

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ 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	<u>CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
		1c Effective date of plan	<u>07/01/1996</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>CEDARVILLE UNIVERSITY</u>		
	<u>251 N MAIN STREET</u>		
	<u>CEDARVILLE, OH 45314-8501</u>		
	2b Employer Identification Number (EIN)	<u>31-0536647</u>	
	2c Plan Sponsor's telephone number	<u>937-766-2211</u>	
	2d Business code (see instructions)	<u>611000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)
<u>SHEREE BRUGMANN</u>			<u>317-885-2620</u>
<u>CAPIN CROUSE LLP</u>			
<u>972 EMERSON PARKWAY, STE A</u>			
<u>GREENWOOD, IN 46143</u>			

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 639
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) 503
a(2) Total number of active participants at the end of the plan year	6a(2) 457
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 185
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 642
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 642
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 623
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY	D Employer Identification Number (EIN) 31-0536647	

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

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	104657	534	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	

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

Schedule A (Form 5500) 2014
v. 140124

(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	3026898
5 Current value of plan's interest under this contract in separate accounts at year end	5	12472912

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

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

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

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

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

b Balance at the end of the previous year.....	7b	2931439
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c Additions: (1) Contributions deposited during the year.....	7c(1)	223895	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	101982	
(4) Transferred from separate account.....	7c(4)	263849	
(5) Other (specify below)	7c(5)	0	
▶ MISC			

(6) Total additions.....	7c(6)	589726
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3521165
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	385516	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)	105965	
(4) Other (specify below)	7e(4)	2786	
▶ MISC			

(5) Total deductions.....	7e(5)	494267
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3026898
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

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

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

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	07837	69	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
1782	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

CUMMINGS, CARRIE W
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1341			3

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

BUTLER, BART A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
267			3

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

Schedule A (Form 5500) 2014
v. 140124

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

HYNEMAN, ROBERT A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
123			3

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

HOPLER, JIM

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

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

KOLLER, DEAN T

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			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	

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	2374542
5 Current value of plan's interest under this contract in separate accounts at year end	5	2626335

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

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

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

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

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

b Balance at the end of the previous year	7b	2399984
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c Additions: (1) Contributions deposited during the year	7c(1)	63925	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	89784	
(4) Transferred from separate account	7c(4)	12110	
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 165819

d Total of balance and additions (add lines 7b and 7c(6))	7d	2565803
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	182744	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	7544	
(4) Other (specify below)	7e(4)	973	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5) 191261

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2374542
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

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

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

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0080	62	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
7405	0

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

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

SMITH, A **1700 LYONS RD UNIT D**
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4989			3

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

STILES, DEREK **1700 LYONS RD UNIT D**
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1313			3

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

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

LINK, BRIAN

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
519			3

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

NEIBERT, PHILIP

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
448			3

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

RANKIN, DAVID

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

HOHL, TINA

1700 LYONS RD UNIT D
DAYTON, OH 45458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60			3

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

DISALLE, NICHOLAS

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

LEWIS, GLENN

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

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

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

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

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

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

(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	1586243
5 Current value of plan's interest under this contract in separate accounts at year end	5	2278427

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

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

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

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

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

b Balance at the end of the previous year.....	7b	1489212
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c Additions: (1) Contributions deposited during the year.....	7c(1)	140789	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	58228	
(4) Transferred from separate account.....	7c(4)	193345	
(5) Other (specify below)	7c(5)	189033	
▶ CAN CONSIST OF LOAN REPAYMENTS, PO			

(6) Total additions.....	7c(6)	581395
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2070607
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	245366	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)	95358	
(4) Other (specify below)	7e(4)	143640	
▶ CAN CONSIST OF LOAN DISBURSEMENTS,			

(5) Total deductions.....	7e(5)	484364
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1586243
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

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

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

(a) Name of insurance carrier

PACIFIC LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000			26	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	

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	743373

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

NAIC CODE, COMMISSION PAID

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY	D Employer Identification Number (EIN) 31-0536647

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
VOYA RETIREMENT INSURANCE AND ANNUI	
71-0294708	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I	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: <u>TIAA REAL ESTATE</u>			
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>			
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>723850</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH AND INCOME PORTFOLIO CLASS I</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52777</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE BOND PORTFOLIO CLASS I</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17713</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BALANCED PORTFOLIO, INC. CLASS I</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4140</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STRATEGIC ALLOCATION GROWTH PORTFOL</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23422</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEX PLUS LARGE CAP PORTFOLIO CLAS</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58817</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL COPMANY PORTFOLIO CLASSI</u>			
b Name of sponsor of entity listed in (a): <u>VOYA</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43462</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS SMALL CAP ORTFOLIO CLASS**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21192
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS MID CAP PORTFOLIO CLASS**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55584
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE SEC FUND C**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4720
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SERIES FUND MID CAP VAL**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41021
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP OPPORTUNITIES PORTFOLIO CL**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP OPPORTUNITIES PORTFOLIO CLAS**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24530
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a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP SRI BALANCED PORTFOLIO**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22664
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME PORT INI**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105216
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORTFOLIO INITI**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37093
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a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE GROWTH EQUITY PORT INI**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27113
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PORT INITIA**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221643
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND CLASS A**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26436
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS CLAS**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90134
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE SPECIAL SMALL**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7112
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a Name of MTIA, CCT, PSA, or 103-12 IE: PAX WORLD BALANCED FUND IND INVESTO**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 890
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE PORTFOLIO CLASS**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5457
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND PORTFOLIO CLASS I**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7266
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL PORTFOLIO INITIA**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14813
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MID CAP VALUE PORT SERVICE**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2420
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a Name of MTIA, CCT, PSA, or 103-12 IE: BARON SMALL CAP GROWTH PORT SERVICE**b** Name of sponsor of entity listed in (a): VOYA

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2563
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INVESCO COMMON STOCK PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11198
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE FUND		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE DIVERSIFIED MID CAP GR		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34671
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE FUND A		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14815
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA CLASS R4		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36583
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND CLASS R4		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32477
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE EQUITY INCOME PORTFOLI		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45897
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE INTERNATIONAL STOCK PO		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6848
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2015 PORTFOLIO SERVIC		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80384
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA AGGREGATE BOND PORTFOLIO SERVI		
b Name of sponsor of entity listed in (a): VOYA		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6419

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE CAPITAL APPRECIATION P

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 662262
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GROWTH AND INCOME PORTFOLIO

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26727
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a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS FUND CL

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141871
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a Name of MTIA, CCT, PSA, or 103-12 IE: WANGER SELECT

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5309
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA CLARION GLOBAL REAL ESTATE PAR

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19047
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT REAL RETURN PORT-ADMIN CL

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9859
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER HIGH YIELD VCT PORTFOLIO CL

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24620
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP VALUE PORT-INSTITUTI

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135235
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA PIONEER HIGH YIELD PORTFOLIO C

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19929
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER EMERGINING MARKETS VCT PORT

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11705
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WANGER INTERNATIONAL](#)

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1115
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA INTERNATIONAL INDEX PORTFOLIO](#)

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11286
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA TEMPLETON FOREIGN EQUITY PORTF](#)

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5206
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA GLOBAL RESOURCES PORTFOLIO-SER](#)

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14515
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO VI AMERICAN FRANCHISE FUND](#)

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1725
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PORTFOLIO OPTIMIZATION GROWTH](#)

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

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255761
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PORTFOLIO OPTIMIZATION AGGRESSIVE G](#)

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

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351578
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PORTFOLIO OPTIMIZATION MODERATE](#)

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

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5729
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PORTFOLIO OPTIMIZATION MODERATE-CON](#)

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

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48394
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER EMERGING MARKETS](#)

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

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7937
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL LARGE-CAP**b** Name of sponsor of entity listed in (a): PACIFIC LIFE

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8577
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH**b** Name of sponsor of entity listed in (a): PACIFIC LIFE

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17544
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a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTH SCIENCES**b** Name of sponsor of entity listed in (a): PACIFIC LIFE

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12192
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND**b** Name of sponsor of entity listed in (a): PACIFIC LIFE

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21255
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP VALUE**b** Name of sponsor of entity listed in (a): PACIFIC LIFE

c EIN-PN 95-1079000-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14406
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN</u>		B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEDARVILLE UNIVERSITY</u>		D Employer Identification Number (EIN) <u>31-0536647</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	7585	37319
	(9) Value of interest in common/collective trusts	1c(9)		0
	(10) Value of interest in pooled separate accounts	1c(10)	645636	723850
	(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)	16772680	18168747
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6820635	6987683
	(15) Other.....	1c(15)	40053	20119

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24286589	25937718

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24286589	25937718
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1454547	
(C) Others (including rollovers)	2a(1)(C)	337955	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1792502
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)	584	
(F) Other	2b(1)(F)	251198	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251782
(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)	56348	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		56348
(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)		77843
(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)		1144916
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3323391

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1668375	
(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)		1668375
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)	3887	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3887
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1672262

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1651129
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: CAPIN CROUSE LLP

(2) EIN: 36-3990892

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
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



CEDARVILLE UNIVERSITY
TAX DEFERRED ANNUITY PLAN

Financial Statements
With Independent Auditors' Report

December 31, 2014 and 2013

**CEDARVILLE UNIVERSITY
TAX DEFERRED ANNUITY PLAN**

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cedarville University Tax Deferred Annuity Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA-CREF), Variable Annuity Life Insurance Company (VALIC), Voya Retirement Insurance and Annuity Company (VOYA), the custodians, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodians is complete and accurate.

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

Basis for Disclaimer of Opinion, continued

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

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis of Disclaimer of Opinion* paragraphs, we do not express an opinion on this supplemental schedule.

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

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

Capin Crouse LLP

Greenwood, Indiana
October 13, 2015

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
ASSETS:		
Investments, at fair value:		
Variable annuity contracts	\$ 14,375,397	\$ 12,967,530
Fixed annuity contracts	6,828,240	6,820,635
Pooled separate accounts	3,745,650	3,573,947
Mutual funds	762,550	876,839
	<u>25,711,837</u>	<u>24,238,951</u>
Notes receivable from participants	37,319	7,585
Loan collateral funds	<u>29,119</u>	<u>40,053</u>
Net assets available for benefits, at fair value	25,778,275	24,286,589
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>159,443</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 25,937,718</u></u>	<u><u>\$ 24,286,589</u></u>

See notes to financial statements

CEDARVILLE UNIVERSITY
TAX DEFERRED ANNUITY PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation (depreciation) in fair value of investments:

Variable annuity contracts	\$ 944,075
Pooled separate accounts	269,321
Mutual funds	9,363
	<hr/> 1,222,759
Interest and dividends	307,546
	<hr/> 1,530,305

Contributions:

Employee	1,454,547
Rollover	337,955
	<hr/> 1,792,502

Interest on notes receivable from participants	<hr/> 584
--	-----------

Total Additions	<hr/> 3,323,391
-----------------	-----------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,668,375
Administrative fees	3,887
	<hr/>

Total Deductions	<hr/> 1,672,262
------------------	-----------------

Net Increase In Net Assets Available For Benefits	1,651,129
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<hr/> 24,286,589
End of year	<hr/> <hr/> \$ 25,937,718

See notes to financial statements

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

1. DESCRIPTION OF THE PLAN:

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

GENERAL

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

CONTRIBUTIONS

Participants may make elective deferral contributions up to the limits prescribed by law. Participants who have attained age 50 and/or have 15 years of service before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Employees who have one year of experience, worked 1,000 hours, and are at least 21 years of age are also eligible for a discretionary employer matching contribution of 1% when the employee contributes 2% to the Plan. Effective July 1, 2014, the employer matching contribution was increased to 2% and 4% of compensation, respectively. The employer contributions are made to the Cedarville University Money Pension Purchase Plan.

PARTICIPANT ACCOUNTS

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

VESTING

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

PAYMENT OF BENEFITS

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

PARTICIPANT LOANS AND PLAN LOANS

Participants with accounts at Voya Retirement Insurance and Annuity Company (VOYA) may apply for a participant loan from their elective deferral and/or rollover accounts. The minimum loan amount is \$1,000, and the maximum number of loans outstanding at any one time is five. Participant loans are reported as notes receivable from participants on the statements of net assets available for benefits.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

1. DESCRIPTION OF THE PLAN, continued:

PARTICIPANT LOANS AND PLAN LOANS, continued

Participants with accounts at Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF) or the Variable Annuity Life Insurance Company (VALIC), may apply for a Plan loan directly from TIAA-CREF or VALIC. Plan loans of \$134,822 and \$157,437, as of December 31, 2014 and 2013, respectively, are not considered assets of the Plan and therefore are not included in notes receivable from participants on the statements of net assets available for benefits. The loans are secured by the balance in the participant's account and bear interest at a rate of 3.75% to 6%.

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

LOAN COLLATERAL ACCOUNT

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

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

2. SIGNIFICANT ACCOUNTING POLICIES, continued:

INVESTMENT VALUATION AND INCOME RECOGNITION

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

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

In accordance with authoritative literature on reporting of fully benefit-responsive investment contracts held by certain investment companies subject to the American Institute of Certified Public Accountants' investment company guide and defined-contribution health and welfare and pension plans, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Investments include the TIAA Traditional account issued by TIAA-CREF and a Fixed Annuity Option issued by VALIC. These investments are invested in the respective custodians' general accounts and are valued at fair value. The Fixed Annuity Option and a portion of the TIAA Traditional account are fully benefit-responsive. Because they are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these contracts. Contract value represents contributions plus interest less withdrawals and expenses. The statements of net assets available for benefits presents 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. The statement of changes in net assets available for benefits is prepared on a contract value basis.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest and bear interest at a rate of 3% to 6%.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

2. SIGNIFICANT ACCOUNTING POLICIES, continued:

RECENT ACCOUNTING PRONOUNCEMENTS NOT YET ADOPTED

In July 2015, as part of its simplification initiative, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) to the *Plan Accounting* topic of the Accounting Standards Codification (ASC). The primary changes resulting from the ASU are as follows:

1. Plans invested in fully benefit-responsive investment contracts are no longer required to measure those contracts at fair market value in addition to contract value;
2. Plans are no longer required to disclose (a) individual investments that represent 5% or more of net assets available for benefits, (b) net appreciation or depreciation of investments by general type, or (c) investments classified by nature and risk; and
3. Plans with fiscal year-ends that do not coincide with a month-end will be permitted, as a practical expedient, to use the month-end date that is closest to its fiscal year end.

The ASU is effective for years beginning after December 15, 2015, with early application permitted. The impact to the financial statements has not yet been determined.

3. INVESTMENTS:

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

	2014	2013
Variable annuity contracts:		
CREF Stock	\$ 2,779,455	\$ 2,506,464
CREF Global Equities	\$ 1,487,787	\$ 1,293,139
CREF Growth	\$ 1,514,716	\$ 1,385,297
CREF Equity Index	\$ 1,568,608	\$ 1,391,517
Fixed annuity contracts:		
TIAA Traditional	\$ 3,026,898	\$ 2,931,439
VALIC Fixed Account Plus	\$ 1,666,283	\$ 1,666,087
VOYA Fixed Account	\$ 1,586,046	\$ 1,489,023

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS:

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

	December 31,	
	2014	2013
Investments:		
TIAA-CREF	\$ 15,499,810	\$ 13,866,603
VALIC	5,026,278	5,118,039
VOYA	3,901,989	3,708,687
	\$ 24,428,077	\$ 22,693,329
Investment income for the year ended December 31, 2014:		
TIAA-CREF	\$ 951,761	
VALIC	263,126	
VOYA	222,755	
	\$ 1,437,642	

5. FAIR VALUE MEASUREMENTS:

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

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

5. FAIR VALUE MEASUREMENTS, continued:

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

	Fair Value	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2014:				
Variable annuity contracts:				
Domestic equities	\$ 5,570,280	\$ -	\$ 5,570,280	\$ -
International equities	481,210	-	481,210	-
Global equities	4,317,707	-	4,317,707	-
Fixed income	1,519,751	-	1,519,751	-
Multi-asset funds	1,821,095	-	1,821,095	-
Money market funds	236,853	-	236,853	-
Specialty	193,144	-	193,144	-
Hybrid	235,357	-	235,357	-
	<u>14,375,397</u>	<u>-</u>	<u>14,375,397</u>	<u>-</u>
Fixed annuity contracts	<u>6,828,240</u>	<u>-</u>	<u>-</u>	<u>6,828,240</u>
Pooled separate accounts:				
Domestic equities	1,225,217	-	1,225,217	-
International equities	78,903	-	78,903	-
Global equities	116,652	-	116,652	-
Fixed income	85,894	-	85,894	-
Real estate	742,897	-	742,897	-
Hybrid	1,475,153	-	1,475,153	-
Specialty	20,934	-	20,934	-
	<u>3,745,650</u>	<u>-</u>	<u>3,745,650</u>	<u>-</u>
Mutual funds:				
Domestic equities	439,842	439,842	-	-
Fixed income	319	319	-	-
Global equities	253,961	253,961	-	-
Money market funds	949	949	-	-
Hybrid	67,479	67,479	-	-
	<u>762,550</u>	<u>762,550</u>	<u>-</u>	<u>-</u>
	<u>\$ 25,711,837</u>	<u>\$ 762,550</u>	<u>\$ 18,121,047</u>	<u>\$ 6,828,240</u>

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

5. FAIR VALUE MEASUREMENTS, continued:

	Fair Value	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2013:				
Variable annuity contracts:				
Domestic equities	\$ 5,265,971	\$ -	\$ 5,265,971	\$ -
International equities	560,460	-	560,460	-
Global equities	3,846,535	-	3,846,535	-
Fixed income	1,471,230	-	1,471,230	-
Multi-asset funds	1,238,904	-	1,238,904	-
Money market funds	230,672	-	230,672	-
Real estate	65,769	-	65,769	-
Specialty	75,892	-	75,892	-
Hybrid	212,097	-	212,097	-
	<u>12,967,530</u>	<u>-</u>	<u>12,967,530</u>	<u>-</u>
Fixed annuity contracts	<u>6,820,635</u>	<u>-</u>	<u>-</u>	<u>6,820,635</u>
Pooled separate accounts:				
Domestic equities	1,081,727	-	1,081,727	-
International equities	87,102	-	87,102	-
Global equities	138,303	-	138,303	-
Fixed income	87,437	-	87,437	-
Real estate	661,576	-	661,576	-
Hybrid	1,387,892	-	1,387,892	-
Specialty	129,910	-	129,910	-
	<u>3,573,947</u>	<u>-</u>	<u>3,573,947</u>	<u>-</u>
Mutual funds:				
Domestic equities	509,704	509,704	-	-
Fixed income	410	410	-	-
Global equities	280,984	280,984	-	-
Money market funds	949	949	-	-
Hybrid	84,792	84,792	-	-
	<u>876,839</u>	<u>876,839</u>	<u>-</u>	<u>-</u>
	<u>\$ 24,238,951</u>	<u>\$ 876,839</u>	<u>\$ 16,541,477</u>	<u>\$ 6,820,635</u>

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

5. FAIR VALUE MEASUREMENTS, continued:

The following table provides further details for the Level 3 fair value measurements for the year ended December 31, 2014:

Beginning balance	\$ 6,820,635
Interest credited	249,994
Unrealized gains and losses, net	(159,443)
Purchases and issuances	827,097
Sales and settlements	(910,043)
	<hr/>
Ending balance	<u><u>\$ 6,828,240</u></u>

Variable annuity contracts are funded through a separate account that invests in mutual funds. The underlying investments are generally valued using market quotations obtained from independent pricing services. Fixed Accounts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 6). The fair value of the pooled separate account units principally derived from the market value of the underlying mutual funds, real estate holdings, or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Mutual funds are primarily valued using market quotations or prices obtained from independent pricing sources.

6. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

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

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA-CREF and VALIC represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of benefit-responsive guaranteed investment contracts at December 31, 2014 and 2013, was \$4,898,267 and \$4,971,213, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.15-3%, depending on the contract. Such interest rates are reviewed on a quarterly basis for resetting.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

6. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY, continued:

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

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

The average interest yield based on interest credited to participants ranged from 3.20 to 4.02% and 3.15 to 3.92% for the Plan years ending December 31, 2014 and 2013, respectively, depending on the guaranteed investment contracts.

7. PLAN TERMINATION:

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

8. TAX STATUS:

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

Accounting standards generally accepted in the United States requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2014, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

CEDARVILLE UNIVERSITY

TAX DEFERRED ANNUITY PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

9. **VOLUNTARY CORRECTION PROGRAM:**

During the year ended December 31, 2014, the University determined that the definition of compensation according to the Plan was not being followed in practice. The University is taking remedial actions under the IRS Voluntary Compliance Program (VCP) to correct the matter through a retroactive amendment to the Plan's definition of compensation, whereby the definition is restricted to exclude taxable benefits. The University submitted its request to the IRS in May 2015, and as of the date of this report, the University has not received a response. This item did not have an effect on the Plan's net assets available for benefits, and the University does not expect the VCP submission to affect the Plan's tax status.

10. **RISKS AND UNCERTAINTIES:**

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

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

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

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

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

13. **SUBSEQUENT EVENTS:**

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

SUPPLEMENTAL SCHEDULE

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year) EIN: 31-0536647 and Plan Number: 003

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts:</u>		
*	TIAA-CREF	CREF Stock	7,605.988 units \$ 2,779,455
*	TIAA-CREF	CREF Money Market	8,364.648 units 213,580
*	TIAA-CREF	CREF Social Choice	3,511.027 units 682,523
*	TIAA-CREF	CREF Bond Market	5,963.945 units 676,734
*	TIAA-CREF	CREF Global Equities	10,719.460 units 1,487,787
*	TIAA-CREF	CREF Growth	11,772.425 units 1,514,716
*	TIAA-CREF	CREF Equity Index	9,709.009 units 1,568,608
*	TIAA-CREF	CREF Inflation-Linked Bond	7,160.962 units 476,363
*	TIAA-CREF	TIAA Access Lifecycle 2010 T4	456.431 units 16,014
*	TIAA-CREF	TIAA Access Lifecycle 2015 T4	1,154.613 units 40,354
*	TIAA-CREF	TIAA Access Lifecycle 2020 T4	1,841.737 units 64,005
*	TIAA-CREF	TIAA Access Lifecycle 2025 T4	16,853.578 units 583,670
*	TIAA-CREF	TIAA Access Lifecycle 2030 T4	6,430.778 units 220,783
*	TIAA-CREF	TIAA Access Lifecycle 2035 T4	1,275.771 units 44,243
*	TIAA-CREF	TIAA Access Lifecycle 2040 T4	738.700 units 26,060
*	TIAA-CREF	TIAA Access Lifecycle 2045 T4	1,503.320 units 51,258
*	TIAA-CREF	TIAA Access Lifecycle 2050 T4	1,461.267 units 49,286
*	TIAA-CREF	TIAA Access Lifecycle Retirement Income T4	1,267.683 units 42,899
*	TIAA-CREF	TIAA Access Bond T4	1,654.114 units 58,280
*	TIAA-CREF	TIAA Access Bond Plus T4	720.017 units 25,310
*	TIAA-CREF	TIAA Access Equity Index T4	39.201 units 1,582
*	TIAA-CREF	TIAA Access Growth and Income T4	1,217.576 units 56,450
*	TIAA-CREF	TIAA Access Inflation-Linked Bond T4	3,327.466 units 113,401
*	TIAA-CREF	TIAA Access International Equity T4	6,924.655 units 173,280
*	TIAA-CREF	TIAA Access Large-Cap Growth T4	695.868 units 32,652
*	TIAA-CREF	TIAA Access Large-Cap Value T4	6,660.109 units 237,591
*	TIAA-CREF	TIAA Access Mid-Cap Growth T4	1,065.860 units 48,171
*	TIAA-CREF	TIAA Access Mid-Cap Value T4	5,081.627 units 208,944
*	TIAA-CREF	TIAA Access Money Market T4	277.520 units 7,090
*	TIAA-CREF	TIAA Access Real Estate Securities T4	3,609.852 units 108,506

(continued)

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts, continued:</u>		
*	TIAA-CREF	TIAA Access Small-Cap Blended Index T4	2,328.853 units 92,766
*	TIAA-CREF	TIAA Access Small-Cap Equity T4	899.384 units 34,844
*	TIAA-CREF	TIAA Access Social Choice Equity T4	297.244 units 11,857
*	VALIC	Aggressive Growth Lifestyle	2,778.952 units 32,875
*	VALIC	Ariel Appreciation Fund	176.790 units 9,483
*	VALIC	Ariel Fund	284.280 units 20,417
*	VALIC	Asset Allocation Fund	474.516 units 6,126
*	VALIC	Blue Chip Growth Fund	135.915 units 2,509
*	VALIC	Capital Conservation	2,572.754 units 25,779
*	VALIC	Conservative Growth Lifestyle	363.813 units 4,675
*	VALIC	Core Bond Fund	5,300.629 units 58,996
*	VALIC	Dividend Value	20.753 units 292
*	VALIC	Emerging Economics	3,230.319 units 24,292
*	VALIC	Foreign Value	2,180.938 units 21,395
*	VALIC	Global Real Estate Fund	9.594 units 85
*	VALIC	Global Social Awareness Fund	1,649.953 units 35,342
*	VALIC	Global Strategy	1,099.055 units 15,123
*	VALIC	Growth & Income Fund	735.197 units 14,204
*	VALIC	Growth Fund	1,356.846 units 24,179
*	VALIC	Health Sciences Fund	728.137 units 18,917
*	VALIC	High Yield Bond Fund	3,940.851 units 30,581
*	VALIC	Inflation Protected Fund	1,304.496 units 14,506
*	VALIC	International Equities Fund	943.234 units 100,794
*	VALIC	International Government Bond	535.690 units 6,289
*	VALIC	International Growth Fund	5,624.045 units 75,081
*	VALIC	International Opportunities	5,934.182 units 86,283
*	VALIC	Large Cap Core	13.680 units 213
*	VALIC	Large Cap Value Fund	3,579.134 units 64,496
*	VALIC	Large Capital Growth	4,133.045 units 62,037
*	VALIC	Mid Cap Growth Fund	3,291.887 units 33,676
*	VALIC	Mid Cap Index Fund	11,204.289 units 323,916

(continued)

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Variable annuity contracts, continued:</u>		
*	VALIC	Mid Cap Strategic Growth 755.100 units	12,882
*	VALIC	Mid Cap Value Fund 2,895.675 units	72,305
*	VALIC	Moderate Growth Lifestyle 3,746.549 units	57,547
*	VALIC	Money Market I Fund 15,652.000 units	15,652
*	VALIC	Money Market II Fund 531.000 units	531
*	VALIC	Science and Technology Fund 2,388.118 units	65,721
*	VALIC	Small Cap Aggressive Growth 1,527.590 units	25,358
*	VALIC	Small Cap Fund 1,470.474 units	23,557
*	VALIC	Small Cap Index Fund 10,667.384 units	232,869
*	VALIC	Small Cap Special Value Fund 521.536 units	7,604
*	VALIC	Small Cap Value Fund 1,303.765 units	22,164
*	VALIC	Small Mid Growth Fund 617.210 units	10,042
*	VALIC	Socially Responsible Fund 8,692.157 units	168,454
*	VALIC	Stock Index Fund 10,191.589 units	381,675
*	VALIC	Strategic Bond Fund 1,171.130 units	13,468
*	VALIC	Value Fund 523.441 units	7,972
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund 1,415.076 units	26,094
*	VALIC	Vanguard Lifestrategy Growth 3,537.938 units	101,928
*	VALIC	Vanguard Lifestrategy Moderate 585.507 units	14,099
*	VALIC	Vanguard Long-Term Treasury 162.529 units	2,121
*	VALIC	Vanguard Long-Term Investment Grade Fund 1,667.256 units	17,923
*	VALIC	Vanguard Wellington Fund, Inc. 1,265.900 units	49,560
*	VALIC	Vanguard Windsor II 4,938.301 units	184,248
			14,375,397
	<u>Fixed annuity contracts:</u>		
*	TIAA-CREF	TIAA Traditional	3,026,898
*	VALIC	Fixed Account Plus	1,666,283
*	VALIC	Short Term Fixed Account	708,259
*	VOYA	Fixed Account	1,586,046
*	VOYA	Short Term GAA	197
			6,987,683

(continued)

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units:</u>		
*	TIAA-CREF	TIAA Real Estate	2,158.216 units 723,850
*	VOYA	Growth and Income Portfolio–Class I	1,430.368 units 52,777
*	VOYA	Intermediate Bond Portfolio–Class I	669.224 units 17,713
*	VOYA	Balanced Portfolio, Inc.–Class I	112.026 units 4,140
*	VOYA	Strategic Allocation Growth Portfolio–Class I	896.321 units 23,422
*	VOYA	Index Plus Large Cap Portfolio–Class I	1,857.870 units 58,817
*	VOYA	Small Company Portfolio–Class I	908.282 units 43,462
*	VOYA	Index Plus Small Cap Portfolio–Class I	831.754 units 21,192
*	VOYA	Index Plus Mid Cap Portfolio–Class I	1,518.786 units 55,584
*	VOYA	Franklin Small Cap Value Sec. Fund–Class 2	169.042 units 4,720
*	VOYA	Lord Abbett Series Fund–Mid-Cap Value Portfolio–CI VC Shares	1,968.214 units 41,021
*	VOYA	SmallCap Opportunities Portfolio–Class I	8.716 units 150
*	VOYA	MidCap Opportunities Portfolio–Class I	963.068 units 24,530
*	VOYA	Calvert VP SRI Balanced Portfolio	691.459 units 22,664
*	VOYA	Fidelity VIP Equity-Income Port.–Initial Class	3,035.833 units 105,216
*	VOYA	Fidelity VIP Growth Portfolio–Initial Class	1,161.078 units 37,093
*	VOYA	T. Rowe Price Growth Equity Port.–Initial Class	661.981 units 27,113
*	VOYA	Fidelity VIP Contrafund Port.–Initial Class	4,305.564 units 221,643
*	VOYA	Templeton Global Bond Fund–Class A	1,266.868 units 26,436
*	VOYA	Oppenheimer Developing Markets–Class A	1,224.169 units 90,134
*	VOYA	Wells Fargo Advantage Special Small Cap Value Fund–Class A	201.083 units 7,112
*	VOYA	Pax World Balanced Fund–Ind. Investor Class	57.905 units 890
*	VOYA	International Value Portfolio–Class I	372.040 units 5,457
*	VOYA	Global Bond Portfolio–Class I	536.615 units 7,266
*	VOYA	Oppenheimer Global Portfolio–Initial Class	804.794 units 14,813
*	VOYA	JPMorgan Mid Cap Value Port.–Service Class	79.048 units 2,420
*	VOYA	Baron Small Cap Growth Port.–Service Class	85.871 units 2,563
*	VOYA	Voya Invesco Common Stock Portfolio– Service Class	548.944 units 11,198

(continued)

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	VOYA	American Funds New Perspective - Class R4	17.300 units 376
*	VOYA	T. Rowe Price Diversified Mid Cap Growth Portfolio–Initial Class	1,563.353 units 34,671
*	VOYA	Columbia Mid Cap Value Fund A	787.259 units 14,815
*	VOYA	The Growth Fund of America–Class R-4	1,767.765 units 36,583
*	VOYA	EuroPacific Growth Fund–Class R-4	1,682.020 units 32,477
*	VOYA	T. Rowe Price Equity Income Portfolio– Service Class	1,854.636 units 45,897
*	VOYA	T. Rowe Price International Stock Portfolio–Service	443.128 units 6,848
*	VOYA	Voya Solution 2015 Portfolio–Service	5,719.601 units 80,384
*	VOYA	Voya Aggregate Bond Portfolio Service	397.100 units 6,419
*	VOYA	T. Rowe Price Capital Appreciation Portfolio– Service Class	31,857.013 units 662,262
*	VOYA	Invesco Growth and Income Portfolio– Service Class	1,457.732 units 26,727
*	VOYA	Washington Mutual Investors Fund–Class R4	7,371.743 units 141,871
*	VOYA	Wanger Select	251.364 units 5,309
*	VOYA	Voya Clarion Global Real Estate Partners–Inst.	1,388.987 units 19,047
*	VOYA	PIMCO VIT Real Return Port.–Admin Class	673.675 units 9,859
*	VOYA	Pioneer High Yield VCT Portfolio–Class I	1,429.777 units 24,620
*	VOYA	Voya Large Cap Value Port.–Institutional	10,076.492 units 135,235
*	VOYA	Voya Pioneer High Yield Portfolio–Class I	1,074.566 units 19,929
*	VOYA	Pioneer Emerging Markets VCT Port.–Inst.	1,613.605 units 11,705
*	VOYA	Wanger International	93.994 units 1,115
*	VOYA	Voya International Index Portfolio–Institutional	1,251.672 units 11,286
*	VOYA	Voya Templeton Foreign Equity Port.–Inst.	527.980 units 5,206
*	VOYA	Voya Global Resources Portfolio–Service Class	1,348.543 units 14,515
*	VOYA	Invesco VI American Franchise Fund	32.409 units 1,725
*	Pacific Life	Portfolio Optimization Growth	21,121.282 units 255,761
*	Pacific Life	Portfolio Optimization Aggressive Growth	28,757.978 units 351,578

(continued)

CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN

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

EIN: 31-0536647 and Plan Number: 003

(continued)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Pooled separate account units, continued:</u>		
*	Pacific Life	Portfolio Optimization Moderate 486.094 units	5,729
*	Pacific Life	Portfolio Optimization Moderate-Conservative 4,229.564 units	48,394
*	Pacific Life	Oppenheimer Emerging Markets 147.707 units	7,937
*	Pacific Life	MFS International Large-Cap 488.691 units	8,577
*	Pacific Life	Dividend Growth 1,001.109 units	17,544
*	Pacific Life	Health Sciences 279.819 units	12,192
*	Pacific Life	Fidelity VIP Contrafund 1,542.171 units	21,255
*	Pacific Life	Large-Cap Value 794.174 units	14,406
			3,745,650
	<u>Mutual funds:</u>		
*	GuideStone	Balanced Allocation 3,528.472 shares	45,482
*	GuideStone	Growth Allocation 1,775.875 shares	23,850
*	GuideStone	Equity Index 2,857.555 shares	65,438
*	GuideStone	Growth Equity 5,428.839 shares	124,429
*	GuideStone	Value Equity 5,780.056 shares	123,173
*	GuideStone	Small Cap Equity 4,199.473 shares	71,727
*	GuideStone	Aggressive Allocation 1,263.087 shares	17,759
*	GuideStone	Money Market 949.000 shares	949
*	GuideStone	Real Estate Securities 5,367.934 shares	55,075
*	GuideStone	International Equity 3,543.835 shares	49,720
*	GuideStone	Medium-Duration Bond 21.730 shares	319
*	GuideStone	Defensive Market Strategies 15,916.293 shares	184,629
			762,550
	<u>Loan collateral:</u>		
*	VALIC	Loan Collateral Fund	25,401
*	VALIC	Loan Escrow Fund	3,718
			29,119
	Participant loans	Interest rates ranging from 3% to 6%	37,319
			\$ 25,937,718

* indicates parties-in-interest to the Plan

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**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**

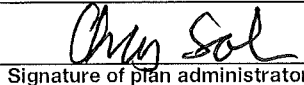
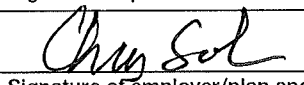
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms Instr.); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1996
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CEDARVILLE UNIVERSITY 251 N MAIN STREET CEDARVILLE OH 45314	2b Employer Identification Number (EIN) 31-0536647 2c Plan Sponsor's telephone number 937-766-2211 2d Business code (see instructions) 611000

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

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

SIGN HERE		10-12-15	Chris Sohn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-12-15	Chris Sohn
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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

Form 5500 (2014)
v. 140124