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).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1946

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
VIRGINIA UNION UNIVERSITY

1500 NORTH LOMBARDY STREET
RICHMOND, VA 23220

VIRGINIA UNION UNIVERSITY
1500 NORTH LOMBARDY STREET
RICHMOND, VA 23220

2b Employer Identification Number (EIN)
54-0524516

2c Plan Sponsor's telephone number
804-257-5841

2d Business code (see instructions)
611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2015	HOLLACE ENOCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2015	HOLLACE ENOCH
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	401
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	379
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	376
b	Retired or separated participants receiving benefits	**6b**	67
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	443
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	443
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	308
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:
2M 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL 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
42-0127290	61271	613953	326	01/01/2014	12/31/2014

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
532	111

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

CETERA ADVISOR NETWORKS SERV
200 N SEPULVEDA BLVD
STE 1300
EL SEGUNDO, CA 90245-5604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
532			3

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

ALLIANT INSURANCE SERVICES, INC.
701 B STREET
6TH FLOOR
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	111	REFERRAK/SERVICE FEE	3

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

FN INS SERVICES, INC.

200 N SEPULVEDA BLVD
STE 1200
EL SEGUNDO, CA 90245

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

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

ALLIANT INSURANCE SERVICES

701 B STREET
6TH FLOOR
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			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	225216
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	230814
c	Additions: (1) Contributions deposited during the year	7c(1)	12788		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2943		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	16466		
	▶ LOAN PAYMENT, CORRECTION, OUTSIDE INV XFER				
	(6) Total additions			7c(6)	32197
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	263011
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20504		
	(2) Administration charge made by carrier	7e(2)	503		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	16788		
	▶ LOAN WITHDRARWAL, OUTSIDE INV XFER,REFUND				
	(5) Total deductions			7e(5)	37795
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	225216

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	366245	376	01/01/2014	12/31/2014

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**	7731416
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	8226123

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	8560795
c	Additions: (1) Contributions deposited during the year	**7c(1)**	69318		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	356161		
	(4) Transferred from separate account	**7c(4)**	1053644		
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	1479123
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	10039918
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	1150931		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**	1053251		
	(4) Other (specify below) ▶	**7e(4)**	104320		
	(5) Total deductions			**7e(5)**	2308502
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	7731416

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA
730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

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

CREF
730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-3586142

(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)

PRINCIPAL LIFE INSURANCE COMPANY

111 WEST STATE ST.
MASON CITY, IA 50401

42-0127290

(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?
13 37 50 55 64	CONTRACT ADMINISTRATOR	6348	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CETERA ADVISOR NETWORKS LLC

95-3845382

(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?
49 55	OTHER SERVICES		Yes [X] No [ ]	Yes [ ] No [X]	9787	Yes [ ] No [X]

(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
CETERA ADVISOR NETWORKS LLC	49 55	9787
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	649772

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	290	
(2) Participant contributions	1b(2)	341	
(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)	185081	208376
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	554101	649772
(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)	10661214	11871371
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8791609	7956632
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	20192636	20686151
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20192636	20686151

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)	295720	
	(B) Participants	2a(1)(B)	404004	
	(C) Others (including rollovers)	2a(1)(C)	603947	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1303671
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)	9640	
	(F) Other	2b(1)(F)	359107	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		368747
	(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)	197986	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		197986
	(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)		67763
(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)		
c Other income	2c		427313
d Total income. Add all **income** amounts in column (b) and enter total	2d		2365480
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1865617	
(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)		1865617
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)	6348	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6348
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1871965
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		493515
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: BROWN,EDWARDS & COMPANY, L.L.P **(2)** EIN: 54-0504608

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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
VIRGINIA UNION UNIVERSITY DEFINED C	540524516

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
VIRGINIA UNION UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-0524516

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

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

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

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

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2014

BROWNEDWARDS
certified public accountants

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL REPORT

December 31, 2014

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BROWNEDWARDS
certified public accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Virginia Union University
Defined Contribution Retirement Plan
Richmond, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Virginia Union University Defined Contribution Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter 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 10, which was certified by TIAA-CREF and Principal Trust Company, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that TIAA-CREF and Principal Trust Company hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from TIAA-CREF and Principal Trust Company as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by TIAA-CREF and Principal Trust Company is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 the financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2014, and Schedule of Delinquent Participant Contributions for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by TIAA-CREF and Principal Trust Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are 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.

Brown, Edwards & Company, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia
July 22, 2015

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments at fair value (Notes 3, 4, 5, 6 and 10)		
Pooled separate account	$ 649,772	$ 554,101
Mutual funds	11,871,371	10,661,214
TIAA Traditional Annuity	7,731,416	8,560,795
Principal Fixed Income Guaranteed Option	225,216	230,814
	20,477,775	20,006,924
Receivables		
Participant contributions	-	341
Employer contributions	-	290
Notes from participants	208,376	185,081
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,686,151	$ 20,192,636

The Notes to Financial Statements are an integral part of these statements.

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income (Notes 3, 4, 5, 6 and 10)	
Net appreciation in fair value of investments	$ 495,076
Interest and dividends	557,093
	1,052,169
Contributions	
Employer	295,720
Participants	404,004
Rollovers	603,947
Interest on notes from participants	9,640
Total additions	2,365,480
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid	1,865,617
Administrative expenses	6,348
Total deductions	1,871,965
Net increase	493,515
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	20,192,636
End of year	$ 20,686,151

The Notes to Financial Statements are an integral part of this statement.

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2014

Note 1. Plan Description

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

General:

The Plan is a defined contribution plan covering all employees of Virginia Union University (the "University") normally working more than 20 hours per week, excluding non-resident aliens. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, participants may contribute a portion of their compensation as a pre-tax deferral as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The University will contribute 4.5% of the employee's compensation provided the employee contributes at least 3.5%, is 21 years of age, and has completed one year of service. Contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contribution, the University's contribution, and an allocation of earnings and administrative expenses. 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 vested account.

Vesting:

Participants are immediately vested in their contributions and the University portion of their account plus earnings thereon.

Payments of benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant with a vested account balance exceeding $5,000 may elect to receive a lump-sum distribution, annuity payments, or any other form of distribution permitted by Principal Trust Company and TIAA-CREF equal to the value of the participant's vested interest in his or her account. Vested account balances between $1,000 and $5,000, will be distributed in a lump-sum payment. Absent a distribution election from a participant or beneficiary, vested account balances less than $1,000 will be distributed as an automatic rollover payable to an individual retirement plan as directed by the Plan Administrator.

Note 1. Plan Description (Continued)

Notes from participants:

Participants may borrow from their account balance a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested balance. Note terms range from 1 to 5 years, unless the note is for purchase of a primary residence, in which case the term may exceed 5 years. The notes are secured by the balance in the participant's account and bear interest at market rates. Interest rates on notes at December 31, 2014 range from 5.25% - 6.50%. Principal and interest are paid ratably through payroll deductions.

Note 2. Significant Accounting Policies

Basis of accounting:

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

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. As required by authoritative guidance, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value, if material. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Estimates:

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

Valuation of investments and income recognition:

The Plan's investments are stated 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 3 for discussion of fair value measurements.

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

Note 2. Significant Accounting Policies (Continued)

Valuation of investments and income recognition: (Continued)

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.

Notes from participants:

Notes from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Benefit payments:

Benefit payments are recorded when paid.

Administrative expenses:

Substantially all Plan fees and administrative expenses are paid by the Plan and are netted with investment income.

Subsequent events:

Subsequent events have been evaluated through July 22, 2015, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3. Fair Value Measurements (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. 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 used only when Level 1 or Level 2 inputs are not available.

	Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2014			
Pooled separate account			
TIAA Real Estate Account	$ 649,772	$ 649,772	$ -
Mutual funds			
Equity funds	4,910,173	4,910,173	-
Targeted retirement funds	3,789,993	3,789,993	-
Fixed-income funds	669,617	669,617	-
Balanced funds	1,317,027	1,317,027	-
Index funds	438,632	438,632	-
Money market funds	745,929	745,929	-
TIAA Traditional Annuity	7,731,416	-	7,731,416
Principal Fixed Income Guaranteed Option	225,216	-	225,216
Total	$ 20,477,775	$ 12,521,143	$ 7,956,632

Note 3. Fair Value Measurements (Continued)

	Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2013			
Pooled separate account			
TIAA Real Estate Account	$ 554,101	$ 554,101	$ -
Mutual funds			
Equity funds	4,893,584	4,893,584	-
Targeted retirement funds	2,878,795	2,878,795	-
Fixed-income funds	618,011	618,011	-
Balanced funds	1,150,301	1,150,301	-
Index funds	406,473	406,473	-
Money market funds	714,050	714,050	-
TIAA Traditional Annuity	8,560,795	-	8,560,795
Principal Fixed Income Guaranteed Option	230,814	-	230,814
Total	$ 20,006,924	$ 11,215,315	$ 8,791,609

Level 1 Fair Value Measurements

The fair values of mutual funds and the pooled separate account are based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The TIAA Traditional Annuity and Principal Fixed Income Guaranteed Option are valued at contract value which equals the accumulated cash contributions and interest credited to the Plan's contracts less any withdrawals. Contract value approximates fair value. The following table provides further detail of Level 3 investments.

Note 3. Fair Value Measurements (Continued)

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

	TIAA Traditional Annuity	Principal Fixed Income Guaranteed Option
December 31, 2014		
Beginning balance	$ 8,560,795	$ 230,814
Interest credited	356,161	2,945
Purchases	69,318	28,027
Sales	(1,150,931)	(21,199)
Transfers from other funds	1,053,644	-
Transfers to other funds	(1,053,251)	(16,377)
Transfers from other investor	-	1,006
Transfers to other investor	(104,320)	-
Ending balance	$ 7,731,416	$ 225,216
December 31, 2013		
Beginning balance	$ 8,784,065	$ 186,237
Interest credited	363,231	2,584
Purchases	87,145	103,424
Sales	(450,404)	(62,592)
Transfers from other funds	1,940,628	-
Transfers to other funds	(2,009,580)	(17,714)
Transfers from other investor	-	9,073
Transfers to other investor	(154,290)	-
Change in adjustment to fair value	-	9,802
Ending balance	$ 8,560,795	$ 230,814

Note 3. Fair Value Measurements (Continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity	$7,731,416	Theoretical transfer of an asset Discounted cash flows Contract value	Underlying Annuity Contracts Interest rates in effect	Correlation to 10-year Treasuries
Principal Fixed Income Guaranteed Option	$225,216	Discontinuation value	Composite crediting rates Surrender charge	2.00% 5.00%

Note 4. Investments

The following investments at December 31, 2014 and 2013 represent 5% or more of the Plan's net assets:

	2014
TIAA Traditional Annuity	$ 7,731,416
CREF Stock Fund	$ 3,296,116
Principal Life Insurance Co. LifeTime 2025 Fund R3	$ 1,103,457

	2013
TIAA Traditional Annuity	$ 8,560,795
CREF Stock Fund	$ 3,571,307

Note 4. Investments (Continued)

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Fair value determined by quoted prices in an active market:	
Mutual funds	$ 427,313
Pooled separate account	67,763
	$ 495,076

Note 5. TIAA Traditional Annuity

Participants may invest in a TIAA Traditional Annuity account that is not fully benefit-responsive. This contract pays a guaranteed rate of interest plus additional amounts that are not guaranteed but may be established on a year-by-year basis. These additional amounts, when declared, remain in effect through the end of the "declaration year," which begins each March 1. Contributions to a participant's account provide a guaranteed amount of lifetime annuity income. The guaranteed annual interest rate is generally 3.00%, but in more recent contracts, between 1.00% and 3.00%. The interest rate ranged from 3.50% to 3.75% and 3.25% to 3.75% for the years ending December 31, 2014 and 2013, respectively.

Participants may also invest in a TIAA Traditional Annuity account that is fully benefit-responsive. This contract maintains the participants' contributions plus a specified rate of interest and is guaranteed by TIAA's claims paying ability. Contributions to a participant's account provide a guaranteed amount of lifetime annuity income. The guaranteed annual interest rate is generally 3.00%, but in more recent contracts, between 1.00% and 3.00%. The expected rate of return in the benefit-responsive Traditional Annuity account was 3.00% for the years ending December 31, 2014 and 2013. The actual average yield earned by the Plan was 3.46% and 3.36% for the years ending December 31, 2014 and 2013, respectively. Participants may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value.

When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. This annuitization is accounted for as an annuity settlement option, a type of distribution from the Plan used to purchase individual annuity contracts. The subsequent stream of annuity payments from the individual contract occurs outside of the Plan and does not represent an obligation of the Plan. Accordingly, the contract is included in the financial statements at contract value which approximates fair value.

TIAA issues various types of contracts as funding vehicles for retirement plans. Certain contract types contain liquidity restrictions on the redemption of TIAA Traditional Annuity accumulations, which could impact the value realized upon exiting the contract.

Note 6. Principal Fixed Income Guaranteed Option

Participants may also invest in a Principal Fixed Income Guaranteed Option issued by Principal Life Insurance Company that is fully benefit-responsive. This group annuity contract maintains the participants' contributions plus a specified rate of interest and is guaranteed by Principal Life Insurance Company's claims paying ability. Contributions to a participant's account provide a guaranteed amount of lifetime annuity income. The guaranteed minimum interest rate was 1.35% for the year ending December 31, 2014 and ranged from 1.35% to 1.45% for the year ending December 31, 2013. The actual average yield earned by the Plan was 1.29% and 1.21% for the years ending December 31, 2014 and 2013, respectively. Participants may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value.

Note 7. Related-Party Transactions

Certain administrative functions are performed by officers or employees of the University. These employees are also Plan participants. No such officer or employee receives compensation from the Plan.

Plan participants may choose to invest in funds held by TIAA-CREF and Principal Trust Company. Investments in funds issued and managed by TIAA-CREF and Principal Trust Company are considered related-party transactions. Fees paid to Principal Trust Company by the Plan for investment management and custodial services amounted to $6,348 for the year ended December 31, 2014. Fees paid to TIAA-CREF by the Plan for the year ended December 31, 2014 were netted with investment income as discussed in Note 2.

Note 8. Plan Termination

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

Note 9. Tax Status

The Plan is an adoption of a prototype plan sponsored by DATAIR. The Plan is designed in accordance with applicable sections of the *Internal Revenue Code* (*IRC*). The Plan has been amended; however, the Plan Sponsor and Administrator believe that the Plan is currently being operated in compliance with the applicable requirements of the *IRC*.

Note 9. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Federal annual returns of the Plan are subject to examination by the Internal Revenue Service, generally for three years after they are filed.

Note 10. TIAA-CREF and Principal Trust Company Certifications

Certain information was certified as complete and accurate by TIAA-CREF and Principal Trust Company. This information is as follows:

– Investment assets

– Investment transactions

– Investment income

– Schedule of Assets (Held at End of Year)

– Notes from Participants

Note 11. Contingency

Participants of the Plan may obtain loans directly from TIAA-CREF. These loans are securitized by the individual participant's account. As of December 31, 2014 and 2013, Plan loans were $192,569 and $208,017, respectively.

SUPPLEMENTAL INFORMATION

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
(EIN: 54-0524516) (Plan: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	TIAA	Real Estate Account	$ **	$ 649,772
*	CREF	Stock Fund	$ **	$ 3,296,116
*	CREF	Money Market Fund	$ **	$ 745,929
*	CREF	Social Choice Fund	$ **	$ 372,953
*	CREF	Bond Market Fund	$ **	$ 383,114
*	CREF	Global Equities Fund	$ **	$ 620,722
*	CREF	Growth Fund	$ **	$ 635,086
*	CREF	Equity Index Fund	$ **	$ 438,089
*	CREF	Inflation-Linked Bond Fund	$ **	$ 225,248
*	TIAA	Access Lifecycle 2010 Fund T4	$ **	$ 12,157
*	TIAA	Access Lifecycle 2015 Fund T4	$ **	$ 13,591
*	TIAA	Access Lifecycle 2020 Fund T4	$ **	$ 21,774
*	TIAA	Access Lifecycle 2025 Fund T4	$ **	$ 33,348
*	TIAA	Access Lifecycle 2030 Fund T4	$ **	$ 581,674
*	TIAA	Access Lifecycle 2035 Fund T4	$ **	$ 31,646
*	TIAA	Access Lifecycle 2040 Fund T4	$ **	$ 6,380
*	TIAA	Access Lifecycle 2045 Fund T4	$ **	$ 1,477
*	TIAA	Access Lifecycle 2050 Fund T4	$ **	$ 8,789
*	TIAA	Access Lifecycle Retirement Income Fund T4	$ **	$ 14,554
*	TIAA	Access Bond Plus Fund T4	$ **	$ 378
*	TIAA	Access Equity Index Fund T4	$ **	$ 543
*	TIAA	Access Growth & Income Fund T4	$ **	$ 11,921

(Continued)

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
(EIN: 54-0524516) (Plan: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	TIAA	Access International Equity Fund T4	$ **	$ 18,395
*	TIAA	Access Large-Cap Growth Fund T4	$ **	$ 528
*	TIAA	Access Large-Cap Value Fund T4	$ **	$ 33,649
*	TIAA	Access Mid-Cap Growth Fund T4	$ **	$ 1,213
*	TIAA	Access Mid-Cap Value Fund T4	$ **	$ 22,702
*	TIAA	Access Real Estate Securities Fund T4	$ **	$ 14,095
*	TIAA	Access Small-Cap Blend Index Fund T4	$ **	$ 5,864
*	TIAA	Access Small-Cap Equity Fund T4	$ **	$ 21,189
*	TIAA	Access Social Choice Equity Fund T4	$ **	$ 3,227
*	TIAA	Traditional Annuity	$ **	$ 7,731,416
*	Principal Life Insurance Co.	Fixed Income Guaranteed Option	$ **	$ 225,216
*	Principal Life Insurance Co.	Government & High Quality Bond Fund R3	$ **	$ 60,877
*	Principal Life Insurance Co.	Lifetime 2010 Fund R3	$ **	$ 555,967
*	Principal Life Insurance Co.	Lifetime 2015 Fund R3	$ **	$ 185,772
*	Principal Life Insurance Co.	Lifetime 2020 Fund R3	$ **	$ 556,718
*	Principal Life Insurance Co.	Lifetime 2025 Fund R3	$ **	$ 1,103,457
*	Principal Life Insurance Co.	Lifetime 2030 Fund R3	$ **	$ 178,479
*	Principal Life Insurance Co.	Lifetime 2035 Fund R3	$ **	$ 158,457
*	Principal Life Insurance Co.	Lifetime 2040 Fund R3	$ **	$ 127,403
*	Principal Life Insurance Co.	Lifetime 2045 Fund R3	$ **	$ 170,069
*	Principal Life Insurance Co.	Lifetime 2050 Fund R3	$ **	$ 27,247
*	Principal Life Insurance Co.	Lifetime 2055 Fund R3	$ **	$ 1,034

(Continued)

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
(EIN: 54-0524516) (Plan: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Principal Life Insurance Co.	Lifetime Strategic Income Fund R3	$ **	$ 532,702
*	Principal Life Insurance Co.	SAM Balanced Portfolio Fund R3	$ **	$ 243,845
*	Principal Life Insurance Co.	SAM Conservative Balanced Portfolio Fund R3	$ **	$ 105,629
*	Principal Life Insurance Co.	SAM Conservative Growth Portfolio Fund R3	$ **	$ 7,888
*	Principal Life Insurance Co.	SAM Flexible Income Portfolio Fund R3	$ **	$ 2,416
*	Principal Life Insurance Co.	SAM Strategic Growth Portfolio Fund R3	$ **	$ 51,594
*	Principal Life Insurance Co.	Large-Cap Growth Fund R3	$ **	$ 43,804
*	Principal Life Insurance Co.	Capital Appreciation Fund R3	$ **	$ 7,340
*	Principal Life Insurance Co.	Large-Cap S&P 500 Index Fund R3	$ **	$ 7,153
*	Principal Life Insurance Co.	Large-Cap Value III Fund R3	$ **	$ 11,944
*	Principal Life Insurance Co.	Small-Cap Growth I Fund R3	$ **	$ 517
*	Principal Life Insurance Co.	Mid-Cap Growth Fund R3	$ **	$ 43,185
*	Principal Life Insurance Co.	Mid-Cap Value I Fund R3	$ **	$ 1,127
*	Principal Life Insurance Co.	Mid-Cap Fund R3	$ **	$ 62,027
*	Principal Life Insurance Co.	Mid-Cap S&P 400 Index Fund R3	$ **	$ 14,800
*	Principal Life Insurance Co.	Small-Cap Blend Fund R3	$ **	$ 288
*	Principal Life Insurance Co.	Small-Cap S&P 600 Index Fund R3	$ **	$ 286
*	Principal Life Insurance Co.	Diversified International Fund R3	$ **	$ 3,150
*	Principal Life Insurance Co.	International Emerging Markets Fund R3	$ **	$ 29,845
*	Participant Loans	Various maturities. Interest rates range from 5.25% - 6.50%	$ -	$ 208,376

* Party-in-interest
** Cost omitted for participant directed investments.

VIRGINIA UNION UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2014
(EIN: 54-0524516) (Plan: 001)

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if late participant loan repayments are included: ☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 96	$ -	$ 96	$ -	$ -
399	-	399	-	-
186	-	186	-	-
598	-	598	-	-
191	-	191	-	-
215	-	215	-	-
$ 1,685	$ -	$ 1,685	$ -	$ -

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

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan

Virginia Union University Defined Contribution Retirement Plan

Employer Identification Number

54-0524516

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PRINCIPAL LIFE INSURANCE CO	PRINC FIXED INCOME GUAR OPTION		225,216
*	PRINCIPAL FUNDS INC	PRINC GOVT & HQ BOND R3 FUND		60,877
*	PRINCIPAL FUNDS INC	PRINC INTL EMERG MKTS R3 FUND		29,845
*	PRINCIPAL FUNDS INC	PRINC LARGE CAP GROWTH R3 FUND		43,804
*	PRINCIPAL FUNDS INC	PRIN LARGECAP VALIE I R3 FUND		11,944
*	PRINCIPAL FUNDS INC	PRINC LGCAP S&P 500 IDX R3 FD		7,153
*	PRINCIPAL FUNDS INC	PRIN LIFETIME STR INC R3 FUND		532,702
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2010 R3 FUND		555,967
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2015 R3 FUND		185,772
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2020 R3 FUND		556,718
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2025 R3 FUND		1,103,457
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2030 R3 FUND		178,479
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2035 R3 FUND		158,457
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2040 R3 FUND		127,403
*	PRINCIAPL FUNDS INC	PRIN LIFETIME 2045 R3 FUND		170,069
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2050 R3 FUND		27,247
*	PRINCIPAL FUNDS INC	PRIN LIFETIME 2055 R3 FUND		1,034
*	PRINCIPAL FUNDS INC	PRIN MIDCAP GROWTH R3 FUND		43,185
*	PRINCIPAL FUNDS INC	PRIN MID CAP S&P 400 IDX R3 FU		14,800
*	PRINCIPAL FUNDS INC	PRIN MIDCAP VALUE I R3 FUND		1,127
*	PRINCIPAL FUNDS INC	PRIN SMALLCAP BLEND R3 FUND		288
*	PRINCIPAL FUNDS INC	PRIN SMALLCAP GROWTH I R3 FUND		517
*	PRINCIPAL FUNDS INC	PRIN SMCAP S&P 600 IDX R3 FUND		286
*	PRINCIPAL FUNDS INC	PRIN SAM BALANCES R3 PORTFOLIO		243,845
*	PRINCIPAL FUNDS INC	PRIN SAM CONS BALANCES R3 PORT		105,629
*	PRINCIPAL FUNDS INC	PRIN SAM CONS GROWTH R3 PORT		7,888
*	PRINCIPAL FUNDS INC	PRIN SAM FLEIXIBLE INC R3 PORT		2,416
*	PRINCIPAL FUNDS INC	PRIN SAM STRAT GROWTH R3 PORT		51,594
*	PRINCIPAL FUNDS INC	PRINCIPAL CAPITAL APP R3 FUND		7,340
*	PRINCIIPAL FUNDS INC	PRINCIPAL DIV INTL R3 FUND		3,150
*	PRINCIPAL FUNDS INC.	PRINCIPAL MIDCAP R3 FUND D		62,027
*	PARTICIPANT LOANS	RANGE OF INT. 5.25% to 6.50%		208,376

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

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan

Virginia Union University Defined Contribution Retirement Plan

Employer Identification Number

54-0524516

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	CREF VARIABLE ANNUITIES	TIAA TRADITIONAL NON BEN RESPO		7,500,425
*	CREF VARIABLE ANNUITIES	TIAA TRADITIONAL BEN RESPONSIV		144,303
	CREF VAIRABLE ANNUITIES	PLAN LOAN DEFAULT FUND		86,688
*	CREF VARIABLE ANNUITIES	TIAA REAL ESTATE		649,772
*	CREF VARIABLE ANNUITIES	CREF STOCK		3,296,116
*	CREF VARIABLE ANNUITIES	CREF MONEY MARKET		745,929
*	CREF VARIABLE ANNUITIES	CREF SOCIAL CHOICE		372,953
*	CREF VARIABLE ANNUITIES	CREF BOND MARKET		383,114
*	CREF VARIABLE ANNUITIES	CREF GLOBAL EQUITIES		620,722
*	CREF VARIABLE ANNUITIES	CREF GROWTH		635,086
*	CREF VARIABLE ANNUITIES	CREF EQUITY INDEX		438,089
*	CREF VARIABLE ANNUITIES	CREF INFLATION LINKED BOND		225,248
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2010		12,157
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIEFCYCLE 2015		13,591
*	CREF VARIABLE ANNNUITIES	TIAA ACCESS LIFECYCLE 2020		21,774
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2025		33,348
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2030		581,674
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2035		31,646
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2040		6,380
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2045		1,477
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE 2050		8,789
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIFECYCLE RTMT INC		14,554
*	CREF VARIABLE ANNUITIES	TIAA ACCESS BOND PLUS		378
*	CREF VARIABLE ANNUITIES	TIAA ACCESS EQUITY INDEX		543
*	CREF VARIABLE ANNUITIES	TIAA ACCESS GROWTH & INCOME		11,921
*	CREF VARIABLE ANNUITIES	TIAA ACCESS INTL EQUITY		18,395
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LG-CAP GR		528
*	CREF VARIABLE ANNUITIES	TIAA ACCESS LG-CAP VAL		33,649
*	CREF VARIABLE ANNUITIES	TIAA ACCESS MID CAP GR		1,213
*	CREF VARIABLE ANNUITIES	TIAA ACCESS MID CAP VAL		22,702
*	CREF VARIABLE ANNUITIES	TIAA ACCESS REAL ESTATE SECS		14,095
*	CREF VARIABLE ANNNUITIES	TIAA ACCESS SM-CAP BL IDX		5,864
*	CREF VARIABLE ANNUITIES	TIAA ACCESS SM CAP EQUITY		21,189
*	CREF VARIABLE ANNUITIES	TIAA ACCESS SOCIAL CH EQ		3,227

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

For the plan year beginning **01/01/2014** and ending **12/31/2014**

Name of plan
Virginia Union University Defined Contribution Retirement Plan

Employer Identification Number
54-0524516

Three-digit plan number ► **001**

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

For the plan year beginning **01/01/2014** and ending **12/31/2014**

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Virginia Union University Defined Contribution Retirement Plan

Employer Identification Number
54-0524516

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*	CREF VARIABLE ANNUITIES	TIAA ACCESS LIEFCYCLE 2015		13,591
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*	CREF VARIABLE ANNUITIES	TIAA ACCESS LG-CAP GR		528
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*	CREF VARIABLE ANNUITIES	TIAA ACCESS SM CAP EQUITY		21,189
*	CREF VARIABLE ANNUITIES	TIAA ACCESS SOCIAL CH EQ		3,227