

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 UNIVERISTY 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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>CHRIS SOHN</u>
	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 642
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) 457
a(2) Total number of active participants at the end of the plan year	6a(2) 486
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c 166
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 652
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f 652
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 640
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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 0

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan CEDARVILLE UNIVERISTY 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	545	01/01/2015	12/31/2015

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(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	3340656
5 Current value of plan's interest under this contract in separate accounts at year end	5	859859

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	3026898
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c Additions: (1) Contributions deposited during the year	7c(1)	185211	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	103704	
(4) Transferred from separate account	7c(4)	130386	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	419301
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3446199
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	84037	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	21506	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	105543
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3340656
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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/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan CEDARVILLE UNIVERISTY 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	60	01/01/2015	12/31/2015

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
6684	

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

RANKIN JEFFREY
 10100 INNOVATION DR STE 120
 MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
211			3

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

RUBIN KARL
 VOYA
 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

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

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

RANKIN DAVID

VOYA
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	
67			3

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

LINK BRIAN

10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
525			3

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

SMITH A

10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2637			3

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

NEIBERT PHILIP

10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
283			3

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

STILES DEREK

10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2891			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

HOHL TINA

10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53			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	1599570
5 Current value of plan's interest under this contract in separate accounts at year end	5	2241029

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	1586243
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c Additions: (1) Contributions deposited during the year	7c(1)	153231	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	63367	
(4) Transferred from separate account	7c(4)	160509	
(5) Other (specify below)	7c(5)	63688	

(6) Total additions	7c(6)	440795
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2027038
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	167010	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	145733	
(4) Other (specify below)	7e(4)	114725	

(5) Total deductions	7e(5)	427468
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1599570
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan CEDARVILLE UNIVERISTY 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	62	01/01/2015	12/31/2015

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 15157	(b) Total amount of fees paid
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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

BART A BUTLER
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	
12983			3

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

CARRIE W CUMMINGS
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	
1088			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

ROBERT A HYNEMAN

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	
737			3

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

DEAN T KOLLER

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	
318			3

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

DAVID S BUSH

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	
19			3

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

JIM HOPLER

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	
12			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	

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** 2589012**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2374542**c** Additions: (1) Contributions deposited during the year **7c(1)** 476373(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 95957(4) Transferred from separate account **7c(4)** 289522(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 861852**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3236394**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 475595(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 170939(4) Other (specify below) **7e(4)** 848(5) Total deductions **7e(5)** 647382**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2589012

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. ▶

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CEDARVILLE UNIVERISTY 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	67466		26	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	734752

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. ▶

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA-TEACHERS INS & ANNUITY ASSOC
13-1624203

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

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

(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 II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: CAPIN CROUSE, LLP	b EIN: 36-3990892
c Position: INDEPENDENT ACCOUNTANT	
d Address: 972 EMERSON PARKWAY, SUITE A GREENWOOD, IN 46143	e Telephone: 317-885-2620

Explanation: CHANGE OF ACCOUNTING FIRM FOR ALL BUSINESS NEEDS.

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CEDARVILLE UNIVERISTY 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-CREF</u>			
b Name of sponsor of entity listed in (a): <u>TIAA REAL ESTATE</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>859859</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>PORT OPT GROWTH</u>			
c EIN-PN <u>95-1079000-000</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>258828</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>PORT OPT AGGRESSIVE-GROWTH</u>			
c EIN-PN <u>95-1079000-000</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>342348</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>PORT OPT MODERATE</u>			
c EIN-PN <u>95-1079000-000</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>5586</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>PORT OPT MODERATE-CONS</u>			
c EIN-PN <u>95-1079000-000</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>47379</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>EMERGING MARKETS</u>			
c EIN-PN <u>95-1079000-000</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>6711</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC LIFE</u>			
b Name of sponsor of entity listed in (a): <u>INTERNATIONAL LARGE CAP</u>			
c EIN-PN <u>95-1079000-000</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>8399</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC LIFE**b** Name of sponsor of entity listed in (a): DIVIDEND GROWTH

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) 17618
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a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC LIFE**b** Name of sponsor of entity listed in (a): HEALTH SCIENCES

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) 13142
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a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC LIFE**b** Name of sponsor of entity listed in (a): FIDELITY VIP CONTRAFUND

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) 20994
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a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC LIFE**b** Name of sponsor of entity listed in (a): LARGE-CAP VALUE

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) 13747
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS EUROPACIFIC R4

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) 32958
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS FDMNTL INV R4

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) 10146
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS GROWTH FND R4

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) 38508
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS WASH MTUAL R4

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) 126231
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): CALVERT VP SRI BALANCED PORTFOLIO

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) 22964
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): COLUMBIA MID CAP VALUE FUND A

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) 16050
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): FIDELITY VIP CONTRAFUND PORT I

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)	188081
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): FIDELITY VIP EQTY-INCOME PORT I

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)	101210
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): FIDELITY VIP GROWTH PORTFOLIO I

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)	39980
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): FRANKLIN SMALL CAP VALUE VIP FD 2

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)	4646
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): INVESCO V.I. AMERICAN FRANCHISE FD I

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)	1789
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): LORD ABBETT SER FD MD CP STK PRT VC

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)	44063
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): OPPENHEIMER DEVELOPING MARKETS FND A

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)	53052
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): PAX WORLD BALANCED FUND IND INV

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)	4790
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): PIMCO VIT REAL RETURN PORTFOLIO ADM

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)	6878
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): PIONEER EMERGING MARKETS VCT PORT I

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)	13377
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): PIONEER HIGH YIELD VCT PORTFOLIO I		
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) 24006

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): TEMPLETON GLOBAL BOND FUND A		
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) 31575

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA BALANCED PORTFOLIO I		
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) 4013

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA GLOBAL BOND PORT I		
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) 7180

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA GLOBAL VALUE ADVANTAGE PORT I		
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) 19036

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA GROWTH AND INCOME PORT I		
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) 51925

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA INDEX PLUS LARGE CAP PORTFOLIO I		
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) 60265

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA INDEX PLUS MIDCAP PORTFOLIO I		
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) 55817

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA INDEX PLUS SMALLCAP PORTFOLIO I		
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) 21054

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA INTERMEDIATE BOND PORT I		
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) 13000

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA INTERNATIONAL INDEX PORT I

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) 11488
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA LARGE CAP VALUE PORT INST

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) 123384
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA MIDCAP OPPORTUNITIES PORT I

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) 24781
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA SMALL COMPANY PORTFOLIO I

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) 44250
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA SMALLCAP OPPORTUNITIES PRT I

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) 2144
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA SOLUTION INCOME PRT SRV

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) 79608
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VOYA STRATEGIC ALLOC GROWTH PORT I

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) 24029
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VY BARON GROWTH PORT SRV

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) 2568
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VY CLARION GLOBAL RL EST PRT INST

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) 13561
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): VY INVESCO COMSTOCK PORT SRV

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) 10702
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY INVESCO GRW & INC PORT SRV		
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) 26406
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY JPMORGAN MID CAP VAL PORT SRV		
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) 2317
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY OPPENHMR GLOBAL PORT I		
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) 17925
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TEMPLETON FOREIGN EQTY PORT I		
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) 5494
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TROWEPRICE CAPTL APPREC PT SRV		
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) 744442
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TROWEPRICE DIVR MDCP GR PT I		
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) 34577
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TROWEPRICE EQTY INCOME PT SRV		
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) 31677
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TROWEPRICE GRWTH EQTY PORT I		
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) 30251
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VY TROWEPRICE INTL STK PORT SRV		
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) 1447
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): WANGER INTERNATIONAL		
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) 1102

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): WANGER SELECT

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) 9485
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): WELLSFARGO SPEC SM CP VAL FD A

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) 6797
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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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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

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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CEDARVILLE UNIVERISTY 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	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)	37319	3658
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	723850	3835640
	(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)	18168747	14480376
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6987683	7527787
	(15) Other	1c(15)	20119	0

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	25937718	25847461

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	25937718	25847461
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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)	1551286	
(C) Others (including rollovers)	2a(1)(C)	549790	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2101076
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)	1744	
(F) Other	2b(1)(F)	226552	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		228296
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		62242
(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)		9132
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2400746

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2330986	
(2) To insurance carriers for the provision of benefits	2e(2)	109465	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2440451
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)	50552	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50552
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2491003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-90257
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: **BKD, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CEDARVILLE UNIVERISTY 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	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u> <u>74-1625348</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Independent Auditor's Report

Plan Administrator
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 statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Teachers Insurance and Annuity Association of America (TIAA), College Retirement Equities Fund (CREF), Voya Retirement Insurance and Annuity Company (Voya), and The Variable Annuity Life Insurance Company (VALIC), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that TIAA and CREF (together, TIAA-CREF), Voya and VALIC, hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from TIAA-CREF, Voya and VALIC as of and for the year ended December 31, 2015, that the information provided to the Plan Administrator is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2015 financial statements.

Prior Year Disclaimer of Opinion by Other Auditor

Other auditors were engaged to audit the financial statements of Cedarville University Tax Deferred Annuity Plan as of and for the year ended December 31, 2014, whose report dated October 13, 2015, disclaimed an opinion on those financial statements as a result of the omission of certain audit procedures at the request of management as permitted by 29 CFR 2520.103-8 of Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. The other auditors also disclaimed an opinion due to exclusion from investments in the financial statements for 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*.

Emphasis of Matter

As discussed in Note 3 to the financial statements, in 2015, the Plan adopted new accounting guidance for fully-benefit responsive investment contracts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's 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 matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Fort Wayne, Indiana
October 13, 2016

Federal Employer Identification Number: 44-0160260

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN: 003

Independent Auditor's Report and Financial Statements

December 31, 2015 and 2014



Cedarville University Tax Deferred Annuity Plan

December 31, 2015 and 2014

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Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16
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Independent Auditor's Report

Plan Administrator
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 statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Teachers Insurance and Annuity Association of America (TIAA), College Retirement Equities Fund (CREF), Voya Retirement Insurance and Annuity Company (Voya), and The Variable Annuity Life Insurance Company (VALIC), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that TIAA and CREF (together, TIAA-CREF), Voya and VALIC, hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from TIAA-CREF, Voya and VALIC as of and for the year ended December 31, 2015, that the information provided to the Plan Administrator is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2015 financial statements.

Prior Year Disclaimer of Opinion by Other Auditor

Other auditors were engaged to audit the financial statements of Cedarville University Tax Deferred Annuity Plan as of and for the year ended December 31, 2014, whose report dated October 13, 2015, disclaimed an opinion on those financial statements as a result of the omission of certain audit procedures at the request of management as permitted by 29 CFR 2520.103-8 of Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. The other auditors also disclaimed an opinion due to exclusion from investments in the financial statements for 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*.

Emphasis of Matter

As discussed in Note 3 to the financial statements, in 2015, the Plan adopted new accounting guidance for fully-benefit responsive investment contracts. Our opinion is not modified with respect to this matter.

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The supplemental schedule listed in the table of contents is required by the Department of Labor's 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 matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Fort Wayne, Indiana
October 13, 2016

Federal Employer Identification Number: 44-0160260

Cedarville University Tax Deferred Annuity Plan

Statements of Net Assets Available for Benefits December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments		
At fair value	\$ 22,810,006	\$ 23,188,113
At contract value	<u>3,014,475</u>	<u>2,683,167</u>
Total investments	<u>25,824,481</u>	<u>25,871,280</u>
Receivables		
Notes receivable from participants	3,658	37,319
Loan collateral funds	<u>19,322</u>	<u>29,119</u>
Total receivables	<u>22,980</u>	<u>66,438</u>
Net Assets Available for Benefits	<u><u>\$ 25,847,461</u></u>	<u><u>\$ 25,937,718</u></u>

Cedarville University Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2015 and 2014

	2015	2014
Investment Income		
Net appreciation in fair value of investments	\$ 137,764	\$ 1,222,759
Interest and dividends	160,162	307,546
Net investment income	<u>297,926</u>	<u>1,530,305</u>
Contributions		
Participants	1,551,286	1,454,547
Rollover	549,790	337,955
Total contributions	<u>2,101,076</u>	<u>1,792,502</u>
Interest on Notes Receivable From Participants	1,744	584
Total additions	<u>2,400,746</u>	<u>3,323,391</u>
Deductions		
Benefits paid to participants	(2,440,451)	(1,668,375)
Administrative fees and expenses	(50,552)	(3,887)
Total deductions	<u>(2,491,003)</u>	<u>(1,672,262)</u>
Net (Decrease) Increase	(90,257)	1,651,129
Net Assets Available for Benefits, Beginning of Year	<u>25,937,718</u>	<u>24,286,589</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 25,847,461</u></u>	<u><u>\$ 25,937,718</u></u>

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of the Plan

The following description of the Cedarville University Tax Deferred Annuity Plan (Plan) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description* for a more complete description of the Plan's provisions, which is available from the Plan Administrator.

General

The Plan is a defined-contribution supplemental plan sponsored by Cedarville University (University) for the benefit of its employees. Students who are employed by the University are generally excluded from participation in the Plan. Participants are eligible to participate in the plan upon employment.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended. Teachers Insurance and Annuity Association (TIAA) serves as the issuer of the TIAA Traditional Annuity Contract held by the Plan. College Retirement Equities Fund (CREF) serves as the issuer of CREF variable annuities held by the Plan. TIAA, JPMorgan Chase Bank, N.A., the directed custodian, through December 31, 2014, Voya Retirement Insurance and Annuity Company (Voya), The Variable Annuity Life Insurance Company (VALIC), GuideStone Financial Resources (GuideStone) and Pacific Life serve as the custodians of most nonannuity assets and as recordkeepers of the Plan. Effective January 1, 2015, TIAA-CREF Trust Company, FSB became the Plan custodian of nonannuity assets previously held by JPMorgan Chase Bank, N.A.

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 two percent when the employee contributes four percent to the Plan. The employer contributions are made to the Cedarville University Money Purchase Pension Plan.

Participant Investment Account Options

Investment account options available include various annuity accounts, a pooled separate account and mutual funds. Each participant has the option of directing their contributions into any of the investment account options selected by the University and may change the allocation to the extent permitted by the individual agreements.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2015 and 2014

Participant Accounts

Each participant's account is credited with the participant's contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's account. All amounts in participant accounts are participant-directed.

Vesting

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

Payment of Benefits

Upon retirement, reaching age 62, or termination of service due to death, or disability, 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, provided 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.

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 \$160,151 and \$134,822, as of December 31, 2015 and December 31, 2014, 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 percent to 6 percent.

The total of the loans that a participant has outstanding is limited to the lesser of \$50,000 or 50 percent 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).

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Loan Collateral Account

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

Plan Termination

Although it has not expressed an intention 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.

Reclassifications

Certain reclassifications have been made to the 2014 financial statement to conform to the 2015 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Valuation of Investments and Income Recognition

The Plan is funded by individually controlled TIAA, CREF, Voya, VALIC, GuideStone and Pacific Life investments. Contributions are allocated to the various investment options based on the individual participant elections.

The TIAA Fully Benefit-Responsive Traditional Annuity is recorded at contract value. The TIAA, VALIC and Voya Non-benefit Responsive Traditional Annuity contracts are recorded at fair value. Fair value, as reported to the Plan by TIAA, VALIC and Voya, represents contributions made under the contract, plus interest at the contract rate, less funds to pay withdrawal benefits and administrative expenses. The investment contract with TIAA, VALIC and Voya contain liquidity restrictions that require withdrawals and transfers from the investment contracts to other investment options available to the Plan to be spread over a period of ten annual installments or five annual installments for withdrawals after a participant's termination of employment.

The non-benefit responsive contract is recorded at fair value, which approximates contract value as estimated by TIAA, VALIC and Voya. At December 2015 and 2014, the fair value of the non-benefit-responsive contracts at TIAA, VALIC and Voya totaled \$9,203,435 and \$8,656,144, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer of the TIAA Traditional Annuity. 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 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 the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

CREF Variable Annuity Accounts

Participants purchase accumulation units in the variable annuity contracts and their value is calculated daily. Variable annuity accounts, except for the money market account, are recorded at their estimated fair value, which is based upon the underlying value of the assets.

Mutual Funds

Quoted market prices, if available, are used to value investments. TIAA-CREF, Voya, VALIC, GuideStone and Pacific Life mutual funds are valued at the market quoted net asset value (NAV) of shares held by the Plan at year-end.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Pooled Separate Accounts

Pooled separate accounts are valued at the NAV per accumulation unit of the investment as provided by the insurance company. The NAV of these accounts is based on the underlying assets owned by the fund, minus liabilities, divided by the units outstanding. The NAV is not a publicly quoted price in an active market. The NAV is used as a practical expedient to estimate the fair value of pooled separate accounts. There are no unfunded commitments or redemption notice periods.

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.

Plan Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended.

The Plan has not requested or obtained a determination letter, as the Internal Revenue Service does not currently provide that service for 403(b) plans. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore is not subject to tax.

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 percent to 6 percent.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan or University, at the University's discretion.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period ending date.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 3: Change in Accounting Principle

In 2015, the Plan changed its method of accounting for fully benefit-responsive investment contracts by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 962 and 965): Part I: Fully Benefit-Responsive Investment Contracts*. The accounting provided for in ASU 2015-12 allows plans to measure, present and disclose fully benefit-responsive investment contracts at contract value. The effect of the adoption of the ASU is to eliminate the requirement to measure fair value of fully benefit-responsive contracts and to present the reconciliation from fair value to contract value on the statement of net assets. This change was applied retrospectively to all periods presented.

In 2015, the Plan changed its accounting policy on plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures*. The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

In 2015, the Plan changed its accounting policy on plan accounting disclosures and presentation of fair value of investments using the net asset value per share as a practical expedient by adopting the provisions of ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)*. In accordance with this guidance, investments measured at net asset value per share as a practical expedient are not categorized within the fair value hierarchy. This change was applied retrospectively to all periods presented.

Note 4: Certification by Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodians have certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2015 and 2014
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2015

The Plan's independent auditors did not perform procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 5: Voluntary Correction Program

Subsequent to 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. The University submitted its request to the IRS in May 2015. Subsequent to the year ended December 31, 2014, but prior to issuance of the 2014 audited financial statements, the University determined that the Plan was not operating according to the terms of the Plan Document with respect to in-service withdrawals that occurred prior to December 31, 2014. The VCP submission was amended in September 2015 to add this matter to the correction. The IRS accepted the VCP as amended in its letter dated February 10, 2016. 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.

Note 6: Reconciliation of Financial Statements to Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan (Form 5500) filed with the Internal Revenue Service and the accompanying financial statements are primarily attributable to classification differences.

Note 7: Disclosures About Fair Value of Plan Assets

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Recurring Measurements

The following tables present the fair value measurements of assets 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, 2015 and 2014:

		2015			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Fair Value				
Pooled separate accounts (A)	\$ 3,835,640	\$ -	\$ -	\$ -	
Mutual funds	3,339,768	3,339,768	-	-	
Variable annuities	11,121,286	-	11,121,286	-	
Fixed annuity contracts	4,513,312	-	-	4,513,312	
Investments, at fair value	<u>\$ 22,810,006</u>	<u>\$ 3,339,768</u>	<u>\$ 11,121,286</u>	<u>\$ 4,513,312</u>	

		2014			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Fair Value				
Pooled separate accounts (A)	\$ 3,745,650	\$ -	\$ -	\$ -	
Mutual funds	762,550	762,550	-	-	
Variable annuities	14,375,397	-	14,375,397	-	
Fixed annuity contracts	4,304,516	-	-	4,304,516	
Investments, at fair value	<u>\$ 23,188,113</u>	<u>\$ 762,550</u>	<u>\$ 14,375,397</u>	<u>\$ 4,304,516</u>	

- (A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2015. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities.

Level 3 Valuation Process

Fair value determinations for Level 3 measurements of securities are the responsibility of the Business Office. The Business Office contracts with a pricing specialist to generate fair value estimates on a monthly or quarterly basis. The Business Office challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Level 3 Reconciliation

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompany statements of net assets available for benefits using significant unobservable (Level 3) inputs for the years ended December 31, 2015 and 2014:

	Fixed Annuity Contracts
Balance, January 1, 2014	\$ 4,249,406
Investment income	164,236
Purchases	345,706
Sales	<u>(454,832)</u>
Balance, December 31, 2014	4,304,516
Investment income	174,297
Purchases	971,535
Sales	<u>(937,036)</u>
Balance, December 31, 2015	<u><u>\$ 4,513,312</u></u>

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2015 and 2014

Unobservable (Level 3) Inputs

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements:

	Fair Value at December 31, 2015	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 4,513,312	Discounted cash flow	Contractual interest rate	4.00%

	Fair Value at December 31, 2014	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 4,304,516	Discounted cash flow	Contractual interest rate	3.65%

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015 and 2014. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	Fair Value	December 31, 2015 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 3,835,640	N/A	Daily	None

	Fair Value	December 31, 2014 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 3,745,650	N/A	Daily	None

Note 8: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

The Plan invests in various funds of the Plans' recordkeeper and custodian, and fees for trust and management services paid by the Plan to this recordkeeper were \$50,552 and \$3,887 for 2015 and 2014, respectively.

The University provides certain administrative services at no cost to the Plan.

Cedarville University Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 9: 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 the amounts reported in the statements of net assets available for benefits.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 10: Reconciliation of Financial Statements to Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan (Form 5500) filed with the Internal Revenue Service and the accompanying financial statements consist of classification differences.

Note 11: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedule

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
* Pooled Separate Accounts				
TIAA-CREF	TIAA Real Estate	2,370	Units	\$ 859,859
Pacific Life	Port Opt Growth	21,796	Units	258,828
Pacific Life	Port Opt Aggressive-Growth	28,731	Units	342,348
Pacific Life	Port Opt Moderate	484	Units	5,586
Pacific Life	Port Opt Moderate-Cons	4,227	Units	47,379
Pacific Life	Emerging Markets	148	Units	6,711
Pacific Life	International Large Cap	489	Units	8,399
Pacific Life	Dividend Growth	1,001	Units	17,618
Pacific Life	Health Sciences	280	Units	13,142
Pacific Life	Fidelity VIP Contrafund	1,542	Units	20,994
Pacific Life	Large-Cap Value	794	Units	13,747
VOYA	American Funds EuroPacific R4	1,743	Units	32,958
VOYA	American Funds Fdmntl Inv R4	703	Units	10,146
VOYA	American Funds Growth Fnd R4	1,789	Units	38,508
VOYA	American Funds Wash Mtual R4	6,657	Units	126,231
VOYA	Calvert VP SRI Balanced Portfolio	725	Units	22,964
VOYA	Columbia Mid Cap Value Fund A	1,107	Units	16,050
VOYA	Fidelity VIP Contrafund Port I	3,675	Units	188,081
VOYA	Fidelity VIP Eqty-Income Port I	3,079	Units	101,210
VOYA	Fidelity VIP Growth Portfolio I	1,182	Units	39,980
VOYA	Franklin Small Cap Value VIP Fd 2	182	Units	4,646
VOYA	Invesco V.I. American Franchise Fd I	32	Units	1,789
VOYA	Lord Abbett Ser Fd Md Cp Stk Prt VC	2,225	Units	44,063
VOYA	Oppenheimer Developing Markets Fnd A	849	Units	53,052
VOYA	Pax World Balanced Fund Ind Inv	317	Units	4,790
VOYA	PIMCO VIT Real Return Portfolio Adm	489	Units	6,878
VOYA	Pioneer Emerging Markets VCT Port I	2,206	Units	13,377
VOYA	Pioneer High Yield VCT Portfolio I	1,470	Units	24,006
VOYA	Templeton Global Bond Fund A	1,600	Units	31,575
VOYA	Voya Balanced Portfolio I	112	Units	4,013
VOYA	Voya Global Bond Port I	561	Units	7,180
VOYA	Voya Global Value Advantage Port I	2,040	Units	19,036
VOYA	Voya Growth and Income Port I	1,446	Units	51,925
VOYA	Voya Index Plus LargeCap Portfolio I	1,911	Units	60,265
VOYA	Voya Index Plus MidCap Portfolio I	1,572	Units	55,817
VOYA	Voya Index Plus SmallCap Portfolio I	865	Units	21,054
VOYA	Voya Intermediate Bond Port I	494	Units	13,000
VOYA	Voya International Index Port I	1,302	Units	11,488
VOYA	Voya Large Cap Value Port Inst	9,743	Units	123,384
VOYA	Voya MidCap Opportunities Port I	980	Units	24,781
VOYA	Voya Small Company Portfolio I	944	Units	44,250
VOYA	Voya SmallCap Opportunities Prt I	128	Units	2,144
VOYA	Voya Solution Income Prt Srv	5,803	Units	79,608
VOYA	Voya Strategic Alloc Growth Port I	942	Units	24,029
VOYA	VY Baron Growth Port Srv	92	Units	2,568
VOYA	VY Clarion Global Rl Est Prt Inst	1,016	Units	13,561

Cedarville University Tax Deferred Annuity Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
VOYA	VY Invesco Comstock Port Srv	565 Units	\$ 10,702
VOYA	VY Invesco Grw & Inc Port Srv	1,502 Units	26,406
VOYA	VY JPMorgan Mid Cap Val Port Srv	79 Units	2,317
VOYA	VY Oppenhr Global Port I	947 Units	17,925
VOYA	VY Templeton Foreign Eqty Port I	584 Units	5,494
VOYA	VY TRowePrice Captl Apprec Pt Srv	34,462 Units	744,442
VOYA	VY TRowePrice Divr MdCp Gr Pt I	1,547 Units	34,577
VOYA	VY TRowePrice Eqty Income Pt Srv	1,392 Units	31,677
VOYA	VY TRowePrice Grwth Eqty Port I	675 Units	30,251
VOYA	VY TRowePrice Intl Stk Port Srv	96 Units	1,447
VOYA	Wanger International	94 Units	1,102
VOYA	Wanger Select	454 Units	9,485
VOYA	WellsFargo Spec Sm Cp Val Fd A	204 Units	6,797
			<u>3,835,640</u>

* Variable Annuity Accounts

TIAA-CREF	CREF Stock R2	7,502 Units	2,716,556
TIAA-CREF	CREF Money Market R2	8,526 Units	217,710
TIAA-CREF	CREF Social Choice R2	3,833 Units	738,232
TIAA-CREF	CREF Bond Market R2	5,853 Units	667,089
TIAA-CREF	CREF Global Equities R2	10,809 Units	1,494,091
TIAA-CREF	CREF Growth R2	10,258 Units	1,404,315
TIAA-CREF	CREF Equity Index R2	9,582 Units	1,550,822
TIAA-CREF	CREF Inflation-Linked Bond R2	6,480 Units	423,527
VALIC	Aggressive Growth Lifestyle	12,316 Units	33,551
VALIC	Ariel Appreciation Fund	3,017 Units	9,090
VALIC	Ariel Fund	6,426 Units	19,904
VALIC	Asset Allocation Fund	817 Units	6,037
VALIC	Blue Chip Growth Fund	851 Units	1,594
VALIC	Capital Conservation	6,614 Units	24,202
VALIC	Conservative Growth Lifestyle	2,734 Units	7,047
VALIC	Core Bond Fund	29,898 Units	58,470
VALIC	Dividend Value	14,139 Units	36,884
VALIC	Emerging Economies	27,167 Units	20,772
VALIC	Foreign Value	12,064 Units	14,053
VALIC	Global Real Estate Fund	715 Units	943
VALIC	Global Social Awareness Fund	6,243 Units	34,474
VALIC	Global Strategy	8,263 Units	14,923
VALIC	Growth and Income Fund	4,069 Units	14,095
VALIC	Growth Fund	8,939 Units	15,412
VALIC	Health Sciences Fund	3,991 Units	18,166
VALIC	High Yield Bond Fund	6,689 Units	15,928

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
VALIC	Inflation Protected Fund	12,208	Units	\$ 15,221
VALIC	International Equities Index Fund	50,787	Units	90,958
VALIC	International Government Bond	2,091	Units	6,066
VALIC	International Opportunities	32,952	Units	72,846
VALIC	Large Cap Core	144	Units	318
VALIC	Large Cap Value Fund	22,422	Units	59,960
VALIC	Mid Cap Growth Fund	335	Units	614
VALIC	Mid Cap Index Fund	15,837	Units	284,757
VALIC	Mid Cap Strategic Growth	6,605	Units	12,711
VALIC	Mid Cap Value Fund	5,976	Units	30,931
VALIC	Moderate Growth Lifestyle	22,047	Units	61,326
VALIC	Money Market I Fund	8,426	Units	16,909
VALIC	Money Market II Fund	1,449	Units	1,765
VALIC	Science and Technology Fund	12,771	Units	64,158
VALIC	Small Cap Aggressive Gwth	10,042	Units	21,436
VALIC	Small Cap Index Fund	28,225	Units	161,744
VALIC	Small Cap Special Value Fund	5,061	Units	7,702
VALIC	Small Cap Value Fund	4,842	Units	16,312
VALIC	Small Mid Growth Fund	6,349	Units	10,112
VALIC	Socially Responsible Fund	33,153	Units	82,442
VALIC	Stock Index Fund	36,458	Units	317,028
VALIC	Strategic Bond Fund	4,795	Units	12,485
VALIC	Value Fund	3,860	Units	7,451
VALIC	Vanguard Lifestrategy Growth	22,644	Units	47,535
VALIC	Vanguard Lifestrategy Moderate	6,684	Units	13,845
VALIC	Vanguard Long-term Treasury	673	Units	2,185
VALIC	Vanguard Long-term Investment Grade Fund	5,506	Units	17,470
VALIC	Vanguard Wellington Fund Inc	13,806	Units	53,528
VALIC	Vanguard Windsor II	20,489	Units	73,584
				<u>11,121,286</u>

* Mutual Funds

TIAA-CREF	TIAA Access Lifecycle 2010 T4	475	Shares	16,615
TIAA-CREF	TIAA Access Lifecycle 2015 T4	1,330	Shares	46,349
TIAA-CREF	TIAA Access Lifecycle 2020 T4	2,558	Shares	88,591
TIAA-CREF	TIAA Access Lifecycle 2025 T4	15,894	Shares	548,299
TIAA-CREF	TIAA Access Lifecycle 2030 T4	7,720	Shares	264,049
TIAA-CREF	TIAA Access Lifecycle 2035 T4	2,525	Shares	87,105
TIAA-CREF	TIAA Access Lifecycle 2040 T4	1,257	Shares	44,059
TIAA-CREF	TIAA Access Lifecycle 2045 T4	3,293	Shares	111,567
TIAA-CREF	TIAA Access Lifecycle 2050 T4	2,378	Shares	79,741
TIAA-CREF	TIAA Access Lifecycle Rtmt Inc T4	3,567	Shares	120,099

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
TIAA-CREF	TIAA Access Bond T4	1,637	Shares	\$ 57,676
TIAA-CREF	TIAA Access Bond Plus T4	803	Shares	28,186
TIAA-CREF	TIAA Access Equity Index T4	68	Shares	2,724
TIAA-CREF	TIAA Access Growth & Income T4	1,101	Shares	52,405
TIAA-CREF	TIAA Access Infl-Lnkd Bond T4	3,865	Shares	128,637
TIAA-CREF	TIAA Access Intl Equity T4	8,241	Shares	202,252
TIAA-CREF	TIAA Access Lg-Cap Gr T4	784	Shares	39,887
TIAA-CREF	TIAA Access Lg-Cap Val T4	8,353	Shares	281,881
TIAA-CREF	TIAA Access Mid-Cap Gr T4	1,166	Shares	51,982
TIAA-CREF	TIAA Access Mid-Cap Val T4	6,053	Shares	233,817
TIAA-CREF	TIAA Access Money Market T4	327	Shares	8,303
TIAA-CREF	TIAA Access Real Est Secs T4	4,005	Shares	124,996
TIAA-CREF	TIAA Access Sm-Cap Bl Idx T4	2,478	Shares	93,913
TIAA-CREF	TIAA Access Sm-Cap Equity T4	1,312	Shares	50,537
TIAA-CREF	TIAA Access Social Ch Eq T4	303	Shares	11,725
GuideStone	Balanced Allocation	4,105	Shares	43,963
GuideStone	Growth Allocation	2,118	Shares	22,937
GuideStone	Aggressive Allocation	1,610	Shares	17,335
GuideStone	Defensive Market Strategies	13,132	Shares	147,341
GuideStone	Real Estate Securities	2,110	Shares	20,028
GuideStone	Global Natural Resources Equity	3,938	Shares	20,125
GuideStone	Value Equity	3,990	Shares	77,637
GuideStone	Growth Equity	3,618	Shares	79,661
GuideStone	Small Cap Equity	1,207	Shares	18,310
GuideStone	International Equity	7,161	Shares	94,310
GuideStone	Emerging Markets Equity	3,096	Shares	22,726
				<u>3,339,768</u>
* Fixed Annuity Contracts				
TIAA-CREF	TIAA Traditional Fully Benefit-Responsive			3,014,475
TIAA-CREF	TIAA Traditional Non Benefit-Responsive			324,730
VALIC	Fixed Account Plus			1,915,575
VALIC	Short Term Fixed Account			673,437
VOYA	Voya Fixed Account			1,599,365
VOYA	Voya Short-Term GAA			205
				<u>7,527,787</u>
* Loan Collateral				
VALIC	Loan Escrow Fund			1,509
VALIC	Loan Collateral Fund			16,362
TIAA-CREF	Plan Loan Default Fund			1,451
				<u>19,322</u>
* Notes Receivable From Participants (Due at various dates and rates)				
				<u>3,658</u>
				\$ 25,847,461

* Party-in-interest

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
* Pooled Separate Accounts				
TIAA-CREF	TIAA Real Estate	2,370	Units	\$ 859,859
Pacific Life	Port Opt Growth	21,796	Units	258,828
Pacific Life	Port Opt Aggressive-Growth	28,731	Units	342,348
Pacific Life	Port Opt Moderate	484	Units	5,586
Pacific Life	Port Opt Moderate-Cons	4,227	Units	47,379
Pacific Life	Emerging Markets	148	Units	6,711
Pacific Life	International Large Cap	489	Units	8,399
Pacific Life	Dividend Growth	1,001	Units	17,618
Pacific Life	Health Sciences	280	Units	13,142
Pacific Life	Fidelity VIP Contrafund	1,542	Units	20,994
Pacific Life	Large-Cap Value	794	Units	13,747
VOYA	American Funds EuroPacific R4	1,743	Units	32,958
VOYA	American Funds Fdmntl Inv R4	703	Units	10,146
VOYA	American Funds Growth Fnd R4	1,789	Units	38,508
VOYA	American Funds Wash Mtual R4	6,657	Units	126,231
VOYA	Calvert VP SRI Balanced Portfolio	725	Units	22,964
VOYA	Columbia Mid Cap Value Fund A	1,107	Units	16,050
VOYA	Fidelity VIP Contrafund Port I	3,675	Units	188,081
VOYA	Fidelity VIP Eqty-Income Port I	3,079	Units	101,210
VOYA	Fidelity VIP Growth Portfolio I	1,182	Units	39,980
VOYA	Franklin Small Cap Value VIP Fd 2	182	Units	4,646
VOYA	Invesco V.I. American Franchise Fd I	32	Units	1,789
VOYA	Lord Abbett Ser Fd Md Cp Stk Prt VC	2,225	Units	44,063
VOYA	Oppenheimer Developing Markets Fnd A	849	Units	53,052
VOYA	Pax World Balanced Fund Ind Inv	317	Units	4,790
VOYA	PIMCO VIT Real Return Portfolio Adm	489	Units	6,878
VOYA	Pioneer Emerging Markets VCT Port I	2,206	Units	13,377
VOYA	Pioneer High Yield VCT Portfolio I	1,470	Units	24,006
VOYA	Templeton Global Bond Fund A	1,600	Units	31,575
VOYA	Voya Balanced Portfolio I	112	Units	4,013
VOYA	Voya Global Bond Port I	561	Units	7,180
VOYA	Voya Global Value Advantage Port I	2,040	Units	19,036
VOYA	Voya Growth and Income Port I	1,446	Units	51,925
VOYA	Voya Index Plus LargeCap Portfolio I	1,911	Units	60,265
VOYA	Voya Index Plus MidCap Portfolio I	1,572	Units	55,817
VOYA	Voya Index Plus SmallCap Portfolio I	865	Units	21,054
VOYA	Voya Intermediate Bond Port I	494	Units	13,000
VOYA	Voya International Index Port I	1,302	Units	11,488
VOYA	Voya Large Cap Value Port Inst	9,743	Units	123,384
VOYA	Voya MidCap Opportunities Port I	980	Units	24,781
VOYA	Voya Small Company Portfolio I	944	Units	44,250
VOYA	Voya SmallCap Opportunities Prt I	128	Units	2,144
VOYA	Voya Solution Income Prt Srv	5,803	Units	79,608
VOYA	Voya Strategic Alloc Growth Port I	942	Units	24,029
VOYA	VY Baron Growth Port Srv	92	Units	2,568
VOYA	VY Clarion Global Rl Est Prt Inst	1,016	Units	13,561

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
VOYA	VY Invesco Comstock Port Srv	565 Units	\$ 10,702
VOYA	VY Invesco Grw & Inc Port Srv	1,502 Units	26,406
VOYA	VY JPMorgan Mid Cap Val Port Srv	79 Units	2,317
VOYA	VY Oppenhr Global Port I	947 Units	17,925
VOYA	VY Templeton Foreign Eqty Port I	584 Units	5,494
VOYA	VY TRowePrice Captl Apprec Pt Srv	34,462 Units	744,442
VOYA	VY TRowePrice Divr MdCp Gr Pt I	1,547 Units	34,577
VOYA	VY TRowePrice Eqty Income Pt Srv	1,392 Units	31,677
VOYA	VY TRowePrice Grwth Eqty Port I	675 Units	30,251
VOYA	VY TRowePrice Intl Stk Port Srv	96 Units	1,447
VOYA	Wanger International	94 Units	1,102
VOYA	Wanger Select	454 Units	9,485
VOYA	WellsFargo Spec Sm Cp Val Fd A	204 Units	6,797
			3,835,640

*** Variable Annuity Accounts**

TIAA-CREF	CREF Stock R2	7,502 Units	2,716,556
TIAA-CREF	CREF Money Market R2	8,526 Units	217,710
TIAA-CREF	CREF Social Choice R2	3,833 Units	738,232
TIAA-CREF	CREF Bond Market R2	5,853 Units	667,089
TIAA-CREF	CREF Global Equities R2	10,809 Units	1,494,091
TIAA-CREF	CREF Growth R2	10,258 Units	1,404,315
TIAA-CREF	CREF Equity Index R2	9,582 Units	1,550,822
TIAA-CREF	CREF Inflation-Linked Bond R2	6,480 Units	423,527
VALIC	Aggressive Growth Lifestyle	12,316 Units	33,551
VALIC	Ariel Appreciation Fund	3,017 Units	9,090
VALIC	Ariel Fund	6,426 Units	19,904
VALIC	Asset Allocation Fund	817 Units	6,037
VALIC	Blue Chip Growth Fund	851 Units	1,594
VALIC	Capital Conservation	6,614 Units	24,202
VALIC	Conservative Growth Lifestyle	2,734 Units	7,047
VALIC	Core Bond Fund	29,898 Units	58,470
VALIC	Dividend Value	14,139 Units	36,884
VALIC	Emerging Economies	27,167 Units	20,772
VALIC	Foreign Value	12,064 Units	14,053
VALIC	Global Real Estate Fund	715 Units	943
VALIC	Global Social Awareness Fund	6,243 Units	34,474
VALIC	Global Strategy	8,263 Units	14,923
VALIC	Growth and Income Fund	4,069 Units	14,095
VALIC	Growth Fund	8,939 Units	15,412
VALIC	Health Sciences Fund	3,991 Units	18,166
VALIC	High Yield Bond Fund	6,689 Units	15,928

Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
VALIC	Inflation Protected Fund	12,208	Units	\$ 15,221
VALIC	International Equities Index Fund	50,787	Units	90,958
VALIC	International Government Bond	2,091	Units	6,066
VALIC	International Opportunities	32,952	Units	72,846
VALIC	Large Cap Core	144	Units	318
VALIC	Large Cap Value Fund	22,422	Units	59,960
VALIC	Mid Cap Growth Fund	335	Units	614
VALIC	Mid Cap Index Fund	15,837	Units	284,757
VALIC	Mid Cap Strategic Growth	6,605	Units	12,711
VALIC	Mid Cap Value Fund	5,976	Units	30,931
VALIC	Moderate Growth Lifestyle	22,047	Units	61,326
VALIC	Money Market I Fund	8,426	Units	16,909
VALIC	Money Market II Fund	1,449	Units	1,765
VALIC	Science and Technology Fund	12,771	Units	64,158
VALIC	Small Cap Aggressive Gwth	10,042	Units	21,436
VALIC	Small Cap Index Fund	28,225	Units	161,744
VALIC	Small Cap Special Value Fund	5,061	Units	7,702
VALIC	Small Cap Value Fund	4,842	Units	16,312
VALIC	Small Mid Growth Fund	6,349	Units	10,112
VALIC	Socially Responsible Fund	33,153	Units	82,442
VALIC	Stock Index Fund	36,458	Units	317,028
VALIC	Strategic Bond Fund	4,795	Units	12,485
VALIC	Value Fund	3,860	Units	7,451
VALIC	Vanguard Lifestrategy Growth	22,644	Units	47,535
VALIC	Vanguard Lifestrategy Moderate	6,684	Units	13,845
VALIC	Vanguard Long-term Treasury	673	Units	2,185
VALIC	Vanguard Long-term Investment Grade Fund	5,506	Units	17,470
VALIC	Vanguard Wellington Fund Inc	13,806	Units	53,528
VALIC	Vanguard Windsor II	20,489	Units	73,584
				<u>11,121,286</u>
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Cedarville University Tax Deferred Annuity Plan

EIN 31-0536647 PN 3

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TIAA-CREF	TIAA Access Lg-Cap Val T4	8,353 Shares	281,881
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			<u>3,339,768</u>
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VOYA	Voya Fixed Account		1,599,365
VOYA	Voya Short-Term GAA		205
			<u>7,527,787</u>
* Loan Collateral			
VALIC	Loan Escrow Fund		1,509
VALIC	Loan Collateral Fund		16,362
TIAA-CREF	Plan Loan Default Fund		1,451
			<u>19,322</u>
* Notes Receivable From Participants (Due at various dates and rates)			
			<u>3,658</u>
			<u>\$ 25,847,461</u>

* Party-in-interest

Authorization for BKD, LLP to Electronically Sign Form 5500

Please note the following terms and conditions if you choose to authorize **BKD, LLP** to electronically sign Form 5500 on your behalf:

1. The plan administrator and/or plan sponsor must provide **BKD, LLP** with a signed copy of pages one and two of Form 5500, with the manual signature of the plan administrator and/or plan sponsor on page one.
2. In addition to any other required schedules and attachments, the electronic filing includes a copy of pages one and two of Form 5500 bearing the manual signature of the plan administrator and/or plan sponsor under penalties of perjury.
3. An image of the plan administrator's and/or plan sponsor's manual signature will be included with the rest of the Form 5500. The complete Form 5500, including an image of the signature, will be posted on the Internet for public disclosure by the DOL.
4. **BKD, LLP** will communicate to the plan administrator and/or plan sponsor any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return.

Please mark one selection:

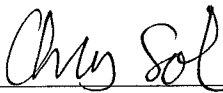


I authorize **BKD, LLP** to electronically sign Form 5500 on behalf of the plan named below.



I do not authorize **BKD, LLP** to electronically sign Form 5500 on behalf of the plan named below.

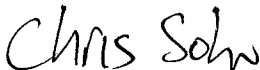
CEDARVILLE UNIVERSITY TAX DEFERRED ANNUITY PLAN



Signature of Plan Administrator

10-17-16

Date



Name of Plan Administrator

Please return the signed authorization form to **BKD, LLP**.

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**2015****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

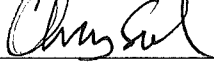
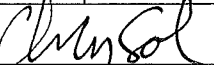
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- B** This return/report is: ☒ a single-employer plan; ☐ a DFE (specify) _____
- ☐ the first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

Part II Basic Plan Information - enter all requested information

1a Name of plan CEDARVILLE UNIVERISTY TAX DEFERRED ANNUITY PLAN	1b Three-digit plan number (PN) ► 003
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CEDARVILLE UNIVERSITY 251 N MAIN STREET CEDARVILLE OH 45314-8501	1c Effective date of plan 07/01/1996 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		<u>10-17-16</u>	<u>Chris Sohn</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10-17-16</u>	<u>Chris Sohn</u>
	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

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	5 642
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) 457
a(2) Total number of active participants at the end of the plan year	6a(2) 486
b Retired or separated participants receiving benefits	6b 0.
c Other retired or separated participants entitled to future benefits	6c 166
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 652
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0.
f Total. Add lines 6d and 6e.	6f 652
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 640
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 0.
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 4 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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____