Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIVERSITY OF PIKEVILLE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1965

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)
UNIVERSITY OF PIKEVILLE

147 SYCAMORE STREET
PIKEVILLE, KY 41501

2b Employer Identification Number (EIN) 61-0444788

2c Plan Sponsor's telephone number 606-218-5346

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MICHAEL PACHECO
	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

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

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

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	693
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)**	458
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	512
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	236
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	748
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f	Total. Add lines **6d** and **6e**.	**6f**	758
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	695
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2022** **This Form is Open to Public Inspection**

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

A Name of plan UNIVERSITY OF PIKEVILLE RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF PIKEVILLE	**D** Employer Identification Number (EIN) 61-0444788

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

TIAA-CREF

(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
13-1624203	69345	314267	367	01/01/2022	12/31/2022

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

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

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

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

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

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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	8169096
5	Current value of plan's interest under this contract in separate accounts at year end	5	12645688

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 ▶

b	Balance at the end of the previous year			7b	8221874
c	Additions: (1) Contributions deposited during the year	7c(1)	36752		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	325991		
	(4) Transferred from separate account	7c(4)	512001		
	(5) Other (specify below)	7c(5)	9432		
	▶ PLAN SERVICING CREDIT				
	(6)Total additions			7c(6)	884176
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	9106050
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	395443		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	530106		
	(4) Other (specify below)	7e(4)	11405		
	▶ PLAN FEES				
	(5) Total deductions			7e(5)	936954
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8169096

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
UNIVERSITY OF PIKEVILLE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF PIKEVILLE

D Employer Identification Number (EIN)
61-0444788

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA
730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

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

VALIC
2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

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

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

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

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

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

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

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

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

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

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

(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)

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

(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 65	RECORDKEEPER	40355	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PLANPILOT, LLC

223 W JACKSON BLVD
STE 800
CHICAGO, IL 60606-6913

45-4168388

(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	ADVISOR	26000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VALIC

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(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 58	RECORDKEEPER	14913	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
UNIVERSITY OF PIKEVILLE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF PIKEVILLE

D Employer Identification Number (EIN)
61-0444788

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

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

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

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	775691

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

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

A Name of plan
UNIVERSITY OF PIKEVILLE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF PIKEVILLE

D Employer Identification Number (EIN)
61-0444788

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4290	55951
(2) Participant contributions	1b(2)	2494	47716
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	69216	181497
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1049014	1027388
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33826230	29349582
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8221874	8169096
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	43173118	38831230
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	43173118	38831230

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1438993	
(B) Participants	2a(1)(B)	1203042	
(C) Others (including rollovers)	2a(1)(C)	53470	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2695505
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6500	
(F) Other	2b(1)(F)	333109	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		339609
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	751598	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		751598
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		59515
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6557662
c Other income	2c		9432
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2702003
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1357792	
(2) To insurance carriers for the provision of benefits	2e(2)	202253	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1560045
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14913	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	64927	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		79840
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1639885
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4341888
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DEAN DORTON ALLEN FORD PLLC **(2)** EIN: 27-3858252

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan 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 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.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
UNIVERSITY OF PIKEVILLE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF PIKEVILLE

D Employer Identification Number (EIN)
61-0444788

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): 82-2826183 51-6559589

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Financial Statements and Supplemental Schedule

for

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

As of December 31, 2022 and 2021 and
for the Year Ended December 31, 2022
with Report of Independent Auditors

CONTENTS

Pages

Report of Independent Auditors....1 - 2

Financial Statements:
Statements of Net Assets Available for Benefits....3
Statement of Changes in Net Assets Available for Benefits....4

Notes to the Financial Statements....5 - 13

Supplemental Schedule:
Schedule H, line 4i - Schedule of Assets (Held at End of Year)....14 - 17

DEANDORTON

Report of Independent Auditors

To the Participants and Plan Administrator of
University of Pikeville, Inc. Retirement Plan
Pikeville, Kentucky

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

We were engaged to perform audits of the financial statements of University of Pikeville, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule referred to above.

Dean Dorton Allen Ford, PLLC

Louisville, Kentucky
October 11, 2023

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value:		
Mutual funds	**$ 28,514,077**	$ 32,992,986
Non benefit-responsive insurance contract	**6,956,442**	7,024,294
Variable annuity	**1,027,388**	1,049,014
Money market funds	**835,505**	833,244
Total investments, at fair value	**37,333,412**	41,899,538
Investments, at contract value:		
Fully benefit-responsive insurance contract	**1,212,654**	1,197,580
Contributions receivable:		
Participants	**47,716**	2,494
Employer	**55,951**	4,290
Total contributions receivable	**103,667**	6,784
Notes receivable from participants	**181,497**	69,216
Net assets available for benefits	**$ 38,831,230**	$ 43,173,118

See accompanying notes.

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2022 and 2021

	2022
Additions (reduction) to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of investments	$ (6,488,715)
Interest and dividends	1,084,707
Total investment loss	(5,404,008)
Interest on notes receivable from participants	6,500
Contributions:	
Participant	1,203,042
Employer	1,438,993
Rollover	53,470
Total contributions	2,695,505
Total reductions	(2,702,003)
Deductions from net assets attributed to:	
Benefits paid to participants	1,560,045
Administrative expenses	14,913
Other expenses	64,927
Total deductions	1,639,885
Net decrease	(4,341,888)
Net assets available for benefits:	
Beginning of year	43,173,118
End of year	$ 38,831,230

See accompanying notes.

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Notes to the Financial Statements

1. Description of Plan

The following description of the University of Pikeville, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a defined contribution retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by University of Pikeville, Inc. (the University, Plan Sponsor or Plan Administrator). Plan assets are held by custodians, of which are Teachers Insurance and Annuity Association (TIAA) and Variable Annuity Life Insurance Company (VALIC). The Plan has been amended from time to time, most recently effective July 1, 2022 for changes in employer matching contributions, as described below.

The Plan covers substantially all employees of the University except those who are students enrolled and attending classes at the University. Employees become eligible to make participant contributions immediately upon being hired, and are eligible for employer contributions after completing one year of service as defined by the Plan. Employees are eligible to participate in the Plan on the first day of the month subsequent to or on the completion of eligibility requirements.

Contributions

Participants may elect to contribute up to the maximum allowable contribution, as defined by the Internal Revenue Code (IRC), to their individual accounts. Participants may also contribute amounts representing distributions from other qualified defined contribution plans, as well as any catch-up contributions for which participants may be eligible, as defined by the IRC.

Prior to July 1, 2022, the Plan allowed employer contributions, which were elective at the discretion of the employer. In 2021, the Plan Sponsor contributed 5% of employee eligible wages and matched 100% of each participant's contributions up to a maximum of 2%. Effective July 1, 2022, the Plan Sponsor began matching 100% of the participant's contribution up to 2% and 50% of the participant's contribution of more than 2%, up to 6%. The Plan Sponsor also began contributing a nonelective contribution equal to 4% of an eligible employee's compensation. The total contribution to a participant's account for the Plan year cannot exceed the maximum limit determined by Internal Revenue Service (IRS) regulations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the University's matching contributions plus earnings and realized gains, and charged with the participant's withdrawals and distributions, as well as realized losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account and includes employee contributions and related earnings thereon.

1. Description of Plan, continued

Vesting

Participants are vested fully and immediately in their contributions and the University's contributions and all earnings thereon.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. If no such direction is made, participant accounts are invested in accordance with default investment alternatives as established under the Plan. The Plan Sponsor's contributions are automatically invested in the same investment options at the same percentage as participant deferral contributions.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten-year period. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution.

Risk and Uncertainties

The Plan provides for various participant-directed investment options. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Notes Receivable from Participants

Certain notes receivable from participants are issued directly from funds owned by TIAA and not directly from a participant’s account. Adequate security is required and a portion of the participant’s account is reserved, or held in collateral, to cover 110% of the outstanding note receivable in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a Group Supplemental Retirement Annuities (GSRA) contract or as a separate Retirement Loan contract.

1. Description of Plan, continued

Notes Receivable from Participants, continued

The interest rate for these Plan notes may be fixed or variable and the initial rate is determined by the terms of the controlling contract as is the rate adjustment details and frequency. For notes having collateral held in a GSRA contract, principal repayments increase the amount of TIAA Traditional funds available for the participant's use. For Retirement Loan contracts, principal repayments are transferred to the CREF Money Market investment option in the participant's Retirement Annuities or Group Retirement Annuities contract. For these Plan notes receivable, interest is paid directly to TIAA.

Additionally, participants may borrow from their account balances subject to the provisions of the Plan agreement up to a maximum of the lesser of $50,000 or 50% of their vested balance, reduced by the highest outstanding loan balance in the preceding 12 months.

The maximum term of a loan is 5 years unless the loan is used to purchase a new home. The maximum term for a loan to purchase a new home is 30 years. The loans are collateralized by the balance in the participant's account and bear interest at current market rates of local lending institutions. Principal and interest is paid ratably through bi-weekly or semi-monthly payroll deductions.

Investment and Administrative Expenses

All investment and administrative expenses of the Plan, except certain custodian fees, are absorbed by the Plan. Investment expenses are included in net depreciation in fair value of investments.

2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value with the exception of the fully benefit-responsive insurance contract. 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. 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 or depreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition, continued

Contract value is the relevant measurement for fully benefit-responsive insurance contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based on the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan Administrator evaluated subsequent events for accounting and disclosure requirements through October 11, 2023, the date the financial statements were available to be issued.

3. Information Prepared and Certified by Custodians

The Plan's asset information included in this note and throughout the Plan's financial statements and supplemental schedule was prepared by or derived from information provided by TIAA and VALIC, the custodians of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that asset information provided to the Plan Administrator by the custodians related to the asset information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to asset information in this note and which appears throughout the financial statements and the supplemental schedule.

The following table presents the fair value of assets (except for fully benefit-responsive insurance contract, which is reported at contract value) in the Plan that were certified by TIAA and VALIC.

3. Information Prepared and Certified by Custodians, continued

	2022	2021
Mutual funds	**$ 28,514,077**	$ 32,992,986
Non benefit-responsive insurance contract	**6,956,442**	7,024,294
Fully benefit-responsive insurance contract	**1,212,654**	1,197,580
Variable annuity	**1,027,388**	1,049,014
Money market funds	**835,505**	833,244
Total investments	**$ 38,546,066**	$ 43,097,118
Notes receivable from participants	**$ 181,497**	$ 69,216

For the year ended December 31, 2022, TIAA and VALIC also certified the completeness and accuracy of the $6,488,715 of net realized and unrealized depreciation in the fair value of investments, $1,084,707 of interest and dividends related to the investments, and $6,500 of interest on notes receivable from participants.

4. Investment Contracts with Insurance Company

The Plan has a fully benefit-responsive insurance contract and a non benefit-responsive insurance contract with TIAA. TIAA maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the financial statements at contract value, as reported to the Plan by TIAA. Contract value 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.

Participants may choose to invest in TIAA Traditional Annuity accounts, which pay a guaranteed rate of interest plus additional amounts that are not guaranteed but may be established on a year-by-year basis. These additional amounts, when declared, remain in effect through the end of the "declaration year," which begins each March 1.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan Documents (including complete or partial Plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor event (e.g., divestures or spin-offs of a subsidiary) that causes a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

5. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's 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. There have been no changes in the valuation methodologies used at December 31, 2022 and 2021.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

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 Securities and Exchange Commission. 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.

Money market funds: Valued at cost, which approximates fair value.

Variable annuity: Valued at NAV per share based on quoted market prices of underlying investments.

Non benefit-responsive insurance contract: This is a TIAA Traditional Annuity account valued at contract value which equals the accumulated cash contributions and interest credited to the Plan's contracts less any withdrawals. Contract value approximates fair value.

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

5. Fair Value Measurements, continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	Level 1	Level 2	Level 3	Total
2022				
Investments measured at fair value:				
Mutual funds	**$ 28,514,077**	**$ -**	**$ -**	**$ 28,514,077**
Money market funds	**835,505**	**-**	**-**	**835,505**
Non benefit-responsive insurance contract	**-**	**-**	**6,956,442**	**6,956,442**
Total investments in fair value hierarchy	**$ 29,349,582**	**$ -**	**$ 6,956,442**	**36,306,024**
Investments measured at NAV:				
Variable annuity				**1,027,388**
Total investments at fair value				**$ 37,333,412**
2021				
Investments measured at fair value:				
Mutual funds	$ 32,992,986	$ -	$ -	$ 32,992,986
Money market funds	833,244	-	-	833,244
Non benefit-responsive insurance contract	-	-	7,024,294	7,024,294
Total investments in fair value hierarchy	$ 33,826,230	$ -	$ 7,024,294	40,850,524
Investments measured at NAV:				
Variable annuity				1,049,014
Total investments at fair value				$ 41,899,538

5. Fair Value Measurements, continued

In accordance with accounting standards, investments that are measured at fair value using the NAV practical expedient have not been classified as Level 1, 2 or 3 in the fair value hierarchy, but are included above to permit reconciliation of the fair value hierarchy tables to the amounts presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31:

	2022 Fair Value	2021 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Variable annuity	**$ 1,027,388**	$ 1,049,014	N/A	Daily	Daily

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

6. Exempt Party-in-Interest Transactions

The Plan's investments include fully allocated insurance contracts with and accounts managed by TIAA and VALIC. Certain Plan investments are shares of mutual funds managed by TIAA and VALIC. TIAA and VALIC are custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Administrative expenses of $14,913 for the year ended December 31, 2022 are comprised of fees paid by the Plan to TIAA and VALIC for investment management services and withdrawal charges.

Additionally, indirect fees are paid to TIAA and VALIC based on investment account values. The indirect fees paid to TIAA for the year ended December 31, 2022 were approximately $125,300. The indirect fees paid to VALIC range from 0.80% to 1.36% of the investment account value. The indirect fees are included within net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

7. Tax Status

The Plan has adopted a non-standardized form of a prototype plan sponsored by TIAA. As announced in Revenue Procedure, 2013-22, the IRS opened up the application process for 403(b) pre-approved plans on June 28, 2013. Prototype plan sponsors had until April 30, 2015 to submit their plans to the IRS for approval. In January 2017, the IRS published Revenue Procedure 2017-18, which extended the deadline to March 31, 2020 as the last day to take advantage of the amendment period under Revenue Procedure 2013-22. The Plan adopted an IRS approved TIAA document effective November 30, 2018. Prior to April 30, 2014, 403(b) plans were not required to submit plans to the IRS for determination. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

8. Priorities upon Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all affected participants to amounts contributed by them and the Plan Sponsor and related earnings thereon would become fully vested.

SUPPLEMENTAL SCHEDULE

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2022

Plan Sponsor: University of Pikeville, Inc.
Plan Sponsor's EIN: 61-0444788
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	TIAA Traditional	Non Benefit-Responsive Insurance Contract	**	$ 6,956,442
*	CREF Stock	Mutual Fund	**	6,219,258
*	TIAA-CREF Lifecycle 2035-Inst	Mutual Fund	**	2,065,902
*	TIAA-CREF Lifecycle 2030-Inst	Mutual Fund	**	1,876,716
*	TIAA-CREF Lifecycle 2025-Inst	Mutual Fund	**	1,676,911
*	TIAA-CREF Lifecycle 2040-Inst	Mutual Fund	**	1,258,984
*	TIAA Traditional	Fully Benefit-Responsive Insurance Contract	**	1,212,654
*	TIAA-CREF Lifecycle 2045-Inst	Mutual Fund	**	1,135,152
*	TIAA-CREF Lifecycle 2020-Inst	Mutual Fund	**	1,131,305
*	TIAA-CREF Lifecycle 2050-Inst	Mutual Fund	**	881,766
*	TIAA Real Estate	Variable Annuity	**	775,690
*	CREF Global Equities	Mutual Fund	**	774,837
	Ishares S&P 500 Index Fund	Mutual Fund	**	767,268
*	CREF Growth	Mutual Fund	**	676,193
*	CREF Money Market	Money Market Fund	**	586,558
*	TIAA-CREF Lifecycle 2055-Inst	Mutual Fund	**	525,219
*	CREF Equity Index	Mutual Fund	**	522,097
	Blackrock Small Cap Index K	Mutual Fund	**	509,932
*	CREF Inflation-Linked Bond	Mutual Fund	**	443,526
	Putnam Equity Income Fund C	Mutual Fund	**	418,593
	Blackrock International Idx K	Mutual Fund	**	388,897
*	CREF Social Choice	Mutual Fund	**	356,173
	American Fd New Perspective R6	Mutual Fund	**	349,956
*	TIAA-CREF Lifecycle 2010-Inst	Mutual Fund	**	338,809
*	VALIC Fixed Account Plus	Mutual Fund	**	338,510
	Blackrock Mid Cap Index Fund K	Mutual Fund	**	281,440
*	VALIC International Equity Index Fund	Mutual Fund	**	265,428
*	VALIC Mid Cap Index	Mutual Fund	**	265,409
*	VALIC Stock Index Fund	Mutual Fund	**	250,923
*	TIAA-CREF Access Lifecycle 2025 T3	Mutual Fund	**	234,651
	Vanguard Federal Money Market	Money Market Fund	**	220,638
*	CREF Bond Market	Mutual Fund	**	210,152

See report of independent auditors.

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2022

Plan Sponsor: University of Pikeville, Inc.
Plan Sponsor's EIN: 61-0444788
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	T.Rowe Price Blue Chip Gr I	Mutual Fund	**	209,803
*	VALIC Core Bond Fund	Mutual Fund	**	204,507
*	TIAA-CREF Access Lifecycle 2010 T3	Mutual Fund	**	203,064
	Vanguard Windsor II	Mutual Fund	**	194,774
*	TIAA-CREF Access Lifestyle 2035 T3	Mutual Fund	**	194,234
	Baird Aggregate Bond Inst	Mutual Fund	**	191,394
*	VALIC United States Socially Responsible Fund	Mutual Fund	**	188,114
*	TIAA-CREF Lifecycle 2015-Inst	Mutual Fund	**	180,231
*	TIAA-CREF Access Lifestyle 2030 T3	Mutual Fund	**	179,110
*	VALIC Emerging Economies Fund	Mutual Fund	**	176,420
*	TIAA-CREF Access Intl Equity T3	Mutual Fund	**	154,936
*	VALIC International Value Fund	Mutual Fund	**	151,917
*	VALIC International Opportunities	Mutual Fund	**	145,104
*	TIAA-CREF Access Quant Sml-Cap Eq T3	Mutual Fund	**	134,046
*	TIAA-CREF Access Sm-Cap Bl IdxT3	Mutual Fund	**	128,837
*	VALIC Mid Cap Value Fund	Mutual Fund	**	125,418
*	TIAA-CREF Access Mid-Cap Val T3	Mutual Fund	**	124,922
*	TIAA-CREF Access Lifecycle 2045 T3	Mutual Fund	**	107,335
	Vanguard Infl Protect Sec Adm	Mutual Fund	**	103,925
*	TIAA-CREF Access Growth & Income T3	Mutual Fund	**	96,589
	Principal Real Estate Sec R 6	Variable Annuity	**	95,056
*	TIAA-CREF Access Real Est Secs T3	Variable Annuity	**	92,956
*	TIAA-CREF Access Lg-Cap Val T3	Mutual Fund	**	90,778
*	VALIC Asset Allocation Fund	Mutual Fund	**	82,690
*	TIAA-CREF Access Mid-Cap Gr T3	Mutual Fund	**	75,219
*	VALIC Small Cap Value Fund	Mutual Fund	**	73,660
*	TIAA-CREF Access Lifecycle 2060-Inst	Mutual Fund	**	73,227
	American Europac Growth	Mutual Fund	**	70,478
*	VALIC Global Real Estate Fund	Variable Annuity	**	63,686
*	VALIC Inflation Protected Fund	Mutual Fund	**	62,447
*	TIAA-CREF Access Lifestyle 2050 T3	Mutual Fund	**	61,532

See report of independent auditors.

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2022

Plan Sponsor: University of Pikeville, Inc.
Plan Sponsor's EIN: 61-0444788
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	VALIC Aggressive Growth Lifestyle	Mutual Fund	**	59,532
*	TIAA-CREF Access Lifestyle 2040 T3	Mutual Fund	**	56,166
*	VALIC Mid Cap Strategic Growth Fund	Mutual Fund	**	37,096
*	VALIC High Yield Bond Fund	Mutual Fund	**	36,812
*	VALIC Conservative Growth Lifestyle	Mutual Fund	**	31,074
*	TIAA-CREF Access Lg-Cap Gr T3	Mutual Fund	**	29,942
*	VALIC Moderate Growth Lifestyle	Mutual Fund	**	28,717
*	TIAA-CREF Access Social Ch Eq T3	Mutual Fund	**	28,544
*	VALIC International Socially Responsible Fund	Mutual Fund	**	27,646
*	VALIC Loan Fund	Mutual Fund	**	27,417
*	VALIC GS VIT Government Money Market Fund	Money Market Fund	**	26,625
*	TIAA Access Lifecycle 2055 T3	Mutual Fund	**	24,304
	Invesco Balance Risk Commodity STR R5	Mutual Fund	**	22,692
*	TIAA-CREF Access Lifestyle 2015 T3	Mutual Fund	**	20,277
*	VALIC Large Cap Growth	Mutual Fund	**	19,281
*	TIAA-CREF Access Bond T3	Mutual Fund	**	17,590
*	TIAA-CREF Access Equity Index T3	Mutual Fund	**	12,534
*	VALIC Government Securities Fund	Mutual Fund	**	12,302
	Delaware Small Cap Value R6d	Mutual Fund	**	9,986
*	VALIC Loan Fund	Mutual Fund	**	9,838
*	VALIC Blue Chip Growth Fund	Mutual Fund	**	8,920
*	VALIC Nasdaq-100(r) Index Fund	Mutual Fund	**	8,734
*	TIAA-CREF Access Lifestyle 2020 T3	Mutual Fund	**	6,478
*	VALIC Dividend Value Fund	Mutual Fund	**	6,048
*	VALIC Short Term Fixed Account	Mutual Fund	**	5,872
*	VALIC Small Cap Index Fund	Mutual Fund	**	3,855
*	TIAA-CREF Access Inflation Linked Bond T3	Mutual Fund	**	3,788
*	Clearbridge Small Cap Growth	Mutual Fund	**	2,625
*	VALIC International Growth Fund	Mutual Fund	**	2,125
*	TIAA-CREF Access Bond Plus T3 6Y	Mutual Fund	**	1,688

See report of independent auditors.

UNIVERSITY OF PIKEVILLE, INC. RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2022

Plan Sponsor: University of Pikeville, Inc.
Plan Sponsor's EIN: 61-0444788
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	TIAA-CREF Access Money Market T3	Money Market Fund	**	1,684
	TIAA-CREF Access Lifestyle 2065 T3	Mutual Fund	**	1,273
*	VALIC Systematic Value Fund	Mutual Fund	**	1,192
*	VALIC Systematic Core Fund	Mutual Fund	**	983
*	VALIC Ariel Fund	Mutual Fund	**	28
*	Participant loans	Interest rates are between 1.00% and 7.25% per annum, maturing at various dates through February 13, 2029	$0	181,497
				$ 38,727,563

* Denotes party-in-interest
** *Cost information is not required by ERISA for participant-directed investments*

See report of independent auditors.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► University of Pikeville Retirement Plan

Employer Identification Number:► 61-0444788

For plan year (beginning/ending):► 1/1/2022 to 12/31/2022 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		$ 1,147,480.71
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		$ 6,708,339.68
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		$ 65,173.61
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		$ 248,101.91
*	College Retirement Equities Fund variable annuities	CREF Stock R1		$ 6,219,258.33
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		$ 586,558.02
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		$ 356,173.30
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		$ 774,835.50
*	College Retirement Equities Fund variable annuities	CREF Growth R1		$ 676,192.99
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		$ 522,097.39
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		$ 443,525.97
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		$ 775,690.62
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T3		$ 1,688.04
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond T3		$ 17,589.86
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T3		$ 12,534.25
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T3		$ 96,589.20
*	College Retirement Equities Fund variable annuities	TIAA Access Infl-Lnkd Bond T3		$ 3,788.03
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T3		$ 154,935.76
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T3		$ 29,941.88
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T3		$ 90,777.50
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2010 T3		$ 203,063.88
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2015 T3		$ 20,277.36
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T3		$ 6,478.35
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T3		$ 234,651.18
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T3		$ 179,110.00
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T3		$ 194,234.04
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2040 T3		$ 56,165.72
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T3		$ 107,335.01
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T3		$ 61,532.13
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T3		$ 75,219.18
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T3		$ 124,921.85
*	College Retirement Equities Fund variable annuities	TIAA Access Money Market T3		$ 1,684.12
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T3		$ 92,955.70
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap Bl Idx T3		$ 128,837.38
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T3		$ 134,046.18
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T3		$ 28,543.60
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1		$ 210,151.89
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2010-Inst		$ 338,808.99
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2015-Inst		$ 180,230.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2020-Inst		$ 1,131,304.92
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2025-Inst		$ 1,676,911.42
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2030-Inst		$ 1,876,716.19
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2035-Inst		$ 2,065,901.81
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2040-Inst		$ 1,258,983.59
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2045-Inst		$ 1,135,152.41
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2050-Inst		$ 881,765.89
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2055-Inst		$ 525,218.56
	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		$ 70,477.89
	College Retirement Equities Fund variable annuities	American Fd New Perspective R6		$ 349,956.05
	College Retirement Equities Fund variable annuities	Vanguard Federal Money Mkt Inv		$ 220,637.88
	College Retirement Equities Fund variable annuities	Vanguard Infl Protect Sec Adm		$ 103,924.91
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2055 T3		$ 24,303.91
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2060-Inst		$ 73,227.22
	College Retirement Equities Fund variable annuities	Baird Aggregate Bond Inst		$ 191,393.67
	College Retirement Equities Fund variable annuities	Putnam Large Cap Value Fund R6		$ 418,593.06
	College Retirement Equities Fund variable annuities	iShares S&P 500 Index Fund K		$ 767,268.05
	College Retirement Equities Fund variable annuities	T. Rowe Price Blue Chip Gr I		$ 209,803.21
	College Retirement Equities Fund variable annuities	BlackRock Mid Cap Index Fund K		$ 281,440.15
	College Retirement Equities Fund variable annuities	Delaware Small Cap Value R6		$ 9,985.73
	College Retirement Equities Fund variable annuities	iShares Rus 2000 Sml Cap Idx K		$ 509,931.95
	College Retirement Equities Fund variable annuities	iShares MSCI EAFE Intl Idx K		$ 388,897.23
	College Retirement Equities Fund variable annuities	Principal Real Estate Sec R6		$ 95,056.22
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2065-Inst		$ 1,273.57
	College Retirement Equities Fund variable annuities	ClearBridge Small Cp Growth IS		$ 2,624.63
	College Retirement Equities Fund variable annuities	Participant Loan Fund		$ 126,904.38
	TIAA Total			$ 35,707,174.22

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► University of Pikeville Retirement Plan

Employer Identification Number:► 61-0444788

For plan year (beginning/ending):► 1/1/2022 to 12/31/2022 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	VALIC	AGGRESSIVE GROWTH LIFESTYLE		$ 59,531.98
	VALIC	ASSET ALLOCATION FUND		$ 82,690.04
	VALIC	BLUE CHIP GROWTH FUND		$ 8,919.93
	VALIC	CORE BOND FUND		$ 204,507.24
	VALIC	DIVIDEND VALUE		$ 6,048.29
	VALIC	EMERGING ECONOMIES		$ 176,420.29
*	VALIC	FIXED ACCOUNT PLUS		$ 338,509.67
	VALIC	GLOBAL REAL ESTATE FUND		$ 63,685.86
	VALIC	GOVERNMENT SECURITIES FUND		$ 12,301.75
	VALIC	GS VIT GOV MONEY MKT FD INST		$ 26,624.96
	VALIC	HIGH YIELD BOND FUND		$ 36,812.36
	VALIC	INFLATION PROTECTED FUND		$ 62,446.53
	VALIC	INTERNATIONAL GROWTH FUND		$ 2,124.96
	VALIC	INTERNATIONAL VALUE FUND		$ 151,916.66
	VALIC	INTERNATL EQUITIES INDEX FUND		$ 265,428.02
	VALIC	INTL OPPORTUNITIES		$ 145,104.13
	VALIC	INTL SOCIALLY RESPONSIBLE FUND		$ 27,645.57
	VALIC	LOAN COLLATERAL FUND		$ 63,752.10
	VALIC	LOAN ESCROW FUND		$ 678.88
	VALIC	MID CAP INDEX FUND		$ 265,408.96
	VALIC	MID CAP STRATEGIC GWTH		$ 37,096.10
	VALIC	MID CAP VALUE FUND		$ 125,417.69
	VALIC	MODERATE GROWTH LIFESTYLE		$ 28,717.41
	VALIC	NASDAQ-100(R) INDEX FUND		$ 8,734.33
*	VALIC	SHORT TERM FIXED ACCOUNT		$ 5,872.05
	VALIC	SMALL CAP INDEX FUND		$ 3,855.32
	VALIC	SMALL CAP VALUE FUND		$ 73,659.59
	VALIC	STOCK INDEX FUND		$ 250,922.88
	VALIC	SYSTEMATIC CORE FUND		$ 983.30
	VALIC	SYSTEMATIC VALUE		$ 1,192.84
	VALIC	US SOCIALLY RESPONSIBLE FUND		$ 188,114.30
	VALIC	VANGUARD WINDSOR II		$ 194,774.26
	VALIC	VC I CAPITAL APPRECIATION		$ 27,416.51
	VALIC	VC I CONSERV GROWTH LIFESTYLE		$ 31,073.65
	VALIC	ARIEL FUND		$ 27.97
	VALIC	INVESCO BAL RISK COMMOD STR R5		$ 22,691.59
	VALIC	LARGE CAPITAL GROWTH		$ 19,280.73
	VALIC Total			$ 3,020,388.70
	Grand Total			$ 38,727,563