

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1996</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-0536647</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 937-766-2211</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 611000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 07/01/1996		2b Employer Identification Number (EIN) 31-0536647		2c Sponsor's telephone number 937-766-2211		2d Business code (see instructions) 611000	
1b Three-digit plan number (PN) ▶	003										
1c Effective date of plan 07/01/1996											
2b Employer Identification Number (EIN) 31-0536647											
2c Sponsor's telephone number 937-766-2211											
2d Business code (see instructions) 611000											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CEDARVILLE UNIVERSITY 251 N MAIN STREET CEDARVILLE, OH 45314											

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.		
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	572
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	503
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	136
d Subtotal. Add lines 6a , 6b , and 6c		6d	639
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	639
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	605
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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: 2F 2G 2L 2M			
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	
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) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY		
		D Employer Identification Number (EIN) 31-0536647

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					
(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	104657	513	01/01/2013	12/31/2013

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	2931439
5 Current value of plan's interest under this contract in separate accounts at year end	5	10935164

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	2793121
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c Additions: (1) Contributions deposited during the year	7c(1)	205260	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	94806	
(4) Transferred from separate account	7c(4)	485643	
(5) Other (specify below)	7c(5)	0	
▶ MISC			

(6) Total additions

7c(6)

785709

d Total of balance and additions (add lines 7b and 7c(6))	7d	3578830
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	317462	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	323126	
(4) Other (specify below)	7e(4)	6803	
▶ MISC			

(5) Total deductions

7e(5)

647391

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2931439
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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.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY		
D Employer Identification Number (EIN) 31-0536647		

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 VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	07837	70	01/01/2013	12/31/2013

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).
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(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	2399984
5 Current value of plan's interest under this contract in separate accounts at year end	5	2718055

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	2284712
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c Additions: (1) Contributions deposited during the year	7c(1)	64379	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	87269	
(4) Transferred from separate account	7c(4)	67048	
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 218696

d Total of balance and additions (add lines 7b and 7c(6))	7d	2503408
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	95250	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	7069	
(4) Other (specify below)	7e(4)	1105	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5) 103424

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2399984
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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.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY	D Employer Identification Number (EIN) 31-0536647	

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

ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0080	66	01/01/2013	12/31/2013

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
13147	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

SMITH, ARTHUR
1700 LYONS RD UNIT D
COLUMBUS, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10977			3

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

NEIBERT, PHILIP
1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1384			3

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

LINK, BRIAN

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
514			3

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

RANKIN, JEFFREY

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
175			3

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

RANKIN, DAVID

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

REEBER, RYAN

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

RUBIN, KARL

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

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

DISALLE, NICHOLAS

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

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

LEWIS, GLENN

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

(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	1489212
5 Current value of plan's interest under this contract in separate accounts at year end	5	2211887

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	1306056
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c Additions: (1) Contributions deposited during the year	7c(1)	149919	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	59043	
(4) Transferred from separate account	7c(4)	123997	
(5) Other (specify below)	7c(5)	314915	

▶ CAN CONSIST OF LOAN REPAYMENTS, PO

(6) Total additions	7c(6)	647874
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1953930
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	305867	
(2) Administration charge made by carrier	7e(2)	30	
(3) Transferred to separate account	7e(3)	158821	
(4) Other (specify below)	7e(4)	0	

▶ CAN CONSIST OF LOAN DISBURSEMENTS,

(5) Total deductions	7e(5)	464718
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1489212
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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.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY		
D Employer Identification Number (EIN) 31-0536647		

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 PACIFIC LIFE					
(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
95-1079000			23	01/01/2013	12/31/2013

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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	716421

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

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.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

COMMISSIONS, NAIC

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEDARVILLE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>31-0536647</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>TIAA- TEACHERS INSURANCE AND ANNUIT</u>	<u>730 THIRD AVE</u> <u>NEW YORK, NY 10017-3205</u>
<u>13-1624203</u>	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>ING LIFE INSURANCE & ANNUITY CO</u>	
<u>71-0294708</u>	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>VARIABLE ANNUITY LIFE INSURANCE CO</u>	
<u>74-1625348</u>	

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

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

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

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

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

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

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

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

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

(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 ☐

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)

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

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

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

(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.	

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY	D Employer Identification Number (EIN) 31-0536647
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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) 645636
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH AND INCOME PORTFOLIO- CLASS

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46896
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND PORTFOLIO- CLASS

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16371
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED PORTFOLIO, INC- CLASS I

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3947
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a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC ALLOCATION GROWTH PORTFOL

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21065
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS LARGE CAP PORTFOLIO- CLA

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52905
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY PORTFOLIO- CLASS I

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39721
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS SMALL CAP PORTFOLIO- CLA**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19557
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS MID CAP PORTFOLIO- CLASS**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72066
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE SEC FUND-**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4387
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SERIES FUND-MID-CAP VAL**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35243
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP OPPORTUNITIES PORTFOLIO-CL**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28589
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP OPPORTUNITIES PORTFOLIO-CLAS**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22458
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a Name of MTIA, CCT, PSA, or 103-12 IE: CALVER VP SRI BALANCED PORTFOLIO**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19832
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME PORT.-IN**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96572
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORTFOLIO-INITI**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33068
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GROWTH EQUITY PORTFOLI**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41098
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PORTFOLIO-I**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221721
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND- CLASS A**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24297
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS- CLA**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103057
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE SPECIAL SMALL**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19772
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE PORTFOLIO- CLAS**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8494
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND PORTFOLIO-CLASS I**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7028
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL PORTFOLIO- INITI**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23607
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MID CAP VALUE PORTFOLIO**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2131
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a Name of MTIA, CCT, PSA, or 103-12 IE: BARON SMALL CAP GROWTH PORTFOLIO**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2304
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a Name of MTIA, CCT, PSA, or 103-12 IE: ING INVESCO COMMON STOCK PORTFOLIO**b** Name of sponsor of entity listed in (a): ING

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10094
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO TOTAL RETURN PORTFOLIO](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6179
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T.ROWE PRICE DIVERSIFIED MID CAP GR](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31700
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO EQUITY AND INCOME PORTFOLIO](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6990
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THE GROWTH FUND OF AMERICA- CLASS](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33441
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EUROPACIFIC GROWTH FUND- CLASS R4](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32598
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T.ROWE PRICE EQUITY INCOME PORTFOLI](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42578
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T.ROWE PRICE INTERNATIONAL STOCK PO](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6742
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LARGE CAP GROWTH PORTFOLIO INST.](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3263
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ING SOLUTION 2015 PORTFOLIO SERVICE](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74178
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MFS UTILITIES PORTFOLIO- SERVICE CL](#)**b** Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107957
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE CAPITAL APPRECIATION P](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 602383
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO GROWTH AND INCOME PORTFOLIO](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23819
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WASHINGTON MUTUAL INVESTORS FUND- C](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126725
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WANGER SELECT](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3975
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ING CLARION GLOBAL REAL ESTATE PART](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15940
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ING CLARION REAL ESTATE PORTFOLIO](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15121
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO VIT REAL RETURN PORTFOLIO](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9306
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIONEER HIGH YIELD VCT PORTFOLIO](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24256
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ING LARGE CAP VALUE PORTFOLIO-CLASS](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7682
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIONEER HIGH YIELD PORTFOLIO](#)

b Name of sponsor of entity listed in (a): [ING](#)

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19101
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIONNER EMERGING MARKETS VCT PORTFO		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11639
a Name of MTIA, CCT, PSA, or 103-12 IE: WANGER INTERNATIONAL		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1181
a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERNATIONAL INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15354
a Name of MTIA, CCT, PSA, or 103-12 IE: ING TEMPLETON FOREIGN EQUITY PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5059
a Name of MTIA, CCT, PSA, or 103-12 IE: ING GLOBAL RESOURCES PORTFOLIO		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6832
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMERICAN FRANCHISE FUND		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1611
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO OPTIMIZATION GROWTH		
b Name of sponsor of entity listed in (a): PACIFIC LIFE		
c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 247672
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO OPTIMIZATION AGGRESSIVE G		
b Name of sponsor of entity listed in (a): PACIFIC LIFE		
c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339804
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO OPTIMIZATION MODERATE		
b Name of sponsor of entity listed in (a): PACIFIC LIFE		
c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5598
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO OPTIMIZATION MODERATE-CON		
b Name of sponsor of entity listed in (a): PACIFIC LIFE		
c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47322

a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER EMERGING MARKETS**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8494
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS INTERNATIONAL LARGE CAP**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9180
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DIVIDEND GROWTH**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15910
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HEALTH SCIENCES**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9953
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY VIP CONTRAFUND**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19353
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE-CAP VALUE**

b Name of sponsor of entity listed in (a): **PACIFIC LIFE**

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13135
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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)
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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)
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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)
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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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEDARVILLE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>31-0536647</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(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)	50743	7585
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	531886	645636
	(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)	14046767	16772680
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6383887	6820635
	(15) Other	1c(15)	52184	40053

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	21065467	24286589

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	21065467	24286589
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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)	13684	
(B) Participants	2a(1)(B)	1381031	
(C) Others (including rollovers)	2a(1)(C)	346528	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1741243
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)		
(F) Other	2b(1)(F)	329495	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		329495
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		53476
(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)		2931800
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5056014

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1834862	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1834862
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	30	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1834892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3221122
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CAPIN CROUSE LLP

(2) EIN: 36-3990892

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
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	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Cedarville University Tax Deferred Annuity Plan
Cedarville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cedarville University Tax Deferred Annuity Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA-CREF), Variable Annuity Life Insurance Company (VALIC), ING Life Insurance and Annuity Company (ING), the custodians, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the custodians is complete and accurate.

Board of Trustees
Cedarville University Tax Deferred Annuity Plan
Cedarville, Ohio

Basis for Disclaimer of Opinion, continued

As described in Note 12, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis of Disclaimer of Opinion* paragraphs, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Capin Crouse LLP

Greenwood, Indiana
September 24, 2014

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts:</u>		
*	TIAA-CREF	CREF Stock	7,298.758 units \$ 2,506,464
*	TIAA-CREF	CREF Money Market	8,636.046 units 220,510
*	TIAA-CREF	CREF Social Choice	3,104.969 units 564,993
*	TIAA-CREF	CREF Bond Market	6,250.700 units 672,177
*	TIAA-CREF	CREF Global Equities	9,705.132 units 1,293,139
*	TIAA-CREF	CREF Growth	12,237.196 units 1,385,297
*	TIAA-CREF	CREF Equity Index	9,660.820 units 1,391,517
*	TIAA-CREF	CREF Inflation-Linked Bond	8,173.265 units 526,215
*	TIAA-CREF	TIAA Access Lifecycle 2010 T4	458.684 units 15,502
*	TIAA-CREF	TIAA Access Lifecycle 2015 T4	1,057.643 units 35,546
*	TIAA-CREF	TIAA Access Lifecycle 2020 T4	1,165.523 units 38,917
*	TIAA-CREF	TIAA Access Lifecycle 2025 T4	11,078.884 units 368,662
*	TIAA-CREF	TIAA Access Lifecycle 2030 T4	2,803.781 units 92,620
*	TIAA-CREF	TIAA Access Lifecycle 2035 T4	410.724 units 13,710
*	TIAA-CREF	TIAA Access Lifecycle 2040 T4	300.751 units 10,217
*	TIAA-CREF	TIAA Access Lifecycle 2045 T4	1,018.618 units 33,452
*	TIAA-CREF	TIAA Access Lifecycle 2050 T4	737.359 units 23,958
*	TIAA-CREF	TIAA Access Lifecycle Retirement Income T4	1,266.939 units 41,327
*	TIAA-CREF	TIAA Access Bond T4	1,456.561 units 48,848
*	TIAA-CREF	TIAA Access Bond Plus T4	306.387 units 10,256
*	TIAA-CREF	TIAA Access Equity Index T4	21.892 units 791
*	TIAA-CREF	TIAA Access Growth and Income T4	674.769 units 28,329
*	TIAA-CREF	TIAA Access Inflation-Linked Bond T4	2,038.790 units 67,688
*	TIAA-CREF	TIAA Access International Equity T4	6,577.591 units 180,227
*	TIAA-CREF	TIAA Access Large-Cap Growth T4	1,646.239 units 69,979
*	TIAA-CREF	TIAA Access Large-Cap Value T4	6,795.663 units 223,761
*	TIAA-CREF	TIAA Access Mid-Cap Growth T4	1,077.002 units 45,520
*	TIAA-CREF	TIAA Access Mid-Cap Value T4	4,918.294 units 180,555
*	TIAA-CREF	TIAA Access Money Market T4	251.168 units 6,465

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
<u>Variable annuity contracts, continued:</u>			
*	TIAA-CREF	TIAA Access Real Estate Securities T4	2,782.730 units 65,769
*	TIAA-CREF	TIAA Access Small-Cap Blended Index T4	2,564.958 units 97,894
*	TIAA-CREF	TIAA Access Small-Cap Equity T4	524.297 units 19,141
*	TIAA-CREF	TIAA Access Social Choice Equity T4	279.060 units 10,082
*	VALIC	Aggressive Growth Lifestyle	2,555.584 units 29,517
*	VALIC	Ariel Appreciation Fund	152.855 units 8,566
*	VALIC	Ariel Fund	420.410 units 18,065
*	VALIC	Asset Allocation Fund	444.251 units 5,873
*	VALIC	Blue Chip Growth Fund	448.808 units 7,908
*	VALIC	Capital Conservation	2,156.478 units 21,306
*	VALIC	Conservative Growth Lifestyle	111.624 units 1,450
*	VALIC	Core Bond Fund	4,536.657 units 49,132
*	VALIC	Dividend Value	631.559 units 8,305
*	VALIC	Emerging Economics	3,403.832 units 27,537
*	VALIC	Foreign Value	1,993.640 units 22,568
*	VALIC	Global Real Estate Fund	1.115 units 10
*	VALIC	Global Social Awareness Fund	1,613.761 units 32,485
*	VALIC	Global Strategy	1,034.145 units 14,447
*	VALIC	Growth & Income Fund	745.897 units 12,725
*	VALIC	Growth Fund	1,384.288 units 22,467
*	VALIC	Health Sciences Fund	844.074 units 17,236
*	VALIC	High Yield Bond Fund	3,287.374 units 26,036
*	VALIC	Inflation Protected Fund	1,389.341 units 15,380
*	VALIC	International Equities Fund	19,181.992 units 140,604
*	VALIC	International Government Bond	520.938 units 6,220
*	VALIC	International Growth Fund	5,491.335 units 77,318
*	VALIC	International Opportunities	7,224.469 units 112,196
*	VALIC	Large Cap Core	827.901 units 12,344
*	VALIC	Large Cap Value Fund	3,975.820 units 65,442
*	VALIC	Large Capital Growth	3,728.298 units 54,545
*	VALIC	Loan Escrow Fund	4,882
*	VALIC	Mid Cap Growth Fund	2,971.949 units 32,632

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts, continued:</u>		
*	VALIC	Mid Cap Index Fund	11,090.394 units 309,422
*	VALIC	Mid Cap Strategic Growth	732.857 units 12,312
*	VALIC	Mid Cap Value Fund	2,646.336 units 66,079
*	VALIC	Moderate Growth Lifestyle	3,329.784 units 50,979
*	VALIC	Money Market I Fund	3,238.000 units 3,238
*	VALIC	Money Market II Fund	459.000 units 459
*	VALIC	Science and Technology Fund	2,435.880 units 58,656
*	VALIC	Small Cap Aggressive Growth	1,333.635 units 22,085
*	VALIC	Small Cap Fund	1,713.280 units 27,738
*	VALIC	Small Cap Index Fund	12,992.500 units 280,638
*	VALIC	Small Cap Special Value Fund	489.949 units 6,727
*	VALIC	Small Cap Value Fund	1,150.745 units 20,863
*	VALIC	Small Mid Growth Fund	587.203 units 8,902
*	VALIC	Socially Responsible Fund	11,401.764 units 193,944
*	VALIC	Stock Index Fund	11,392.884 units 392,257
*	VALIC	Strategic Bond Fund	961.897 units 11,158
*	VALIC	Value Fund	465.683 units 6,473
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund	1,256.510 units 22,680
*	VALIC	Vanguard Lifestrategy Growth	3,486.531 units 96,298
*	VALIC	Vanguard Lifestrategy Moderate	576.936 units 13,333
*	VALIC	Vanguard Long-Term Treasury	147.064 units 1,603
*	VALIC	Vanguard Long-Term Investment Grade Fund	1,576.269 units 15,211
*	VALIC	Vanguard Wellington Fund, Inc.	1,131.945 units 42,946
*	VALIC	Vanguard Windsor II	4,536.443 units 166,805
			12,967,530
	<u>Fixed annuity contracts:</u>		
*	TIAA-CREF	TIAA Traditional	2,931,439
*	VALIC	Fixed Account Plus	1,666,087
*	VALIC	Fixed Account Plus Enhanced	74
*	VALIC	Short Term Fixed Account	733,823
*	ING	Fixed Account	1,489,023
*	ING	Short Term GAA	189
			6,820,635

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units:</u>		
*	TIAA-CREF	TIAA Real Estate	2,160.243 units 645,636
*	ING	Growth and Income Portfolio—Class I	1,389.713 units 46,896
*	ING	Intermediate Bond Portfolio—Class I	651.599 units 16,371
*	ING	Balanced Portfolio, Inc.—Class I	112.026 units 3,947
*	ING	Strategic Allocation Growth Portfolio—Class I	848.405 units 21,065
*	ING	Index Plus Large Cap Portfolio—Class I	1,879.011 units 52,905
*	ING	Small Company Portfolio—Class I	873.406 units 39,721
*	ING	Index Plus Small Cap Portfolio—Class I	799.285 units 19,557
*	ING	Index Plus Mid Cap Portfolio—Class I	2,130.574 units 72,066
*	ING	Franklin Small Cap Value Sec. Fund—Class 2	156.051 units 4,387
*	ING	Lord Abbett Series Fund—Mid-Cap Value Portfolio—CI VC Shares	1,862.504 units 35,243
*	ING	SmallCap Opportunities Portfolio—Class I	1,737.712 units 28,589
*	ING	MidCap Opportunities Portfolio—Class I	947.770 units 22,458
*	ING	Calvert VP SRI Balanced Portfolio	654.911 units 19,832
*	ING	Fidelity VIP Equity-Income Port.—Initial Class	2,991.702 units 96,572
*	ING	Fidelity VIP Growth Portfolio—Initial Class	1,137.719 units 33,068
*	ING	T. Rowe Price Growth Equity Port.—Initial Class	1,077.057 units 41,098
*	ING	Fidelity VIP Contrafund Port.—Initial Class	4,761.602 units 221,721
*	ING	Templeton Global Bond Fund—Class A	1,168.045 units 24,297
*	ING	Oppenheimer Developing Markets—Class A	1,315.858 units 103,057
*	ING	Wells Fargo Advantage Special Small Cap Value Fund—Class A	592.685 units 19,772
*	ING	International Value Portfolio—Class I	543.621 units 8,494
*	ING	Global Bond Portfolio—Class I	514.744 units 7,028
*	ING	Oppenheimer Global Portfolio—Initial Class	1,296.067 units 23,607
*	ING	JPMorgan Mid Cap Value Port.—Service Class	79.048 units 2,131
*	ING	Baron Small Cap Growth Port.—Service Class	79.554 units 2,304

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	ING	ING Invesco Common Stock Portfolio— Service Class	533.279 units 10,094
*	ING	PIMCO Total Return Portfolio—Service Class	397.100 units 6,179
*	ING	T. Rowe Price Diversified Mid Cap Growth Portfolio—Initial Class	1,578.566 units 31,700
*	ING	Invesco Equity and Income Portfolio— Initial Class	420.857 units 6,990
*	ING	The Growth Fund of America—Class R-4	1,743.563 units 33,441
*	ING	EuroPacific Growth Fund—Class R-4	1,622.982 units 32,598
*	ING	T. Rowe Price Equity Income Portfolio—Service C	1,825.732 units 42,578
*	ING	T. Rowe Price International Stock Portfolio—Servi	426.084 units 6,742
*	ING	Large Cap Growth Portfolio Inst.	210.111 units 3,263
*	ING	ING Solution 2015 Portfolio—Service	5,513.089 units 74,178
*	ING	MFS Utilities Portfolio—Service Class	4,607.949 units 107,957
*	ING	T. Rowe Price Capital Appreciation Portfolio— Service	32,096.369 units 602,383
*	ING	Invesco Growth and Income Portfolio—Service Class	1,412.761 units 23,819
*	ING	Washington Mutual Investors Fund—Class R4	7,228.672 units 126,725
*	ING	Wanger Select	191.682 units 3,975
*	ING	ING Clarion Global Real Estate Partners—Inst.	1,309.379 units 15,940
*	ING	ING Clarion Real Estate Portfolio—Service	1,181.709 units 15,121
*	ING	PIMCO VIT Real Return Port.—Admin Class	647.382 units 9,306
*	ING	Pioneer High Yield VCT Portfolio—Class I	1,392.297 units 24,256
*	ING	ING Large Cap Value Port.—Institutional	622.305 units 7,682
*	ING	ING Pioneer High Yield Portfolio—Class I	1,020.779 units 19,101
*	ING	Pioneer Emerging Markets VCT Port.—Inst.	1,385.631 units 11,639
*	ING	Wanger International	93.994 units 1,181
*	ING	ING International Index Portfolio—Institutional	1,581.898 units 15,354
*	ING	ING Templeton Foreign Equity Port.—Inst.	473.351 units 5,059
*	ING	ING Global Resources Portfolio—Service Class	552.869 units 6,832

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	ING	Invesco VI American Franchise Fund 32.409 units	1,611
*	Pacific Life	Portfolio Optimization Growth 20,656.707 units	247,672
*	Pacific Life	Portfolio Optimization Aggressive Growth 28,785.889 units	339,804
*	Pacific Life	Portfolio Optimization Moderate 488.724 units	5,598
*	Pacific Life	Portfolio Optimization Moderate-Conservative 4,232.158 units	47,322
*	Pacific Life	Oppenheimer Emerging Markets 147.707 units	8,494
*	Pacific Life	MFS International Large-Cap 488.691 units	9,180
*	Pacific Life	Dividend Growth 1,001.109 units	15,910
*	Pacific Life	Health Sciences 279.819 units	9,953
*	Pacific Life	Fidelity VIP Contrafund 1,542.171 units	19,353
*	Pacific Life	Large-Cap Value 794.174 units	13,135
			3,573,947
	<u>Mutual funds:</u>		
*	GuideStone	Balanced Allocation 3,343.303 shares	43,931
*	GuideStone	Growth Allocation 1,655.071 shares	23,171
*	GuideStone	Equity Index 3,568.197 shares	73,826
*	GuideStone	Growth Equity 6,285.702 shares	144,634
*	GuideStone	Value Equity 14,379.899 shares	142,361
*	GuideStone	Small Cap Equity 8,535.397 shares	88,256
*	GuideStone	Aggressive Allocation 1,159.177 shares	17,179
*	GuideStone	Money Market 949.000 shares	949
*	GuideStone	Real Estate Securities 6,477.244 shares	60,627
*	GuideStone	International Equity 5,853.939 shares	67,613
*	GuideStone	Medium-Duration Bond 59.334 shares	410
*	GuideStone	Defensive Market Strategies 18,614.621 shares	213,882
			876,839
*	VALIC	Loan Collateral Funds	40,053
*	Participant loans	Interest rates ranging from 3% to 6%	7,585
			\$ 24,286,589

* indicates parties-in-interest to the Plan



CEDARVILLE UNIVERSITY
TAX DEFERRED ANNUITY PLAN

Financial Statements
With Independent Auditors' Report

December 31, 2013 and 2012

**CEDARVILLE UNIVERSITY
TAX DEFERRED ANNUITY PLAN**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Cedarville University Tax Deferred Annuity Plan
Cedarville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cedarville University Tax Deferred Annuity Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA-CREF), Variable Annuity Life Insurance Company (VALIC), ING Life Insurance and Annuity Company (ING), the custodians, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the custodians is complete and accurate.

Board of Trustees
Cedarville University Tax Deferred Annuity Plan
Cedarville, Ohio

Basis for Disclaimer of Opinion, continued

As described in Note 12, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis of Disclaimer of Opinion* paragraphs, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Greenwood, Indiana
September 24, 2014

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2013	2012
ASSETS:		
Investments, at fair value:		
Variable annuity contracts	\$ 12,967,530	\$ 10,484,273
Fixed annuity contracts	6,820,635	6,383,887
Pooled separate accounts	3,573,947	3,221,868
Mutual funds	876,839	872,512
	<u>24,238,951</u>	<u>20,962,540</u>
Notes receivable from participants	7,585	50,743
Loan collateral funds	<u>40,053</u>	<u>52,184</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 24,286,589</u></u>	<u><u>\$ 21,065,467</u></u>

See notes to financial statements

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments:

Variable annuity contracts	\$ 2,455,143
Pooled separate accounts	451,425
Mutual funds	78,708
	<u>2,985,276</u>
Interest and dividends	329,495
	<u>3,314,771</u>

Contributions:

Employee	1,381,031
Employer	13,684
Rollover	346,528
	<u>1,741,243</u>

Total Additions	<u>5,056,014</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,834,862
Administrative fees	30
	<u>1,834,892</u>

Total Deductions	<u>1,834,892</u>
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Net Increase In Net Assets Available For Benefits	3,221,122
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>21,065,467</u>
End of year	<u><u>\$ 24,286,589</u></u>

See notes to financial statements

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

1. DESCRIPTION OF THE PLAN:

The following brief description of the Cedarville University Tax Deferred Annuity Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

GENERAL

The Plan is a 403(b) retirement plan covering all employees of Cedarville University (University). Other than student employees, all employees are eligible to make elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Participants may make elective deferral contributions up to the limits prescribed by law. Participants who have attained age 50 and/or have 15 years of service before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Employees who have one year of experience, worked 1,000 hours, and are at least 21 years of age are also eligible for a discretionary employer matching contribution of 1% when the employee contributes 2% to the Plan. The employer contributions are made to the Cedarville University Money Pension Purchase Plan.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VESTING

Participants are vested immediately in their contributions plus actual earnings thereon.

PAYMENT OF BENEFITS

Upon termination of service due to death, disability, or retirement, participants with account balances greater than \$5,000 generally receive payments in the form of a lifetime annuity or if married as a joint and survivor annuity. Other forms of payment are available, providing that the participant, and spouse if married, waive the annuity form of payment. Participants with vested account balances of \$5,000 or less will receive a single lump-sum payment.

PARTICIPANT LOANS AND PLAN LOANS

Participants may apply for a participant loan from their elective deferral and/or rollover accounts at ING, a custodian of the Plan. The minimum loan amount is \$1,000, and the maximum number of loans outstanding at any one time is five. Participant loans are measured at the unpaid principal balance plus any accrued but unpaid interest and bear interest at a rate of 3% to 6%.

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

1. DESCRIPTION OF THE PLAN, continued:

PARTICIPANT LOANS AND PLAN LOANS, continued

Participants with accounts at TIAA-CREF or VALIC, custodians of the Plan, may apply for a Plan loan directly from TIAA-CREF or VALIC. Plan loans of \$157,437 and \$177,854, as of December 31, 2013 and 2012, respectively, are not considered assets of the Plan and therefore are not included in participant loans receivable on the statements of net assets available for benefits. The loans are secured by the balance in the participant's account and bear interest at a rate of 3.75% to 6%.

The total of the loans that a participant has outstanding is limited to the lesser of \$50,000 or 50% of the participant's account balance. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the Plan administrator. Principal and interest are paid at a frequency no less than quarterly over a maximum of five years (with certain exceptions for loans used to acquire a principal residence).

LOAN COLLATERAL ACCOUNT

When a participant enters into a VALIC loan agreement, the principal amount, plus the first quarter's interest and potential surrender charge are transferred from the participant's investment options to a loan collateral account. The loan collateral account earns interest at a contractually guaranteed minimum interest rate. The balance is equal to outstanding principal plus interest, less repayments. Principal and interest are paid quarterly by the participants directly to VALIC. As repayments are made, funds are released from the loan collateral account back to the participant's investment options.

PLAN AMENDMENT

Effective January 1, 2013, the Plan was restated. The most significant changes were the exclusion of students from the Plan, retroactive to July 1, 1996, and only employees who have worked 1,000 hours and are at least 21 years of age are eligible for matching contributions to the Cedarville University Money Purchase Pension Plan.

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

The preparation of the 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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

2. SIGNIFICANT ACCOUNTING POLICIES, continued:

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

In accordance with authoritative literature on reporting of fully benefit-responsive investment contracts held by certain investment companies subject to the American Institute of Certified Public Accountants' investment company guide and defined-contribution health and welfare and pension plans, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Investments include the TIAA Traditional account issued by TIAA-CREF and a Fixed Annuity Option issued by VALIC. These investments are invested in the respective custodians' general accounts and are valued at fair value. The Fixed Annuity Option and a portion of the TIAA Traditional account are fully benefit-responsive. Because they are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these contracts. Contract value represents contributions plus interest less withdrawals and expenses. As required by the authoritative literature, the statement of net assets available for benefits presents the fair value of the investment. The adjustment from fair value to contract value is not material, therefore, no adjustment has been recorded on the statements of net assets available for benefits. The statement of changes in net assets available for benefits is prepared on a contract value basis.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

3. INVESTMENTS:

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

	2013	2012
Variable annuity contracts:		
CREF Stock	\$ 2,506,464	\$ 1,857,675
CREF Global Equities	\$ 1,293,139	<5%
CREF Growth	\$ 1,385,297	<5%
CREF Equity Index	\$ 1,391,517	<5%
Fixed annuity contracts:		
TIAA Traditional	\$ 2,931,439	\$ 2,793,120
VALIC Fixed Account Plus	\$ 1,666,087	\$ 1,614,325
ING Fixed Account	\$ 1,489,023	\$ 1,305,874

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA-CREF), Variable Annuity Life Insurance Company (VALIC), and ING Life Insurance and Annuity Company (ING), the custodians:

	December 31,	
	2013	2012
Investments:		
TIAA-CREF	\$ 13,866,603	\$ 11,651,810
VALIC	5,118,039	4,494,364
ING	3,708,687	3,135,920
	<u>\$ 22,693,329</u>	<u>\$ 19,282,094</u>
Investment income for the year ended December 31, 2013:		
TIAA-CREF	\$ 1,915,973	
VALIC	644,838	
ING	463,436	
	<u>\$ 3,024,247</u>	

5. FAIR VALUE MEASUREMENTS:

The Plan uses appropriate valuation techniques to determine fair value based on inputs available. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

5. FAIR VALUE MEASUREMENTS, continued:

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2013:				
Variable annuity contracts:				
Domestic equities	\$ 5,138,854	\$ -	\$ 5,138,854	\$ -
International equities	560,460	-	560,460	-
Global equities	3,846,535	-	3,846,535	-
Fixed income	1,471,230	-	1,471,230	-
Multi-asset funds	1,238,904	-	1,238,904	-
Money market funds	230,672	-	230,672	-
Specialty	75,892	-	75,892	-
Hybrid	212,097	-	212,097	-
	<u>12,774,644</u>	<u>-</u>	<u>12,774,644</u>	<u>-</u>
Fixed annuity contracts	6,820,635	-	-	6,820,635
Pooled separate accounts:				
Domestic equities	1,081,727	-	1,081,727	-
International equities	87,102	-	87,102	-
Global equities	138,303	-	138,303	-
Fixed income	87,437	-	87,437	-
Real estate	661,576	-	661,576	-
Hybrid	1,387,892	-	1,387,892	-
Specialty	129,910	-	129,910	-
	<u>3,573,947</u>	<u>-</u>	<u>3,573,947</u>	<u>-</u>
Mutual funds:				
Domestic equities	509,704	509,704	-	-
Fixed income	410	410	-	-
Global equities	280,984	280,984	-	-
Money market funds	949	949	-	-
Hybrid	84,792	84,792	-	-
	<u>876,839</u>	<u>876,839</u>	<u>-</u>	<u>-</u>
	<u>\$ 24,046,065</u>	<u>\$ 876,839</u>	<u>\$ 16,348,591</u>	<u>\$ 6,820,635</u>

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

5. FAIR VALUE MEASUREMENTS, continued:

	Fair Value	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2012:				
Variable annuity contracts:				
Domestic equities	\$ 3,627,426	\$ -	\$ 3,627,426	\$ -
International equities	430,505	-	430,505	-
Global equities	2,850,148	-	2,850,148	-
Fixed income	1,688,196	-	1,688,196	-
Multi-asset funds	1,198,559	-	1,198,559	-
Money market funds	373,490	-	373,490	-
Specialty	104,543	-	104,543	-
Hybrid	211,406	-	211,406	-
	<u>10,484,273</u>	<u>-</u>	<u>10,484,273</u>	<u>-</u>
Fixed annuity contracts	<u>6,383,887</u>	<u>-</u>	<u>-</u>	<u>6,383,887</u>
Pooled separate accounts:				
Domestic equities	859,946	-	859,946	-
International equities	79,492	-	79,492	-
Global equities	146,961	-	146,961	-
Fixed income	116,993	-	116,993	-
Real estate	546,889	-	546,889	-
Hybrid	1,366,403	-	1,366,403	-
Specialty	105,184	-	105,184	-
	<u>3,221,868</u>	<u>-</u>	<u>3,221,868</u>	<u>-</u>
Mutual funds:				
Domestic equities	476,045	476,045	-	-
Fixed income	253,206	253,206	-	-
Global equities	59,463	59,463	-	-
Money market funds	949	949	-	-
Hybrid	82,849	82,849	-	-
	<u>872,512</u>	<u>872,512</u>	<u>-</u>	<u>-</u>
	<u>\$ 20,962,540</u>	<u>\$ 872,512</u>	<u>\$ 13,706,141</u>	<u>\$ 6,383,887</u>

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

5. FAIR VALUE MEASUREMENTS, continued:

The following table provides further details for the Level 3 fair value measurements for the year ended December 31, 2013:

Beginning balance	\$ 6,383,887
Interest credited	241,119
Purchases and issuances	1,186,929
Sales and settlements	<u>(991,300)</u>
Ending balance	<u><u>\$ 6,820,635</u></u>

Variable annuity contracts are funded through a separate account that invests in mutual funds. The underlying investments are generally valued using market quotations obtained from independent pricing services. Fixed annuity contracts are reported at contract value, which represents fair value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The fair value of the pooled separate account units principally derived from the market value of the underlying mutual funds, real estate holdings, or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Mutual funds are primarily valued using market quotations or prices obtained from independent pricing sources.

6. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

The Plan has benefit-responsive guaranteed investment contracts with TIAA-CREF and VALIC. TIAA-CREF and VALIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA-CREF and VALIC 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. As stated in Note 5, contract value approximates fair value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of benefit-responsive guaranteed investment contracts at December 31, 2013 and 2012, was \$4,971,213 and \$4,695,958, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

6. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY, continued:

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

The average interest yield based on interest credited to participants ranged from 3.15 to 3.92% and 3.27 to 3.79% for the Plan years ending December 31, 2013 and 2012, respectively, depending on the guaranteed investment contracts.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. TAX STATUS:

403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the Plan administrator believes that the Plan was designed in compliance with the applicable requirements of the Internal Revenue Code and will take the necessary steps, if any, to maintain the Plan's qualified status.

Accounting standards generally accepted in the United States requires 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 Internal Revenue Service. Plan management has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2013, there were 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

9. **VOLUNTARY CORRECTION PROGRAM:**

Some potentially eligible employees may not have been properly notified of their eligibility to enroll, and therefore could not participate in the Plan. The University has obtained independent legal and tax advice with respect to Plan operations, including the impact on any documents, forms or administrative procedures associated with the performance of its obligations as Plan administrator. The University submitted an application to the Internal Revenue Service (IRS) under the IRS Employee Plans Compliance Resolution Program seeking resolution to this issue through the IRS's Voluntary Correction Program (VCP). The application was approved by the IRS and approximately \$14,000 of contributions were made to the Plan during the year ended December 31, 2013, and reported as employer contributions on the statement of changes in net assets available for benefit.

10. **RISKS AND UNCERTAINTIES:**

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

11. **PARTIES-IN-INTEREST TRANSACTIONS:**

TIAA-CREF, VALIC, ING, Pacific Life Insurance Company, and Guidestone Financial Services, the custodians of the Plan, manage Plan investments. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental schedule of assets (held at end of year). Fees paid by the Plan for the investment management services were included as a reduction of the return earned on each fund.

12. **EXCLUSION OF PRE-2009 CONTRACTS:**

As permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and related income and distributions be included in the accompanying financial statements.

13. **SUBSEQUENT EVENTS:**

Subsequent events have been evaluated through the report date, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

SUPPLEMENTAL SCHEDULE

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts:</u>		
*	TIAA-CREF	CREF Stock	7,298.758 units \$ 2,506,464
*	TIAA-CREF	CREF Money Market	8,636.046 units 220,510
*	TIAA-CREF	CREF Social Choice	3,104.969 units 564,993
*	TIAA-CREF	CREF Bond Market	6,250.700 units 672,177
*	TIAA-CREF	CREF Global Equities	9,705.132 units 1,293,139
*	TIAA-CREF	CREF Growth	12,237.196 units 1,385,297
*	TIAA-CREF	CREF Equity Index	9,660.820 units 1,391,517
*	TIAA-CREF	CREF Inflation-Linked Bond	8,173.265 units 526,215
*	TIAA-CREF	TIAA Access Lifecycle 2010 T4	458.684 units 15,502
*	TIAA-CREF	TIAA Access Lifecycle 2015 T4	1,057.643 units 35,546
*	TIAA-CREF	TIAA Access Lifecycle 2020 T4	1,165.523 units 38,917
*	TIAA-CREF	TIAA Access Lifecycle 2025 T4	11,078.884 units 368,662
*	TIAA-CREF	TIAA Access Lifecycle 2030 T4	2,803.781 units 92,620
*	TIAA-CREF	TIAA Access Lifecycle 2035 T4	410.724 units 13,710
*	TIAA-CREF	TIAA Access Lifecycle 2040 T4	300.751 units 10,217
*	TIAA-CREF	TIAA Access Lifecycle 2045 T4	1,018.618 units 33,452
*	TIAA-CREF	TIAA Access Lifecycle 2050 T4	737.359 units 23,958
*	TIAA-CREF	TIAA Access Lifecycle Retirement Income T4	1,266.939 units 41,327
*	TIAA-CREF	TIAA Access Bond T4	1,456.561 units 48,848
*	TIAA-CREF	TIAA Access Bond Plus T4	306.387 units 10,256
*	TIAA-CREF	TIAA Access Equity Index T4	21.892 units 791
*	TIAA-CREF	TIAA Access Growth and Income T4	674.769 units 28,329
*	TIAA-CREF	TIAA Access Inflation-Linked Bond T4	2,038.790 units 67,688
*	TIAA-CREF	TIAA Access International Equity T4	6,577.591 units 180,227
*	TIAA-CREF	TIAA Access Large-Cap Growth T4	1,646.239 units 69,979
*	TIAA-CREF	TIAA Access Large-Cap Value T4	6,795.663 units 223,761
*	TIAA-CREF	TIAA Access Mid-Cap Growth T4	1,077.002 units 45,520
*	TIAA-CREF	TIAA Access Mid-Cap Value T4	4,918.294 units 180,555
*	TIAA-CREF	TIAA Access Money Market T4	251.168 units 6,465

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
<u>Variable annuity contracts, continued:</u>			
*	TIAA-CREF	TIAA Access Real Estate Securities T4	2,782.730 units 65,769
*	TIAA-CREF	TIAA Access Small-Cap Blended Index T4	2,564.958 units 97,894
*	TIAA-CREF	TIAA Access Small-Cap Equity T4	524.297 units 19,141
*	TIAA-CREF	TIAA Access Social Choice Equity T4	279.060 units 10,082
*	VALIC	Aggressive Growth Lifestyle	2,555.584 units 29,517
*	VALIC	Ariel Appreciation Fund	152.855 units 8,566
*	VALIC	Ariel Fund	420.410 units 18,065
*	VALIC	Asset Allocation Fund	444.251 units 5,873
*	VALIC	Blue Chip Growth Fund	448.808 units 7,908
*	VALIC	Capital Conservation	2,156.478 units 21,306
*	VALIC	Conservative Growth Lifestyle	111.624 units 1,450
*	VALIC	Core Bond Fund	4,536.657 units 49,132
*	VALIC	Dividend Value	631.559 units 8,305
*	VALIC	Emerging Economics	3,403.832 units 27,537
*	VALIC	Foreign Value	1,993.640 units 22,568
*	VALIC	Global Real Estate Fund	1.115 units 10
*	VALIC	Global Social Awareness Fund	1,613.761 units 32,485
*	VALIC	Global Strategy	1,034.145 units 14,447
*	VALIC	Growth & Income Fund	745.897 units 12,725
*	VALIC	Growth Fund	1,384.288 units 22,467
*	VALIC	Health Sciences Fund	844.074 units 17,236
*	VALIC	High Yield Bond Fund	3,287.374 units 26,036
*	VALIC	Inflation Protected Fund	1,389.341 units 15,380
*	VALIC	International Equities Fund	19,181.992 units 140,604
*	VALIC	International Government Bond	520.938 units 6,220
*	VALIC	International Growth Fund	5,491.335 units 77,318
*	VALIC	International Opportunities	7,224.469 units 112,196
*	VALIC	Large Cap Core	827.901 units 12,344
*	VALIC	Large Cap Value Fund	3,975.820 units 65,442
*	VALIC	Large Capital Growth	3,728.298 units 54,545
*	VALIC	Loan Escrow Fund	4,882
*	VALIC	Mid Cap Growth Fund	2,971.949 units 32,632

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts, continued:</u>		
*	VALIC	Mid Cap Index Fund	11,090.394 units 309,422
*	VALIC	Mid Cap Strategic Growth	732.857 units 12,312
*	VALIC	Mid Cap Value Fund	2,646.336 units 66,079
*	VALIC	Moderate Growth Lifestyle	3,329.784 units 50,979
*	VALIC	Money Market I Fund	3,238.000 units 3,238
*	VALIC	Money Market II Fund	459.000 units 459
*	VALIC	Science and Technology Fund	2,435.880 units 58,656
*	VALIC	Small Cap Aggressive Growth	1,333.635 units 22,085
*	VALIC	Small Cap Fund	1,713.280 units 27,738
*	VALIC	Small Cap Index Fund	12,992.500 units 280,638
*	VALIC	Small Cap Special Value Fund	489.949 units 6,727
*	VALIC	Small Cap Value Fund	1,150.745 units 20,863
*	VALIC	Small Mid Growth Fund	587.203 units 8,902
*	VALIC	Socially Responsible Fund	11,401.764 units 193,944
*	VALIC	Stock Index Fund	11,392.884 units 392,257
*	VALIC	Strategic Bond Fund	961.897 units 11,158
*	VALIC	Value Fund	465.683 units 6,473
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund	1,256.510 units 22,680
*	VALIC	Vanguard Lifestrategy Growth	3,486.531 units 96,298
*	VALIC	Vanguard Lifestrategy Moderate	576.936 units 13,333
*	VALIC	Vanguard Long-Term Treasury	147.064 units 1,603
*	VALIC	Vanguard Long-Term Investment Grade Fund	1,576.269 units 15,211
*	VALIC	Vanguard Wellington Fund, Inc.	1,131.945 units 42,946
*	VALIC	Vanguard Windsor II	4,536.443 units 166,805
			12,967,530
	<u>Fixed annuity contracts:</u>		
*	TIAA-CREF	TIAA Traditional	2,931,439
*	VALIC	Fixed Account Plus	1,666,087
*	VALIC	Fixed Account Plus Enhanced	74
*	VALIC	Short Term Fixed Account	733,823
*	ING	Fixed Account	1,489,023
*	ING	Short Term GAA	189
			6,820,635

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units:</u>		
*	TIAA-CREF	TIAA Real Estate	2,160.243 units 645,636
*	ING	Growth and Income Portfolio—Class I	1,389.713 units 46,896
*	ING	Intermediate Bond Portfolio—Class I	651.599 units 16,371
*	ING	Balanced Portfolio, Inc.—Class I	112.026 units 3,947
*	ING	Strategic Allocation Growth Portfolio—Class I	848.405 units 21,065
*	ING	Index Plus Large Cap Portfolio—Class I	1,879.011 units 52,905
*	ING	Small Company Portfolio—Class I	873.406 units 39,721
*	ING	Index Plus Small Cap Portfolio—Class I	799.285 units 19,557
*	ING	Index Plus Mid Cap Portfolio—Class I	2,130.574 units 72,066
*	ING	Franklin Small Cap Value Sec. Fund—Class 2	156.051 units 4,387
*	ING	Lord Abbett Series Fund—Mid-Cap Value Portfolio—CI VC Shares	1,862.504 units 35,243
*	ING	SmallCap Opportunities Portfolio—Class I	1,737.712 units 28,589
*	ING	MidCap Opportunities Portfolio—Class I	947.770 units 22,458
*	ING	Calvert VP SRI Balanced Portfolio	654.911 units 19,832
*	ING	Fidelity VIP Equity-Income Port.—Initial Class	2,991.702 units 96,572
*	ING	Fidelity VIP Growth Portfolio—Initial Class	1,137.719 units 33,068
*	ING	T. Rowe Price Growth Equity Port.—Initial Class	1,077.057 units 41,098
*	ING	Fidelity VIP Contrafund Port.—Initial Class	4,761.602 units 221,721
*	ING	Templeton Global Bond Fund—Class A	1,168.045 units 24,297
*	ING	Oppenheimer Developing Markets—Class A	1,315.858 units 103,057
*	ING	Wells Fargo Advantage Special Small Cap Value Fund—Class A	592.685 units 19,772
*	ING	International Value Portfolio—Class I	543.621 units 8,494
*	ING	Global Bond Portfolio—Class I	514.744 units 7,028
*	ING	Oppenheimer Global Portfolio—Initial Class	1,296.067 units 23,607
*	ING	JPMorgan Mid Cap Value Port.—Service Class	79.048 units 2,131
*	ING	Baron Small Cap Growth Port.—Service Class	79.554 units 2,304

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	ING	ING Invesco Common Stock Portfolio— Service Class	533.279 units 10,094
*	ING	PIMCO Total Return Portfolio—Service Class	397.100 units 6,179
*	ING	T. Rowe Price Diversified Mid Cap Growth Portfolio—Initial Class	1,578.566 units 31,700
*	ING	Invesco Equity and Income Portfolio— Initial Class	420.857 units 6,990
*	ING	The Growth Fund of America—Class R-4	1,743.563 units 33,441
*	ING	EuroPacific Growth Fund—Class R-4	1,622.982 units 32,598
*	ING	T. Rowe Price Equity Income Portfolio—Service C	1,825.732 units 42,578
*	ING	T. Rowe Price International Stock Portfolio-Servi	426.084 units 6,742
*	ING	Large Cap Growth Portfolio Inst.	210.111 units 3,263
*	ING	ING Solution 2015 Portfolio-Service	5,513.089 units 74,178
*	ING	MFS Utilities Portfolio—Service Class	4,607.949 units 107,957
*	ING	T. Rowe Price Capital Appreciation Portfolio- Service	32,096.369 units 602,383
*	ING	Invesco Growth and Income Portfolio—Service Class	1,412.761 units 23,819
*	ING	Washington Mutual Investors Fund—Class R4	7,228.672 units 126,725
*	ING	Wanger Select	191.682 units 3,975
*	ING	ING Clarion Global Real Estate Partners—Inst.	1,309.379 units 15,940
*	ING	ING Clarion Real Estate Portfolio-Service	1,181.709 units 15,121
*	ING	PIMCO VIT Real Return Port.—Admin Class	647.382 units 9,306
*	ING	Pioneer High Yield VCT Portfolio—Class I	1,392.297 units 24,256
*	ING	ING Large Cap Value Port.—Institutional	622.305 units 7,682
*	ING	ING Pioneer High Yield Portfolio—Class I	1,020.779 units 19,101
*	ING	Pioneer Emerging Markets VCT Port.—Inst.	1,385.631 units 11,639
*	ING	Wanger International	93.994 units 1,181
*	ING	ING International Index Portfolio—Institutional	1,581.898 units 15,354
*	ING	ING Templeton Foreign Equity Port.—Inst.	473.351 units 5,059
*	ING	ING Global Resources Portfolio—Service Class	552.869 units 6,832

(continued)

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	ING	Invesco VI American Franchise Fund 32.409 units	1,611
*	Pacific Life	Portfolio Optimization Growth 20,656.707 units	247,672
*	Pacific Life	Portfolio Optimization Aggressive Growth 28,785.889 units	339,804
*	Pacific Life	Portfolio Optimization Moderate 488.724 units	5,598
*	Pacific Life	Portfolio Optimization Moderate-Conservative 4,232.158 units	47,322
*	Pacific Life	Oppenheimer Emerging Markets 147.707 units	8,494
*	Pacific Life	MFS International Large-Cap 488.691 units	9,180
*	Pacific Life	Dividend Growth 1,001.109 units	15,910
*	Pacific Life	Health Sciences 279.819 units	9,953
*	Pacific Life	Fidelity VIP Contrafund 1,542.171 units	19,353
*	Pacific Life	Large-Cap Value 794.174 units	13,135
			3,573,947
	<u>Mutual funds:</u>		
*	GuideStone	Balanced Allocation 3,343.303 shares	43,931
*	GuideStone	Growth Allocation 1,655.071 shares	23,171
*	GuideStone	Equity Index 3,568.197 shares	73,826
*	GuideStone	Growth Equity 6,285.702 shares	144,634
*	GuideStone	Value Equity 14,379.899 shares	142,361
*	GuideStone	Small Cap Equity 8,535.397 shares	88,256
*	GuideStone	Aggressive Allocation 1,159.177 shares	17,179
*	GuideStone	Money Market 949.000 shares	949
*	GuideStone	Real Estate Securities 6,477.244 shares	60,627
*	GuideStone	International Equity 5,853.939 shares	67,613
*	GuideStone	Medium-Duration Bond 59.334 shares	410
*	GuideStone	Defensive Market Strategies 18,614.621 shares	213,882
			876,839
*	VALIC	Loan Collateral Funds	40,053
*	Participant loans	Interest rates ranging from 3% to 6%	7,585
			\$ 24,286,589

* indicates parties-in-interest to the Plan

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 6047(e), 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**2013****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

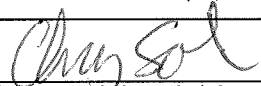
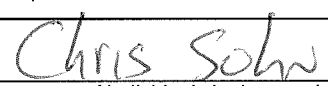
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	1b Three-digit plan number (PN) ► 003
	1c Effective date of plan 07/01/1996
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CEDARVILLE UNIVERSITY 251 N MAIN STREET CEDARVILLE OH 45314	2b Employer identification number (EIN) 31-0536647 2c Sponsor's telephone number 937-766-2211 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		9-22-14	
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	572
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	503
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	136
d Subtotal. Add lines 6a, 6b, and 6c	6d	639
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	639
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	605
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
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:
2F 2G 2L 2M

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) ☒ 4 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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