

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1971
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) LEE UNIVERSITY 1120 NORTH OCOEE CLEVELAND, TN 37311-4458	2b Employer Identification Number (EIN) 62-0502739 2c Plan Sponsor's telephone number 423-614-8102 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.	09/28/2023	JANELL SATTERFIELD
	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.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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 1116
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) 800
a(2) Total number of active participants at the end of the plan year		6a(2) 776
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 314
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1090
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 6
f Total. Add lines 6d and 6e		6f 1096
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1080
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: 2L		
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEE UNIVERSITY	D Employer Identification Number (EIN) 62-0502739	

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.
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1 Coverage Information:

(a) Name of insurance carrier TIAA-CREF
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(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	500937	545	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	15114661
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	25572064

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	14629433
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c	Additions: (1) Contributions deposited during the year	7c(1)	161556	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	600132	
	(4) Transferred from separate account	7c(4)	2308172	
	(5) Other (specify below)	7c(5)	1742	
	▶ OTHER			

(6) Total additions	7c(6)	3071602
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d Total of balance and additions (add lines 7b and 7c(6))	7d	17701035
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	983802	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	1594983	
(4) Other (specify below)	7e(4)	7590	
▶ OTHER			

(5) Total deductions	7e(5)	2586375
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15114660
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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)	
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)	
(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)	
(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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEE UNIVERSITY	D Employer Identification Number (EIN) 62-0502739	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	730 THIRD AVE. NEW YORK, NY 10017-3206
13-1624203	

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

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--

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

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

TIAA

730 THIRD AVE.
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?
		13588	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPFINANCIAL PARTNERS, LLC

4208 SIX FORKS RD STE 1700
RALEIGH, NC 27609-5734

26-0058143

(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?
		10157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110 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 LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA			B Three-digit plan number (PN) ►		001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LEE UNIVERSITY			D Employer Identification Number (EIN) 62-0502739		
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 13-1624203-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2768983		
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
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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
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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
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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
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEE UNIVERSITY</u>		D Employer Identification Number (EIN) <u>62-0502739</u>

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)		
(2) Participant contributions.....	1b(2)	45343	
(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)		84387
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2633028	2768983
(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)	47998789	37574806
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14629433	15114660
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	65306593	55542836

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	65306593	55542836
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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)	556049	
(B) Participants	2a(1)(B)	1489877	
(C) Others (including rollovers)	2a(1)(C)	43442	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2089368
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)	3563	
(F) Other	2b(1)(F)	600132	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		603695
(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)	316499	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		316499
(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)		
(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)		

		(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)		223604
(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)		-9429478
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-6196312
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3056579	
(2) To insurance carriers for the provision of benefits	2e(2)	486447	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3543026
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)	24419	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		24419
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3567445
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-9763757
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: **LPMC, PC**

(2) EIN: **62-1199757**

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:

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.)

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEE UNIVERSITY		D Employer Identification Number (EIN) 62-0502739
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
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): 13-1624203		
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.....		3 170
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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 _____



INDEPENDENT AUDITORS' REPORT

**The Plan Administrator
Lee University Defined Contribution Retirement Plan**

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

We have performed audits of the financial statements of the Lee University Defined Contribution 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 Saturday, December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 and for the years ended Saturday, December 31, 2022 and 2021, 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 2022 and 2021 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

Because of the inadequacies in the Plan's records for the period prior to January 1, 2009, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from the inception of the Plan, or to satisfy ourselves as to the basis on which the participants' equity is stated as of December 31, 2022 and 2021, or the propriety of the distributions to participants who terminated and withdrew during the years then ended.

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 ("GAAP"), 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 are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of Saturday, December 31, 2022, is presented for the 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.

Disclaimer of Opinion on Unaudited Other Information

Our audit was conducted for the purpose of forming an opinion on the basic financial statements as a whole. The unaudited schedule of Lee University Employees' Participation in the Retirement Plan of the Church of God Benefits Board, Inc., is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurances on it.

Chattanooga, Tennessee

TBD

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN 62-0502739, PLAN No. 001

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

Saturday, December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed annuity contracts:			
*	TIAA	TIAA Traditional Non Benefit-Responsive	**	\$ 13,816,023
*	TIAA	TIAA Traditional Benefit-Responsive	**	<u>1,298,637</u>
		Total fixed annuity contracts		<u>15,114,660</u>
	Registered investment company shares:			
*	CREF	CREF Money Market	**	262,000
*	CREF	CREF Social Choice	**	847,651
*	CREF	CREF Core Bond	**	1,104,043
*	CREF	CREF Global Equities	**	2,080,306
*	CREF	CREF Growth	**	2,476,719
*	CREF	CREF Equity Index	**	1,458,556
*	CREF	CREF Inflation-Linked Bond	**	434,846
*	CREF	CREF Stock	**	9,337,745
*	TIAA	TIAA Access Growth & Income	**	57,345
*	TIAA	TIAA Access Inflation-Linked Bond	**	243
*	TIAA	TIAA Access International Equity	**	491,683
*	TIAA	TIAA Access Large-Cap Growth	**	103,137
*	TIAA	TIAA Access Large- Cap Value	**	377,458
*	TIAA	TIAA Access Mid-Cap Value	**	282,334
*	TIAA	TIAA Access Money Market	**	311,305
*	TIAA	TIAA Access Real Est Secs	**	374,243
*	TIAA	TIAA Access Small-Cap Blend Index	**	242,549
*	TIAA	TIAA Access Lifecycle 2010	**	310,728
*	TIAA	TIAA Access Lifecycle 2015	**	4,651
*	TIAA	TIAA Access Lifecycle 2020	**	24,217
*	TIAA	TIAA Access Lifecycle 2025	**	252,704
*	TIAA	TIAA Access Lifecycle 2030	**	142,273
*	TIAA	TIAA Access Lifecycle 2035	**	402,647
*	TIAA	TIAA Access Lifecycle 2040	**	377,868
*	TIAA	TIAA Access Lifecycle 2045	**	352,635
*	TIAA	TIAA Access Lifecycle 2050	**	40,909
*	TIAA	TIAA Access Core Bond	**	26,175
*	TIAA	TIAA Access Core Bond Plus	**	51,976
*	TIAA	TIAA Access Mid-Cap Growth	**	146,974
*	TIAA	TIAA Access Social Ch Eq.	**	108,089
*	TIAA	TIAA Access Quant Small Cap	**	261,388

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by TIAA and CREF.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN 62-0502739, PLAN No. 001

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

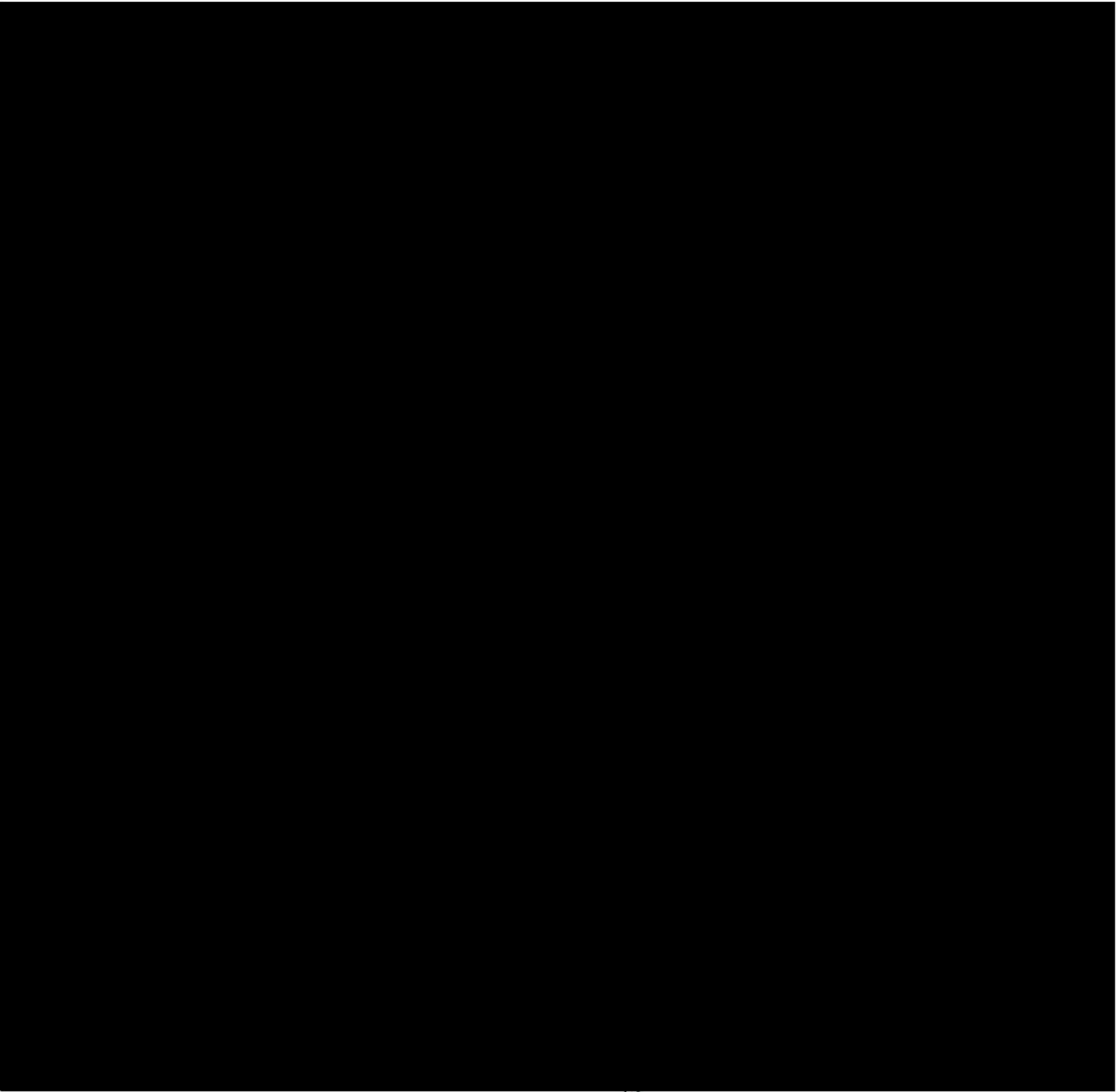
Saturday, December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	TIAA	TIAA Access Equity Index	**	29,514
*	TIAA	TIAA Access Lifecycle Rtmt Income T4	**	26,920
*	TIAA	TIAA-CREF Lifecycle Index 2010	**	87,306
*	TIAA	TIAA-CREF Lifecycle Index 2015	**	134,055
*	TIAA	TIAA-CREF Lifecycle Index 2020	**	445,093
*	TIAA	TIAA-CREF Lifecycle Index 2025	**	604,148
*	TIAA	TIAA-CREF Lifecycle Index 2030	**	747,966
*	TIAA	TIAA-CREF Lifecycle Index 2035	**	743,868
*	TIAA	TIAA-CREF Lifecycle Index 2040	**	1,802,990
*	TIAA	TIAA-CREF Lifecycle Index 2045	**	1,392,279
*	TIAA	TIAA-CREF Lifecycle Index 2050	**	1,060,903
*	TIAA	TIAA-CREF Lifecycle Index 2055	**	479,144
*	TIAA	TIAA-CREF Lifecycle Index 2060	**	163,154
*	TIAA	TIAA-CREF Lifecycle Index 2065	**	1,768
*	TIAA	TIAA-CREF Money Market	**	189,106
*	TIAA	TIAA-CREF Lifecycle Index Rtln-Rtmt	**	8,582
*	TIAA	AF EuroPacific Growth	**	282,175
*	TIAA	Allspring Spec SmallCap Value R6	**	65,871
*	TIAA	Harbor Capital Appreciation	**	606,358
*	TIAA	TIAA Access Lifecycle Rtmt Income TA	**	1,249
*	TIAA	Metropolitan West Total Return Bond	**	487,726
*	TIAA	MFS Mid Cap Value Class R4	**	271,293
*	TIAA	MFS Value Fund Class R4	**	243,655
*	TIAA	MFS Mid Cap Growth Fund R4	**	174,080
*	TIAA	Principal Small Cap Growth I R5	**	44,128
*	TIAA	Vanguard 500 Index	**	3,301,344
*	TIAA	Vanguard Total Bond Market Index	**	308,321
*	TIAA	Vanguard Extended Market Index	**	636,784
*	TIAA	Vanguard Total Intl Stock Index	**	<u>489,629</u>
		Total registered investment company shares		37,574,806
*	Participant notes receivable	Interest rates from 4.25% - 6.50%, maturity dates through August 2027	-	<u>84,387</u>
		Total		<u>\$ 55,542,836</u>

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by TIAA and CREF.



LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**Financial Statements and Supplemental Schedule
and Other Information**

December 31, 2022 and 2021

(With Independent Auditors' Report Thereon)



LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

**The Plan Administrator
Lee University Defined Contribution Retirement Plan**

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

We have performed audits of the financial statements of the Lee University Defined Contribution 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 Saturday, December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 and for the years ended Saturday, December 31, 2022 and 2021, 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 2022 and 2021 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

Because of the inadequacies in the Plan's records for the period prior to January 1, 2009, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from the inception of the Plan, or to satisfy ourselves as to the basis on which the participants' equity is stated as of December 31, 2022 and 2021, or the propriety of the distributions to participants who terminated and withdrew during the years then ended.

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 ("GAAP"), 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 are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of Saturday, December 31, 2022, is presented for the 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.

Disclaimer of Opinion on Unaudited Other Information

Our audit was conducted for the purpose of forming an opinion on the basic financial statements as a whole. The unaudited schedule of Lee University Employees' Participation in the Retirement Plan of the Church of God Benefits Board, Inc., is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurances on it.

Chattanooga, Tennessee

TBD

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

Saturday, December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments at fair value:		
Registered investment company shares	\$ 37,574,806	\$ 47,998,789
Pooled separate account	2,768,983	2,633,028
Non benefit-responsive fixed annuity contract	<u>13,816,023</u>	<u>13,264,872</u>
Total investments, at fair value	54,159,812	63,896,689
Benefit-responsive fixed annuity contract, at contract value	<u>1,298,637</u>	<u>1,364,561</u>
Total investments	55,458,449	65,261,250
Participant notes receivable	<u>84,387</u>	<u>45,343</u>
Net assets available for benefits	\$ <u>55,542,836</u>	\$ <u>65,306,593</u>

See accompanying notes to the financial statements.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended Saturday, December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions (reductions) to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation (depreciation) in fair value of investments	\$ (8,725,717)	\$ 6,871,933
Interest income	120,084	49,737
Dividends	<u>316,499</u>	<u>541,904</u>
Net change resulting from investment activity	<u>(8,289,134)</u>	<u>7,463,574</u>
 Interest income from participant notes receivable	 <u>4,028</u>	 <u>1,444</u>
Contributions:		
Participants	1,490,051	1,523,779
Plan Sponsor matching	556,049	1,822,442
Rollovers	<u>43,442</u>	<u>163,545</u>
Total contributions	<u>2,089,542</u>	<u>3,509,766</u>
Net additions (reductions)	(6,195,564)	10,974,784
 Deductions from net assets attributed to:		
Benefits paid to participants	3,543,025	2,368,081
Administrative expenses	<u>25,168</u>	<u>25,793</u>
Total deductions	<u>3,568,193</u>	<u>2,393,874</u>
Net increase (decrease)	(9,763,757)	8,580,910
 Net assets available for benefits at beginning of year	 <u>65,306,593</u>	 <u>56,725,683</u>
Net assets available for benefits at end of year	\$ <u>55,542,836</u>	\$ <u>65,306,593</u>

See accompanying notes to the financial statements.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

(1) Description of plan

The following description of the Lee University Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a participant-directed defined contribution plan which was adopted on July 1, 1971, to provide retirement benefits for employees of Lee University (the "University" or "Plan Sponsor"). The Plan is a 403(b) plan covering all eligible employees of the University on their date of hire (participants). However, the participants cannot receive employer contributions until they reach age 21 and complete one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

Participants may voluntarily make qualified retirement contributions to the Plan which are deductible by the participants for federal income tax purposes under Section 403(b) of the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The University matches an amount equal to 100% of each participant's contributions up to 5% of each participant's compensation after a year of service. The matching contribution was suspended from June 1, 2020 through June 30, 2021. The University retroactively contributed the suspended employer match amounts to active employees at the time of the payment. The matching contribution has been suspended effective July 1, 2022. The University may make non-elective discretionary contributions for each eligible participant that enrolls in the Plan, even for eligible participants electing a zero percent deferral. There were no non-elective discretionary contributions made by the Plan for the years ended Saturday, December 31, 2022 and 2021. Participants may direct these contributions to a variety of investment options offered by TIAA and CREF.

(c) Participant accounts

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

(d) Vesting

Participants are immediately vested in their elective salary deferral and Plan Sponsor matching and non-elective contributions plus actual earnings (losses) thereon.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

(e) Participant notes receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at fixed rates ranging from 4.25% to 6.50%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

(f) Payment of benefits

On termination of service due to death, permanent disability, or retirement, a participant (or his or her beneficiaries) may elect to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or in monthly, quarterly, semiannual or annual installments over a period not to exceed the participant's (or beneficiaries') life expectancy or a joint and survivor annuity. For termination of service due to other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution.

(g) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance.

(h) Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to recordkeeping, advisory, and certain other expenses are included in administrative expenses and allocated among the participant accounts. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

(i) Plan termination

Although it has not expressed any intent 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.

(2) Summary of significant accounting policies

(a) Basis of accounting

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

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

(b) Participant notes receivable

Participant notes receivable are measured at their unpaid principal balances plus accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

(c) Investment valuation and income recognition

Investments are stated at fair value (except for the benefit-responsive fixed annuity contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Oversight Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and TIAA and CREF. See Notes 4 and 5 for further discussion of valuation measurements.

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

(d) Payment of benefits

Benefits are recorded when paid.

(e) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(f) Events occurring after reporting date

The Plan's management has evaluated events and transactions that occurred between Saturday, December 31, 2022, and TBD, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

(3) Certified information

Certain information related to investments and participant notes receivable reported and disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year), including the fair and contract value of investments and participant notes receivable held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest income, dividends, and interest income from participant notes receivable for the years ended December 31, 2022 and 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TIAA and CREF.

(4) Fair value measurements

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset'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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at Saturday, December 31, 2022 and 2021.

- (i) *Registered investment company shares:* Valued at the net asset value (NAV) of shares held by the Plan at year-end in an active market.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

- (ii) *Non benefit-responsive fixed annuity contract:* Valued at fair value based on the amount the Plan Sponsor would receive if the contract was terminated at the reporting date, which is book value determined by the insurance company. See Note 5 for additional provisions of the fixed annuity contract.

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's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of Saturday, December 31, 2022 and 2021:

Fair Value Measurements as of Saturday, December 31, 2022 Using the Following Inputs				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment company shares	\$ 37,574,806	\$ -	\$ -	\$ 37,574,806
Non benefit-responsive fixed annuity contract	<u>-</u>	<u>-</u>	<u>13,816,023</u>	<u>13,816,023</u>
Total assets in the fair value hierarchy	<u>\$ 37,574,806</u>	<u>\$ -</u>	<u>\$ 13,816,023</u>	51,390,829
Investments measured at NAV as a practical expedient (a)				<u>2,768,983</u>
Investments at fair value				<u>\$ 54,159,812</u>

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

Fair Value Measurements as of Friday, December 31, 2021 Using the Following Inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment company shares	\$ 47,998,789	\$ -	\$ -	\$ 47,998,789
Non benefit-responsive fixed annuity contract	<u>-</u>	<u>-</u>	<u>13,264,872</u>	<u>13,264,872</u>
Total assets in the fair value hierarchy	\$ <u>47,998,789</u>	\$ <u>-</u>	\$ <u>13,264,872</u>	61,263,661
Investments measured at NAV as a practical expedient (a)				<u>2,633,028</u>
Investments at fair value				\$ <u>63,896,689</u>

- (a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using NAV as a practical expedient.

<u>Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate account	\$2,768,983 and \$2,633,028 as of December 31, 2022 and 2021, respectively	n/a	Daily	None

(5) Fixed annuity contracts with insurance company

The Plan holds fixed annuity contracts that are guaranteed and backed by the claims-paying ability of life insurance company, TIAA. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

The TIAA traditional non benefit-responsive contracts are included in the financial statements at fair value, which approximates 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. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair/contract value of the non benefit-responsive contracts were \$13,816,023 and \$13,264,872 as of Saturday, December 31, 2022 and 2021, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

The TIAA traditional benefit-responsive contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the benefit-responsive contract was \$1,298,637 and \$1,364,561 as of Saturday, December 31, 2022 and 2021, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting.

The fixed annuity contracts with TIAA are offered through a variety of sub-contracts which determine the applicability of certain account features, such as the degree of liquidity of the participant's account and the options for receiving income upon retirement. Among the various sub-contracts, the sub-contract, Retirement Annuity (RA), does not allow lump-sum cash withdrawals from the fixed annuity contract and transfers must be spread over a period of 10 annual installments. The sub-contract, Retirement Choice (RC), permits lump-sum withdrawals only within 120 days after termination of employment and is subject to a surrender charge. All other withdrawals and transfers from the RA or RC fixed annuity contracts to other investment options available to the Plan must be spread over a period of 10 and 7 annual installments, respectively (or five annual installments for withdrawals after termination of employment).

In 2022, purchases and sales of the non benefit-responsive fixed annuity contracts totaled \$2,448,257 and \$2,345,496, respectively. In 2021, purchases and sales of the non benefit-responsive fixed annuity contract totaled \$1,024,251 and \$1,249,767, respectively.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements

Saturday, December 31, 2022 and 2021

(6) Plan loans

Under the terms of the Plan, participants can borrow amounts directly from TIAA and CREF in amounts ranging from \$1,000 up to the lesser of 50% of their account balance in the Plan or \$50,000. Adequate security is required and a portion of the participant's account is held in the TIAA Traditional Annuity account as collateral in case of default. Collateral held in the Plan was \$69,081 and \$85,603 as of Saturday, December 31, 2022 and 2021, respectively. Principal payments increase the amount of funds available for the participant's use. A fixed or variable interest rate is charged to each participant with an outstanding loan. A portion of that interest is paid directly to TIAA and CREF, and the remaining interest is credited to the participant's account.

(7) Income tax status

The Plan Sponsor adopted a prototype plan document. Neither the Plan Sponsor nor the prototype has received a determination/opinion letter from the Internal Revenue Service (IRS) stating that the Plan was designed in accordance with the applicable sections of the IRC. The IRS has recently established an opinion letter program for IRC Section 403(b) prototype plans and TIAA and CREF has requested one. The plan administrator has indicated that it will take the necessary steps to bring the Plan into compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of Saturday, December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) Related party and party-in-interest transactions

Certain plan investments are shares of registered investment companies, managed by TIAA and CREF. Other investments are fixed annuity contracts and a pooled separate account, which are managed by TIAA. These transactions qualify as party-in-interest transactions. As described in Note 1, the Plan paid expenses to various service providers and holds participant notes receivable, which also qualify as party-in-interest transactions.

(9) Risks and uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN 62-0502739, PLAN No. 001

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

Saturday, December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed annuity contracts:			
*	TIAA	TIAA Traditional Non Benefit-Responsive	**	\$ 13,816,023
*	TIAA	TIAA Traditional Benefit-Responsive	**	<u>1,298,637</u>
		Total fixed annuity contracts		<u>15,114,660</u>
	Registered investment company shares:			
*	CREF	CREF Money Market	**	262,000
*	CREF	CREF Social Choice	**	847,651
*	CREF	CREF Core Bond	**	1,104,043
*	CREF	CREF Global Equities	**	2,080,306
*	CREF	CREF Growth	**	2,476,719
*	CREF	CREF Equity Index	**	1,458,556
*	CREF	CREF Inflation-Linked Bond	**	434,846
*	CREF	CREF Stock	**	9,337,745
*	TIAA	TIAA Access Growth & Income	**	57,345
*	TIAA	TIAA Access Inflation-Linked Bond	**	243
*	TIAA	TIAA Access International Equity	**	491,683
*	TIAA	TIAA Access Large-Cap Growth	**	103,137
*	TIAA	TIAA Access Large- Cap Value	**	377,458
*	TIAA	TIAA Access Mid-Cap Value	**	282,334
*	TIAA	TIAA Access Money Market	**	311,305
*	TIAA	TIAA Access Real Est Secs	**	374,243
*	TIAA	TIAA Access Small-Cap Blend Index	**	242,549
*	TIAA	TIAA Access Lifecycle 2010	**	310,728
*	TIAA	TIAA Access Lifecycle 2015	**	4,651
*	TIAA	TIAA Access Lifecycle 2020	**	24,217
*	TIAA	TIAA Access Lifecycle 2025	**	252,704
*	TIAA	TIAA Access Lifecycle 2030	**	142,273
*	TIAA	TIAA Access Lifecycle 2035	**	402,647
*	TIAA	TIAA Access Lifecycle 2040	**	377,868
*	TIAA	TIAA Access Lifecycle 2045	**	352,635
*	TIAA	TIAA Access Lifecycle 2050	**	40,909
*	TIAA	TIAA Access Core Bond	**	26,175
*	TIAA	TIAA Access Core Bond Plus	**	51,976
*	TIAA	TIAA Access Mid-Cap Growth	**	146,974
*	TIAA	TIAA Access Social Ch Eq.	**	108,089
*	TIAA	TIAA Access Quant Small Cap	**	261,388

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by TIAA and CREF.

LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN 62-0502739, PLAN No. 001

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

Saturday, December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	TIAA	TIAA Access Equity Index	**	29,514
*	TIAA	TIAA Access Lifecycle Rtmt Income T4	**	26,920
*	TIAA	TIAA-CREF Lifecycle Index 2010	**	87,306
*	TIAA	TIAA-CREF Lifecycle Index 2015	**	134,055
*	TIAA	TIAA-CREF Lifecycle Index 2020	**	445,093
*	TIAA	TIAA-CREF Lifecycle Index 2025	**	604,148
*	TIAA	TIAA-CREF Lifecycle Index 2030	**	747,966
*	TIAA	TIAA-CREF Lifecycle Index 2035	**	743,868
*	TIAA	TIAA-CREF Lifecycle Index 2040	**	1,802,990
*	TIAA	TIAA-CREF Lifecycle Index 2045	**	1,392,279
*	TIAA	TIAA-CREF Lifecycle Index 2050	**	1,060,903
*	TIAA	TIAA-CREF Lifecycle Index 2055	**	479,144
*	TIAA	TIAA-CREF Lifecycle Index 2060	**	163,154
*	TIAA	TIAA-CREF Lifecycle Index 2065	**	1,768
*	TIAA	TIAA-CREF Money Market	**	189,106
*	TIAA	TIAA-CREF Lifecycle Index Rtln-Rtmt	**	8,582
*	TIAA	AF EuroPacific Growth	**	282,175
*	TIAA	Allspring Spec SmallCap Value R6	**	65,871
*	TIAA	Harbor Capital Appreciation	**	606,358
*	TIAA	TIAA Access Lifecycle Rtmt Income TA	**	1,249
*	TIAA	Metropolitan West Total Return Bond	**	487,726
*	TIAA	MFS Mid Cap Value Class R4	**	271,293
*	TIAA	MFS Value Fund Class R4	**	243,655
*	TIAA	MFS Mid Cap Growth Fund R4	**	174,080
*	TIAA	Principal Small Cap Growth I R5	**	44,128
*	TIAA	Vanguard 500 Index	**	3,301,344
*	TIAA	Vanguard Total Bond Market Index	**	308,321
*	TIAA	Vanguard Extended Market Index	**	636,784
*	TIAA	Vanguard Total Intl Stock Index	**	<u>489,629</u>
		Total registered investment company shares		37,574,806
*	Participant notes receivable	Interest rates from 4.25% - 6.50%, maturity dates through August 2027	-	<u>84,387</u>
		Total		<u>\$ 55,542,836</u>

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by TIAA and CREF.

**Unaudited Schedule of Lee University Employees' Participation in the Retirement Plan of the
Church of God Benefits Board, Inc.**

Year ended Saturday, December 31, 2022

Additions (reductions) to net assets attributed to:

Net change resulting from investment activity:

Loan payment/roll-in	\$ 18,266
Loss from investment activity	<u>(762,940)</u>
Net change from investment activity	(744,674)

Contributions:

Participants	102,873
Other participant contributions	52,753
Matched by Lee University	67,929
Other contributions	<u>597,103</u>

Total contributions	<u>820,658</u>
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Net reductions	75,984
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Deductions from net assets attributed to:

Benefits paid to participants	<u>95,173</u>
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Net decrease	(19,189)
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Net assets available for benefits at beginning of year	<u>6,732,014</u>
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Net assets available for benefits at end of year	\$ <u>6,712,825</u>
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43 employees of Lee University participate in the plan activity summarized above for the year ended December 31, 2022.

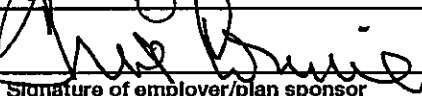
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2022 This Form is Open to Public Inspection
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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 instr.)	
B This return/report is:	☒ a single-employer plan	☐ a DFE (specify) _____	
	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively bargained plan, check here _____	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description) _____		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here _____	☐		

Part II Basic Plan Information - enter all requested information			
1a Name of plan LEE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLA	1b Three-digit plan number (PIN) ►	001	
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) LEE UNIVERSITY 1120 NORTH OCOEE CLEVELAND	1c Effective date of plan	07/01/1971	
	2b Employer Identification Number (EIN)	62-0502739	
	2c Plan Sponsor's telephone number	423-614-8102	
	2d Business code (see instructions)	611000	
TN 37311-4458			

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

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

SIGN HERE		10/6/23	JANELL SATTERFIELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/6/23	Chris Conine
	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