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(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 50	NONE	26506	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)

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 50	NONE	16900	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 [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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(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

2025

This Form is Open to Public Inspection

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

A Name of plan
THE LEAVITT GROUP RETIREMENT SAVINGS 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)	523549	247260
(2) Participant contributions	1b(2)	540145	576715
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	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)	4009570	4493741
(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)	220500897	265411314
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	18559980	20752459
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	244134141	291481489
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	244134141	291481489

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.

		(a) Amount	(b) Total
Income			
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	5953066	
(B) Participants	2a(1)(B)	17709423	
(C) Others (including rollovers)	2a(1)(C)	5329931	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		28992420
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)	343000	
(F) Other	2b(1)(F)	331148	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		674148
(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)	11921471	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11921471
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		21684607
c Other income	2c		418126
d Total income. Add all **income** amounts in column (b) and enter total	2d		63690772
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15488316	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		15488316
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		35686
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	268170	
(4) IQPA audit fees	2i(4)	16900	
(5) Investment advisory and investment management fees	2i(5)	512780	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	26506	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	500	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		824856
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16348858
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47341914
l Transfers of assets:			
(1) To this plan	2l(1)		5434
(2) From this plan	2l(2)		0

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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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 [X] No

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE LEAVITT GROUP RETIREMENT SAVINGS 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) and (b):

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Leavitt Group Retirement Savings Plan
Financial Statements

December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Leavitt Group Retirement Savings Plan

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

We have performed audits of the financial statements of Leavitt Group Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Leavitt Group Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Leavitt Group Retirement Savings 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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Leavitt Group Retirement Savings 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 Leavitt Group Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes at End of Year is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Squire & Company, PC

St. George, Utah
August 17, 2026

Leavitt Group Retirement Savings Plan
Statement of Net Assets Available for Benefits
December 31, 2025 and 2024

Assets	**2025**	**2024**
Investments at fair value:		
Mutual funds	$ 265,411,314	$ 220,500,897
Investments at contract value:		
Interest in group annuity contract	20,752,459	18,559,980
Total investments	286,163,773	239,060,877
Receivables:		
Notes receivable from participants	4,493,741	4,009,570
Employer contributions receivable	247,260	523,549
Participant contributions receivable	576,715	540,145
Total receivables	5,317,716	5,073,264
Total assets	291,481,489	244,134,141
Net assets available for benefits	$ 291,481,489	$ 244,134,141

The accompanying notes are an integral part of the financial statements

Leavitt Group Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

Additions to net assets attributed to:	**2025**	**2024**
Investment income:		
Dividends	$ 11,921,471	$ 8,387,476
Investment interest	331,148	334,203
Interest on notes receivable from participants	343,000	277,064
Net appreciation in fair value of investments	21,684,607	23,369,779
Other income(loss)	418,126	348,112
Total investment income(loss)	34,698,352	32,716,634
Contributions:		
Employer contributions	5,953,066	5,619,117
Participant contributions	17,709,423	16,222,319
Participant rollover contributions	5,329,931	3,357,994
Total contributions	28,992,420	25,199,430
Total additions(reductions)	63,690,772	57,916,064
Deductions from net assets attributed to:		
Participant distributions	15,524,002	23,638,370
Administrative expenses	824,856	654,263
Total deductions	16,348,858	24,292,633
Net increase(decrease) before transfers	47,341,914	33,623,431
Other changes to net assets attributed to:		
Asset transfers into plan	5,434.00	-
Net increase	47,347,348	33,623,431
Net assets available for benefits:		
Beginning of year	244,134,141	210,510,710
End of year	$ 291,481,489	$ 244,134,141

The accompanying notes are an integral part of the financial statements

Note 1. Description of Plan

The following description of Leavitt Group Retirement Savings 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). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Contributions

Eligible employees may elect to contribute a portion of their compensation to the Plan through pre-tax salary deferrals or Roth salary deferrals, subject to limitations established by the Internal Revenue Code. Participants who have attained age 50 are eligible to make catch-up contributions, and participants ages 60 through 63 may be eligible to make enhanced catch-up contributions as permitted under applicable tax law.

The Plan contains an automatic enrollment feature. Eligible employees who do not make an affirmative deferral election are automatically enrolled in the Plan at a deferral rate of 3% of eligible compensation. The automatic deferral percentage increases annually by 1% each January 1 until reaching a maximum of 10% of eligible compensation, unless the participant elects a different contribution rate or opts out of participation.

The Plan provides for employer matching contributions. The amount and formula of employer matching contributions are determined annually at the discretion of the employer and may vary by participating employer. Matching contributions are based on participants' eligible pre-tax and Roth elective deferrals

The employer may also make discretionary profit-sharing contributions (referred to in the Plan as employer discretionary contributions). The amount of any discretionary contribution is determined annually by the employer's Board of Directors. Such contributions are allocated to eligible participants in accordance with the terms of the Plan.

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, account balances, or specific transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of Plan, Continued

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 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, vesting in the employer matching and discretionary contribution portions of the participant's account, plus actual earnings thereon, is based on years of service. A participant is 100 percent vested after six years of credited service.

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 investments are placed into Empower Retirement which has a series of funds ranging from high risk / return to low risk / return.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000, as limited by the Internal Revenue Code. Loans are secured by the balance in the participant's account. Notes receivable from participants bear interest at rates determined by the Plan Administrator that are intended to be reasonable and commensurate with prevailing market rates at the time the loans are issued. Loan terms generally may not exceed five years, except for loans used to acquire a participant's principal residence, which may have repayment terms of up to ten years. Principal and interest are paid ratably through payroll deductions

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.

Note 1. Description of Plan, Continued

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $79,721 and $55,647, respectively. In accordance with the provisions of the Plan, forfeitures may be used to reduce future employer contributions. During the year, $471,735 of forfeitures were applied toward employer contributions, effectively reducing the amount funded by participating employers.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

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.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Note 2. Summary of Significant Accounting Policies, Continued

Delinquent participant loans are recorded as distributions for tax purposes on the basis of the terms of the plan agreement. For the financial statements, the amount of a participant's loan plus interest continues to accrue until an event occurs that would allow or require a distribution of a participant's account balance.

Distributions to Participants

Distributions to participants are recorded when paid.

Plan Expenses

Currently, Leavitt Group Enterprises, Inc., performs or provides the administrative functions, duties, physical space and responsibilities required for Leavitt Group Retirement Savings 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 evaluated subsequent events through August 17, 2026, the date the financial statements were available to be issued, and noted no events requiring recognition or disclosure in the accompanying financial statements.

Note 3. Fair Value Measurements

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. 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 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Note 3. Fair Value Measurements, Continued

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

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

The 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.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024.

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

The following presents the plan investments within the fair value hierarchy:

	Investment Assets at Fair Value as of December 31, 2025			
Investment:	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds	$ 265,411,314	$ -	$ -	$ 265,411,314

	Investment Assets at Fair Value as of December 31, 2024			
Investment:	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds	$ 220,500,897	$ -	$ -	$ 220,500,897

The Plan also holds a fully benefit-responsive investment contract, the Key Guaranteed Portfolio Fund, with contract values of $20,752,459 and $18,559,980 as of December 31, 2025 and 2024, respectively. In accordance with FASB ASC 962, the investment contract is reported at contract value, which represents the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Key Guaranteed Portfolio Fund is not measured at fair value and, therefore, is not included in the fair value hierarchy.

Note 4. Group Annuity Contract

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 $$20,752,459 for 2025 and $$18,559,980 for 2024. The Key Guaranteed Portfolio Fund is a Group Annuity Contract that is benefit-responsive for participant-initiated transactions. Great-West Trust Company, LLC maintains Plan 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 stated in the contract and prevailing market conditions. The 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 measurement attribute for fully benefit-responsive investment contracts because it represents the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported 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.

The average yield credited to the Key Guaranteed Portfolio Fund was 1.45% for 2025 and 1.41% for 2024. The actual average yield earned by the Plan on the fully benefit-responsive investment contract was 1.70% for 2025 and 1.66% for 2024.

The Plan's ability to receive amounts due under the contract is dependent upon the issuer's ability to meet its contractual obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer, including (1) premature termination of the contract by the Plan, (2) plant closings, (3) layoffs, (4) Plan termination, (5) bankruptcy, (6) mergers, and (7) early retirement incentive programs. Plan management believes that no events are probable of occurring that would limit the Plan's ability to transact at contract value with participants.

Note 5. Information Prepared and Certified by Trustee

In accordance with 29 CFR 2520-103-5(c), the Plan Trustee, Empower Trust Company, LLC, has certified the accuracy and completeness of the 2025 and 2024 information contained in the financial statements and Supplement Schedules as of December 31 for the years stated:

	2025	2024
Investments at fair value	$ 265,411,314	$ 220,500,897
Investments at contract value	20,752,459	18,559,980
Notes receivable from participants	4,493,741	4,009,570
Investment income	34,698,352	32,716,634

Note 6. 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.

Note 7. 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 administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the internal revenue code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Note 8. Related Party Transactions and Parties in Interest

Certain Plan investments are managed by investment funds serviced through Empower Retirement, the Plan's recordkeeper and service provider. Transactions with Empower Retirement qualify as party-in-interest transactions under ERISA. Fees paid by the Plan for these services amounted to $268,670 for the year ended December 31, 2025.

The Plan utilizes Durham Jones & Pinegar for legal and compliance services. This qualifies Durham Jones & Pinegar as a party-in-interest. Compensation paid to Durham Jones & Pinegar amounted to $26,506 for the year ended December 31, 2025.

The Plan utilizes 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 $512,780 for the year ended December 31, 2025.

The plan utilizes Squire & Company, PC, formerly HintonBurdick, PLLC, as independent auditors in the annual audit of the Plans financial statements which qualifies Squire & Company, PC as a party-in-interest.

Note 9. 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.

Note 10. Plan Amendment and Restatement

Effective January 1, 2025, the Plan was amended and restated in its entirety and renamed the Leavitt Group Retirement Savings Plan.

The amended and restated Plan removed prior profit-sharing and employee stock ownership plan (ESOP) provisions, including provisions relating to employer securities.

Effective December 31, 2024, all employer securities previously held by the Plan had been redeemed and, under the amended and restated Plan, employer securities are no longer permitted investments of the Plan.

The amended and restated Plan also incorporates provisions required under recent legislation, including the SECURE Act and SECURE 2.0, as applicable.

Except as modified by the restatement, the Plan Sponsor intends to continue the Plan for the benefit of eligible employees in accordance with its terms.

Supplementary Information

Schedule of Assets (Held at End of Year)

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	VANGUARD 500 INDEX ADMIRAL	Registered investment	n/a	$ 36,814,938
	MFS INTERNATIONAL DIVERSIFICATION R3	Registered investment	n/a	26,838,172
	KEY GUARANTEED PORTFOLIO FUND	Group annuity contract	n/a	20,752,459
	COLUMBIA DIVIDEND INCOME INSTL	Registered investment	n/a	18,961,730
	LOOMIS SAYLES CORE PLUS BOND Y	Registered investment	n/a	14,138,243
	VANGUARD MID CAP INDEX FUND - ADMIRAL	Registered investment	n/a	13,100,466
	FEDERATED HERMES ULTRASHORT BOND IS	Registered investment	n/a	12,416,750
	JPMORGAN GROWTH ADVANTAGE R6	Registered investment	n/a	11,342,731
	PIMCO GLOBAL BOND OPPS (USD-HEDGED) A	Registered investment	n/a	10,067,231
	VANGUARD SMALL CAP INDEX ADM	Registered investment	n/a	9,027,332
	AB BOND INFLATION STRATEGY Z	Registered investment	n/a	8,228,640
	MFS INTERNATIONAL INTRINSIC VALUE R3	Registered investment	n/a	6,892,352
	ARTISAN INTERNATIONAL VALUE INVESTOR	Registered investment	n/a	6,666,151
	AMERICAN FUNDS BOND FUND OF AMER R6	Registered investment	n/a	6,077,614
	FIDELITY TOTAL MARKET INDEX	Registered investment	n/a	6,028,303
	PRINCIPAL REAL ESTATE SECURITIES INST	Registered investment	n/a	5,552,136
	PRINCIPAL MIDCAP INST	Registered investment	n/a	5,481,644
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Registered investment	n/a	5,245,075
	FEDERATED HERMES INSTL HIGH YIELD BD IS	Registered investment	n/a	5,057,590
	VANGUARD INTERNATIONAL GROWTH ADM	Registered investment	n/a	4,869,531
	VICTORY SYCAMORE ESTABLISHED VALUE R	Registered investment	n/a	4,746,425
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Registered investment	n/a	4,726,919
	JPMORGAN EQUITY INCOME R5	Registered investment	n/a	3,847,705
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Registered investment	n/a	3,383,231
			Subtotal	$ 250,263,368

* - Party in interest

n/a - Participant Directed Accounts

Schedule of Assets (Held at End of Year) - Continued

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	PUTNAM GLOBAL TECHNOLOGY R6	Registered investment	n/a	3,027,887
	UNDISCOVERED MGRS BEHAVIORAL VALUE L	Registered investment	n/a	2,870,220
	VANGUARD LONG-TERM INVESTMENT-GRADE ADM	Registered investment	n/a	2,831,884
	PUTNAM SMALL CAP GROWTH R6	Registered investment	n/a	2,259,816
	COLUMBIA CONTRARIAN CORE INSTL	Registered investment	n/a	2,237,936
	VANGUARD INDUSTRIALS INDEX ADM	Registered investment	n/a	2,055,958
	PIMCO INCOME A	Registered investment	n/a	1,979,018
	JHANCOCK DISCIPLINED VALUE MID CAP I	Registered investment	n/a	1,940,163
	AMERICAN FUNDS 2025 TRGT DATE RET INC R6	Registered investment	n/a	1,911,865
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Registered investment	n/a	1,686,911
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Registered investment	n/a	1,514,632
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Registered investment	n/a	1,452,640
	AMERICAN FUNDS NEW WORLD R6	Registered investment	n/a	1,291,377
	AMERICAN FUNDS NEW PERSPECTIVE R5	Registered investment	n/a	1,278,704
	EMPOWER SECUREFOUNDATION BALANCED SVC	Registered investment	n/a	1,271,153
	VIRTUS KAR SMALL-CAP CORE I	Registered investment	n/a	1,194,574
	AMERICAN FUNDS CAPITAL INC BLDR R6	Registered investment	n/a	871,586
	BNY MELLON NATURAL RESOURCES I	Registered investment	n/a	603,192
	AMERICAN CENTURY GLOBAL REAL ESTATE R6	Registered investment	n/a	593,317
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Registered investment	n/a	588,277
	ALLSPRING PRECIOUS METALS A	Registered investment	n/a	561,649
	AMERICAN FUNDS 2020 TRGT DATE RET INC R6	Registered investment	n/a	523,814
	VICTORY TRIVALENT INTERNATIONAL SM-CP I	Registered investment	n/a	436,880
	VICTORY PIONEER STRATEGIC INCOME Y	Registered investment	n/a	321,425
			Subtotal	$ 35,304,875

* - Party in interest

n/a - Participant Directed Accounts

Schedule of Assets (Held at End of Year) - Continued

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	MFS EMERGING MARKETS DEBT R3	Registered investment	n/a	255,659
	FIDELITY PACIFIC BASIN	Registered investment	n/a	158,499
	AMERICAN FUNDS 2015 TRGT DATE RET INC R6	Registered investment	n/a	135,607
	VANGUARD LONG-TERM BOND INDEX ADMIRAL	Registered investment	n/a	41,842
	MFS LIFETIME INCOME R3	Registered investment	n/a	3,922
	NOTES RECEIVABLE FROM PARTICIPANTS	Participant Loans 4.25 - 9.50 %	n/a	4,493,741
			Subtotal	5,089,271
			Subtotal from previous pages	285,568,243
			Total Investments and Participant Loans	$ 290,657,514

* - Party in interest

n/a - Participant Directed Accounts

Schedule of Assets (Held at End of Year)

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	VANGUARD 500 INDEX ADMIRAL	Registered investment	n/a	$ 36,814,938
	MFS INTERNATIONAL DIVERSIFICATION R3	Registered investment	n/a	26,838,172
	KEY GUARANTEED PORTFOLIO FUND	Group annuity contract	n/a	20,752,459
	COLUMBIA DIVIDEND INCOME INSTL	Registered investment	n/a	18,961,730
	LOOMIS SAYLES CORE PLUS BOND Y	Registered investment	n/a	14,138,243
	VANGUARD MID CAP INDEX FUND - ADMIRAL	Registered investment	n/a	13,100,466
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	PIMCO GLOBAL BOND OPPS (USD-HEDGED) A	Registered investment	n/a	10,067,231
	VANGUARD SMALL CAP INDEX ADM	Registered investment	n/a	9,027,332
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	AMERICAN FUNDS BOND FUND OF AMER R6	Registered investment	n/a	6,077,614
	FIDELITY TOTAL MARKET INDEX	Registered investment	n/a	6,028,303
	PRINCIPAL REAL ESTATE SECURITIES INST	Registered investment	n/a	5,552,136
	PRINCIPAL MIDCAP INST	Registered investment	n/a	5,481,644
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Registered investment	n/a	5,245,075
	FEDERATED HERMES INSTL HIGH YIELD BD IS	Registered investment	n/a	5,057,590
	VANGUARD INTERNATIONAL GROWTH ADM	Registered investment	n/a	4,869,531
	VICTORY SYCAMORE ESTABLISHED VALUE R	Registered investment	n/a	4,746,425
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Registered investment	n/a	4,726,919
	JPMORGAN EQUITY INCOME R5	Registered investment	n/a	3,847,705
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Registered investment	n/a	3,383,231
			Subtotal	$ 250,263,368

* - Party in interest

n/a - Participant Directed Accounts

Schedule of Assets (Held at End of Year) - Continued

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	PUTNAM GLOBAL TECHNOLOGY R6	Registered investment	n/a	3,027,887
	UNDISCOVERED MGRS BEHAVIORAL VALUE L	Registered investment	n/a	2,870,220
	VANGUARD LONG-TERM INVESTMENT-GRADE ADM	Registered investment	n/a	2,831,884
	PUTNAM SMALL CAP GROWTH R6	Registered investment	n/a	2,259,816
	COLUMBIA CONTRARIAN CORE INSTL	Registered investment	n/a	2,237,936
	VANGUARD INDUSTRIALS INDEX ADM	Registered investment	n/a	2,055,958
	PIMCO INCOME A	Registered investment	n/a	1,979,018
	JHANCOCK DISCIPLINED VALUE MID CAP I	Registered investment	n/a	1,940,163
	AMERICAN FUNDS 2025 TRGT DATE RET INC R6	Registered investment	n/a	1,911,865
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Registered investment	n/a	1,686,911
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Registered investment	n/a	1,514,632
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Registered investment	n/a	1,452,640
	AMERICAN FUNDS NEW WORLD R6	Registered investment	n/a	1,291,377
	AMERICAN FUNDS NEW PERSPECTIVE R5	Registered investment	n/a	1,278,704
	EMPOWER SECUREFOUNDATION BALANCED SVC	Registered investment	n/a	1,271,153
	VIRTUS KAR SMALL-CAP CORE I	Registered investment	n/a	1,194,574
	AMERICAN FUNDS CAPITAL INC BLDR R6	Registered investment	n/a	871,586
	BNY MELLON NATURAL RESOURCES I	Registered investment	n/a	603,192
	AMERICAN CENTURY GLOBAL REAL ESTATE R6	Registered investment	n/a	593,317
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Registered investment	n/a	588,277
	ALLSPRING PRECIOUS METALS A	Registered investment	n/a	561,649
	AMERICAN FUNDS 2020 TRGT DATE RET INC R6	Registered investment	n/a	523,814
	VICTORY TRIVALENT INTERNATIONAL SM-CP I	Registered investment	n/a	436,880
	VICTORY PIONEER STRATEGIC INCOME Y	Registered investment	n/a	321,425
			Subtotal	$ 35,304,875

* - Party in interest

n/a - Participant Directed Accounts

Schedule of Assets (Held at End of Year) - Continued

The Leavitt Group Retirement Savings Plan
Plan Year Ending December 31, 2025
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
	MFS EMERGING MARKETS DEBT R3	Registered investment	n/a	255,659
	FIDELITY PACIFIC BASIN	Registered investment	n/a	158,499
	AMERICAN FUNDS 2015 TRGT DATE RET INC R6	Registered investment	n/a	135,607
	VANGUARD LONG-TERM BOND INDEX ADMIRAL	Registered investment	n/a	41,842
	MFS LIFETIME INCOME R3	Registered investment	n/a	3,922
	NOTES RECEIVABLE FROM PARTICIPANTS	Participant Loans 4.25 - 9.50 %	n/a	4,493,741
			Subtotal	5,089,271
			Subtotal from previous pages	285,568,243
			Total Investments and Participant Loans	$ 290,657,514

* - Party in interest

n/a - Participant Directed Accounts