

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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 ST</u> <u>CEDARVILLE, OH 45314-8501</u>	2b	Employer Identification Number (EIN) <u>31-0536647</u>
		2c	Plan Sponsor's telephone number <u>937-766-7818</u>
		2d	Business code (see instructions) <u>611000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	CHRIS SOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	CHRIS SOHN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 796
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 626 6a(2) 667 6b 0 6c 181 6d 848 6e 0 6f 848 6g 825 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 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466		17	01/01/2017	12/31/2017

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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	562070

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)	
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)	
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 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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	407074	390	01/01/2017	12/31/2017

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3711492
5 Current value of plan's interest under this contract in separate accounts at year end	5	8154742

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	3461568
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c Additions: (1) Contributions deposited during the year	7c(1)	135322	
	7c(2)		
	7c(3)	118621	
	7c(4)	194237	
	7c(5)		

(6) Total additions	7c(6)	448180
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3909748
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	140887	
	7e(2)		
	7e(3)	57369	
	7e(4)		

(5) Total deductions	7e(5)	198256
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3711492
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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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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	51	01/01/2017	12/31/2017

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 689	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CARRIE W CUMMINGS
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
589			3

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

ROBERT A HYNEMAN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			3

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

DEAN T KOLLER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

JULIANNE BUTLER

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

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

DAVID S BUSH

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

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

JIM HOPLER

(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	2390188
5 Current value of plan's interest under this contract in separate accounts at year end	5	1519764

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) ▶ **DEPOSIT ADMINISTRATION**

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	2535219
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	94475	
	7c(4)	858721	
	7c(5)		

(6) Total additions	7c(6)	953196
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3488415
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	570412	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	527310	
(4) Other (specify below)	7e(4)	505	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	1098227
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2390188
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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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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	41	01/01/2017	12/31/2017

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.		
<table><tr><td>(a) Total amount of commissions paid 3298</td><td>(b) Total amount of fees paid 0</td></tr></table>	(a) Total amount of commissions paid 3298	(b) Total amount of fees paid 0
(a) Total amount of commissions paid 3298	(b) Total amount of fees paid 0	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid DEREK STILES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1423			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1312			3

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

BRIAN LINK

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
209			3

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

JEFFREY RANKIN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
198			3

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

TINA HOHL

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50			3

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

DAVID RANKIN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44			3

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

PHILIP NEIBERT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

DONNIE BELL

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

KARL RUBIN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

NICHOLAS DISALLE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

GLENN LEWIS

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			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	1409479
5 Current value of plan's interest under this contract in separate accounts at year end	5	1708420

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	1529011
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	59197	
(4) Transferred from separate account	7c(4)	66741	
(5) Other (specify below)	7c(5)	13665	

▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS

(6) Total additions	7c(6)	139603
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1668614
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	243001	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	16134	

▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS

(5) Total deductions	7e(5)	259135
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1409479
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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. ▶

<div>SCHEDULE C</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>Service Provider 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>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CEDARVILLE UNIVERSITY	D Employer Identification Number (EIN) 31-0536647

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

MILLENNIUM ADVISORY SERVICES, INC

54-2020086

(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?
28 50 52	INVESTMENT MANAGEMENT	192790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP

33-0818667

(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?
28 50 52 70	CONSULTANT	6250	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>			
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>			
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>887802</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>227499</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>279894</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>0</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>54677</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>0</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>0</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) 0
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) 0
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) 0
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) 0
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) 42716
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) 40668
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) 132918
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) 27393
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) 20429
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) 119543

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) 85604
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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) 53379
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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) 6667
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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) 2273
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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) 22954
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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) 14666
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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) 0
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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) 0
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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) 28889
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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 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) 4842
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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 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) 8251
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA GLOBAL EQUITY 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) 22426
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) 64266
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) 50122
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) 34002
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) 14017
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) 9429
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) 46659
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) 32552
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) 60359

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) 3025
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) 29976
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) 3449
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) 3821
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) 14582
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) 2948
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) 4893
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) 6879
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) 625435
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) 41976

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) 3923
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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) 1409
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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) 6748
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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) 1386
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA**b** Name of sponsor of entity listed in (a): GOV MOONEY MARKET 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) 12947
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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
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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

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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>CEDARVILLE UNIVERSITY RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEDARVILLE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>31-0536647</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	112654	116637
	(2) Participant contributions	1b(2)	67347	55332
	(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)	3658	0
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	2981881	3158293
	(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)	33454106	43755397
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7519652	7511159
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	44139298 54596818
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	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	44139298 54596818

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2855057
	(B) Participants	2a(1)(B)	1659987
	(C) Others (including rollovers)	2a(1)(C)	2458234
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6973278
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	213622
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	213622
(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)	1119175
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1119175
(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)	0
(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)	0

		(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)		108834
(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)		5153208
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13568117

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2834016	
(2) To insurance carriers for the provision of benefits	2e(2)	43877	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2877893
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)	8750	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	191317	
(4) Other	2i(4)	32637	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		232704
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3110597

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10457520
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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CEDARVILLE UNIVERSITY RETIREMENT SAVINGS 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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203 71-0294708		
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
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN: 003

Independent Auditor's Report and Financial Statements

December 31, 2017 and 2016



Cedarville University Retirement Savings Plan

December 31, 2017 and 2016

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Independent Auditor's Report

Plan Administrator
Cedarville University Retirement Savings Plan
Cedarville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cedarville University Retirement Savings Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4 which was certified by the 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 years ended December 31, 2017 and 2016, 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 these financial statements.

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 Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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*.

Handwritten signature of BKD, LLP in black ink.

Fort Wayne, Indiana
October 10, 2018

Federal Employer Identification Number: 44-0160260

Cedarville University Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments		
At fair value	\$ 51,544,943	\$ 41,118,790
At contract value	<u>2,856,789</u>	<u>2,813,653</u>
Total investments	<u>54,401,732</u>	<u>43,932,443</u>
Receivables		
Employee contributions receivable	55,332	67,347
Employer contributions receivable	116,637	112,654
Notes receivable from participants	-	3,658
Loan collateral funds	<u>23,117</u>	<u>23,196</u>
Total receivables	<u>195,086</u>	<u>206,855</u>
Net Assets Available for Benefits	<u>\$ 54,596,818</u>	<u>\$ 44,139,298</u>

Cedarville University Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Investment Income		
Net appreciation in fair value of investments	\$ 5,358,345	\$ 1,731,075
Interest and dividends	1,236,494	736,529
Net investment income	<u>6,594,839</u>	<u>2,467,604</u>
Contributions		
Participants	1,659,987	1,574,712
Employer	2,855,057	2,112,362
Rollover	2,458,234	1,009,366
Total contributions	<u>6,973,278</u>	<u>4,696,440</u>
Total additions	<u>13,568,117</u>	<u>7,164,044</u>
Deductions		
Benefits paid to participants	(2,877,893)	(2,302,737)
Administrative fees and expenses	(232,704)	(127,660)
Total deductions	<u>(3,110,597)</u>	<u>(2,430,397)</u>
Net Increase	10,457,520	4,733,647
Transfer From Cedarville University Money Purchase Pension Plan	-	13,558,190
Net Assets Available for Benefits, Beginning of Year	<u>44,139,298</u>	<u>25,847,461</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 54,596,818</u></u>	<u><u>\$ 44,139,298</u></u>

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 1: Description of the Plan

The following description of the Cedarville University Retirement Savings 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, TIAA-CREF Trust Company, FSB, 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.

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 2 percent when the employee contributes 4 percent to the Plan.

Effective March 31, 2016, as noted in the Plan Amendment described in Note 2, the University contributes 8 percent of the annual compensation of all eligible employees to the Plan. Additionally, the University may make matching discretionary contributions. If participants contribute 4 percent of their compensation to the Plan, the University will make an additional 2 percent contribution to the Plan. Participants direct the investment of their contributions into various investment options offered by the 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 Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

Participant Accounts

Each participant's account is credited with the University's contributions, participant's contributions 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 the University's and 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 \$102,000 and \$120,000, as of December 31, 2017 and December 31, 2016, 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 4.00 percent to 5.55 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 expectations for loans used to acquire a principal residence).

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

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.

Note 2: Plan Amendment

Effective March 31, 2016, the Plan was amended and renamed the Cedarville University Retirement Savings Plan. In addition, the Plan was amended to provide a match by the University in the amount of 8 percent of annual compensation for eligible employees, as well as a discretionary matching contribution.

The amendment effectively terminated the Cedarville University Money Purchase Pension Plan as of March 31, 2016. Certain participants elected to transfer their balances to the Cedarville University Retirement Savings Plan. Those balances totaled approximately \$13,600,000.

Note 3: Summary of Significant Accounting Policies

Basis of Accounting

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

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 Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

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 Nonbenefit-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 10 annual installments or five annual installments for withdrawals after a participant's termination of employment.

The nonbenefit-responsive contract is recorded at fair value, which approximates contract value as estimated by TIAA, VALIC and Voya. At December 2017 and 2016, the fair value of the nonbenefit-responsive contracts at TIAA, VALIC and Voya totaled \$4,647,947 and \$4,705,999, 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.

TIAA Stable Value Fund

The TIAA Stable Value Fund is a fixed rate group annuity contract and investment product offered by TIAA, an insurance company. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest of between 1 percent and 3 percent (before deductions for contract fees) with the potential for crediting of additional interest above the guaranteed minimum if approved by the TIAA Board of Trustees. Additional amounts of interest are not guaranteed for periods other than the periods for which they are declared. The TIAA Stable Value Fund is immediately liquid to a participant for withdrawals and transfers and does not have withdrawal restrictions (except that immediate transfers cannot be made to competing investment options pursuant to the contract's "equity wash" provisions). In addition, transfers into TIAA Stable Value Fund may not be made for 30 days following a transfer out. The TIAA Stable Value Fund is a benefit-responsive contract. At December 31, 2017, the contract value of the fully benefit-responsive contract totaled \$10,304. The Plan was not invested in this instrument at December 31, 2016.

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

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.

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 6 percent.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

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.

Note 4: Certification by Plan Custodians

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, 2017 and 2016
- 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, 2017 and 2016
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2017

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.

Note 5: 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.

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 6: 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

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, 2017 and 2016:

		2017			
		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)	\$ 3,158,293	\$ -	\$ -	\$ -	
Mutual funds	36,454,497	36,454,497	-	-	
Variable annuities	7,284,206	-	7,284,206	-	
Fixed annuity contracts	4,647,947	-	-	4,647,947	
Investments, at fair value	\$ 51,544,943	\$ 36,454,497	\$ 7,284,206	\$ 4,647,947	

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2017 and 2016

		2016			
		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)	\$ 2,981,881	\$ -	\$ -	\$ -	
Mutual funds	26,314,001	26,314,001	-	-	
Variable annuities	7,116,909	-	7,116,909	-	
Fixed annuity contracts	4,705,999	-	-	4,705,999	
Investments, at fair value	\$ 41,118,790	\$ 26,314,001	\$ 7,116,909	\$ 4,705,999	

- (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.

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, 2017. 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.

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

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, 2017 and 2016:

	Fixed Annuity Contracts
Balance, January 1, 2016	\$ 4,513,312
Investment income	177,373
Purchases	477,000
Sales	<u>(461,686)</u>
Balance, December 31, 2016	4,705,999
Investment income	184,126
Purchases	1,145,070
Sales	<u>(1,387,248)</u>
Balance, December 31, 2017	<u><u>\$ 4,647,947</u></u>

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, 2017	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 4,647,947	Discounted cash flow	Contractual interest rate	4.00%
	Fair Value at December 31, 2016	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 4,705,999	Discounted cash flow	Contractual interest rate	4.00%

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2017 and 2016

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, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2017			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 3,158,293	N/A	Daily	None

	December 31, 2016			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 2,981,881	N/A	Daily	None

Note 7: 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 \$232,704 and \$127,660 for 2017 and 2016, respectively.

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

Note 8: 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.

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 9: Subsequent Events

Subsequent events have been evaluated through October 10, 2018, which is the date the financial statements were available to be issued.

Supplemental Schedule

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
* Pooled Separate Accounts			
TIAA-CREF	TIAA Real Estate	2,229 Units	\$ 887,802
Pacific Life	Port Opt Growth	15,638 Units	227,499
Pacific Life	Port Opt Aggressive-Growth	18,722 Units	279,894
Pacific Life	Port Opt Moderate-Cons	4,227 Units	54,677
VOYA	American Funds EuroPacific R4	1,760 Units	42,716
VOYA	American Funds Growth Fnd R4	1,417 Units	40,668
VOYA	American Funds Wash Mtual R4	5,279 Units	132,918
VOYA	Calvert VP SRI Balanced Portfolio	734 Units	27,393
VOYA	Columbia Mid Cap Value Fund A	1,119 Units	20,429
VOYA	Fidelity VIP Contrafund Port I	1,819 Units	119,543
VOYA	Fidelity VIP Eqty-Income Port I	2,004 Units	85,604
VOYA	Fidelity VIP Growth Portfolio I	1,188 Units	53,379
VOYA	Franklin Small Cap Value VIP Fd 2	186 Units	6,667
VOYA	Invesco V.I. American Franchise Fd I	32 Units	2,273
VOYA	Lord Abbett Ser Fd Md Cp Stk Prt VC	956 Units	22,954
VOYA	Oppenheimer Developing Markets Fnd A	167 Units	14,666
VOYA	Pioneer High Yield VCT Portfolio I	1,480 Units	28,889
VOYA	Voya Balanced Portfolio I	112 Units	4,842
VOYA	Voya Global Bond Port I	567 Units	8,251
VOYA	Voya Global Equity Portfolio I	1,879 Units	22,426
VOYA	Voya Gov Mooney Market Port I	926 Units	12,947
VOYA	Voya Growth and Income Port I	1,389 Units	64,266
VOYA	Voya Index Plus LargeCap Portfolio I	1,186 Units	50,122
VOYA	Voya Index Plus MidCap Portfolio I	732 Units	34,002
VOYA	Voya Intermediate Bond Port I	499 Units	14,017
VOYA	Voya International Index Port I	870 Units	9,429
VOYA	Voya Large Cap Value Port Inst	2,921 Units	46,659
VOYA	Voya MidCap Opportunities Port I	983 Units	32,552
VOYA	Voya Small Company Portfolio I	953 Units	60,359
VOYA	Voya SmallCap Opportunities Prt I	137 Units	3,025
VOYA	Voya Strategic Alloc Growth Port I	956 Units	29,976
VOYA	VY Baron Growth Port Srv	94 Units	3,449
VOYA	VY Clarion Global RI Est Prt Inst	263 Units	3,821
VOYA	VY Invesco Comstock Port Srv	569 Units	14,582
VOYA	VY JPMorgan Mid Cap Val Port Srv	79 Units	2,948
VOYA	VY Oppenhrmr Global Port I	194 Units	4,893
VOYA	VY Templeton Foreign Eqty Port I	601 Units	6,879
VOYA	VY TRowePrice Captl Apprec Pt Srv	23,868 Units	625,435
VOYA	VY TRowePrice Divr MdCp Gr Pt I	1,437 Units	41,976
VOYA	VY TRowePrice Grwth Eqty Port I	66 Units	3,923
VOYA	Wanger International	94 Units	1,409
VOYA	Wanger Select	230 Units	6,748
VOYA	WellsFargo Spec Sm Cp Val Fd A	30 Units	1,386
			3,158,293

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2017

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
* Variable Annuity Accounts			
TIAA-CREF	CREF Stock R2	3,927 Units	\$ 1,912,568
TIAA-CREF	CREF Money Market R2	4,522 Units	116,031
TIAA-CREF	CREF Social Choice R2	1,491 Units	351,749
TIAA-CREF	CREF Bond Market R2	1,956 Units	239,744
TIAA-CREF	CREF Global Equities R2	4,399 Units	796,268
TIAA-CREF	CREF Growth R2	5,082 Units	942,210
TIAA-CREF	CREF Equity Index R2	5,395 Units	1,184,679
TIAA-CREF	CREF Inflation-Linked Bond R2	3,434 Units	237,887
VALIC	Aggressive Growth Lifestyle	867 Units	2,941
VALIC	Ariel Fund	611 Units	2,483
VALIC	Asset Allocation Fund	752 Units	6,623
VALIC	Blue Chip Growth Fund	15,178 Units	38,290
VALIC	Capital Conservation	5,909 Units	22,439
VALIC	Core Bond Fund	23,058 Units	48,067
VALIC	Dividend Value	4,907 Units	17,290
VALIC	Emerging Economies	26,960 Units	31,821
VALIC	Foreign Value	11,141 Units	16,683
VALIC	Global Real Estate Fund	257 Units	387
VALIC	Global Social Awareness Fund	6,271 Units	44,554
VALIC	Global Strategy	5,798 Units	12,273
VALIC	Government Money Market I	6,455 Units	12,746
VALIC	Growth and Income Fund	3,788 Units	17,317
VALIC	Growth Fund	920 Units	2,122
VALIC	Health Sciences Fund	4,053 Units	20,660
VALIC	High Yield Bond Fund	1,819 Units	5,199
VALIC	Inflation Protected Fund	10,059 Units	13,382
VALIC	International Equities Index Fund	18,865 Units	41,702
VALIC	International Government Bond	222 Units	708
VALIC	International Opportunities	26,746 Units	80,721
VALIC	Large Cap Core	144 Units	410
VALIC	Large Cap Value Fund	19,319 Units	68,551
VALIC	Mid Cap Growth Fund	338 Units	843
VALIC	Mid Cap Index Fund	6,300 Units	155,243
VALIC	Mid Cap Strategic Growth	1,945 Units	5,082
VALIC	Mid Cap Value Fund	3,717 Units	24,741
VALIC	Moderate Growth Lifestyle	22,334 Units	75,376
VALIC	Science and Technology Fund	10,399 Units	77,671
VALIC	Small Cap Aggressive Gwth	6,965 Units	20,454
VALIC	Small Cap Index Fund	17,762 Units	138,290
VALIC	Small Cap Special Value Fund	2,171 Units	4,678
VALIC	Small Cap Value Fund	6,534 Units	29,594
VALIC	Small Mid Growth Fund	2,069 Units	4,137
VALIC	Socially Responsible Fund	24,644 Units	80,603
VALIC	Stock Index Fund	15,012 Units	173,378
VALIC	Strategic Bond Fund	4,345 Units	12,875

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2017

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value
VALIC	Value Fund	3,536	Units	\$ 8,744
VALIC	Vanguard Lifestrategy Growth	22,644	Units	59,875
VALIC	Vanguard Lifestrategy Moderate	6,684	Units	16,643
VALIC	Vanguard Long-term Treasury	222	Units	777
VALIC	Vanguard Long-term Investment Grade Fund	228	Units	855
VALIC	Vanguard Wellington Fund Inc	17,356	Units	83,590
VALIC	Vanguard Windsor II	4,796	Units	22,252
				7,284,206
Mutual Funds				
* TIAA-CREF	TIAA Access Lifecycle 2010 T4	465	Shares	19,192
* TIAA-CREF	TIAA Access Lifecycle 2015 T4	143	Shares	5,951
* TIAA-CREF	TIAA Access Lifecycle 2020 T4	919	Shares	38,658
* TIAA-CREF	TIAA Access Lifecycle 2025 T4	8,174	Shares	348,977
* TIAA-CREF	TIAA Access Lifecycle 2030 T4	2,005	Shares	86,450
* TIAA-CREF	TIAA Access Lifecycle 2035 T4	663	Shares	29,338
* TIAA-CREF	TIAA Access Lifecycle 2040 T4	585	Shares	26,763
* TIAA-CREF	TIAA Access Lifecycle 2045 T4	2,274	Shares	101,404
* TIAA-CREF	TIAA Access Lifecycle 2050 T4	2,316	Shares	102,608
* TIAA-CREF	TIAA Access Lifecycle Rtmt Inc T4	2,183	Shares	86,082
* TIAA-CREF	TIAA Access Bond T4	614	Shares	23,216
* TIAA-CREF	TIAA Access Bond Plus T4	141	Shares	5,335
* TIAA-CREF	TIAA Access Equity Index T4	672	Shares	36,372
* TIAA-CREF	TIAA Access Growth & Income T4	69	Shares	4,328
* TIAA-CREF	TIAA Access Infl-Lnkd Bond T4	3,456	Shares	119,471
* TIAA-CREF	TIAA Access Intl Equity T4	2,082	Shares	67,206
* TIAA-CREF	TIAA Access Lg-Cap Gr T4	672	Shares	44,926
* TIAA-CREF	TIAA Access Lg-Cap Val T4	2,292	Shares	101,705
* TIAA-CREF	TIAA Access Mid-Cap Gr T4	611	Shares	34,513
* TIAA-CREF	TIAA Access Mid-Cap Val T4	1,818	Shares	90,245
* TIAA-CREF	TIAA Access Money Market T4	348	Shares	8,788
* TIAA-CREF	TIAA Access Real Est Secs T4	1,028	Shares	37,042
* TIAA-CREF	TIAA Access Sm-Cap Bl Idx T4	913	Shares	47,604
* TIAA-CREF	TIAA Access Sm-Cap Equity T4	298	Shares	15,611
* TIAA-CREF	TIAA Access Social Ch Eq T4	77	Shares	4,019
* TIAA-CREF	TIAA-CREF Lifecycle 2010-Inst	21,606	Shares	251,065
* TIAA-CREF	TIAA-CREF Lifecycle 2015-Inst	33,835	Shares	338,692
* TIAA-CREF	TIAA-CREF Lifecycle 2020-Inst	141,687	Shares	1,469,295
* TIAA-CREF	TIAA-CREF Lifecycle 2025-Inst	113,505	Shares	1,202,015
* TIAA-CREF	TIAA-CREF Lifecycle 2030-Inst	126,357	Shares	1,348,227
* TIAA-CREF	TIAA-CREF Lifecycle 2035-Inst	132,440	Shares	1,436,972
* TIAA-CREF	TIAA-CREF Lifecycle 2040-Inst	48,626	Shares	533,427
* TIAA-CREF	TIAA-CREF Lifecycle 2045-Inst	52,803	Shares	667,954
* TIAA-CREF	TIAA-CREF Lifecycle 2050-Inst	38,312	Shares	487,332
* TIAA-CREF	TIAA-CREF Lifecycle 2055-Inst	17,163	Shares	247,495
* TIAA-CREF	TIAA-CREF Lifecycle 2060-Inst	2,936	Shares	34,619

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
* TIAA-CREF	TIAA-CREF Lifecycle Rtmt Inc-Inst	14,930 Shares	\$ 174,682
TIAA-CREF	American EuroPac Growth R6	9,661 Shares	542,380
TIAA-CREF	Vanguard Inst Idx Inst	40,415 Shares	9,839,556
TIAA-CREF	Vanguard Strategic Equity Inv	24,184 Shares	821,530
TIAA-CREF	Vanguard Ttl Bd Mkt Idx Inst	710,450 Shares	7,637,343
TIAA-CREF	Vanguard Wellington Inv	22,775 Shares	957,246
TIAA-CREF	Ave Maria Rising Dividend Fund	17,529 Shares	323,235
TIAA-CREF	Baird Core Plus Bond Fund Inst	28,636 Shares	321,300
TIAA-CREF	Templeton Global Bond R6	4,175 Shares	49,468
TIAA-CREF	Praxis Impact Bond I	173 Shares	1,793
TIAA-CREF	Parnassus Core Equity Inst	11,460 Shares	489,692
TIAA-CREF	Prudential Global Real Est Q	3,829 Shares	92,781
TIAA-CREF	Steward Global Eqty Inc Instl	6,505 Shares	215,452
TIAA-CREF	Vanguard Extended Mkt Idx Adm	28,267 Shares	2,395,940
TIAA-CREF	Vanguard Ttl Intl Stk Idx Adm	66,992 Shares	2,044,594
TIAA-CREF	Brookfield Global Lstd Rl Et I	2,958 Shares	39,483
GuideStone	Balanced Allocation	4,341 Shares	52,781
GuideStone	Growth Allocation	2,345 Shares	29,127
GuideStone	Aggressive Allocation	1,891 Shares	23,140
GuideStone	Defensive Market Strategies	18,663 Shares	236,640
GuideStone	Global Real Estate Securities	2,669 Shares	25,941
GuideStone	Low-Duration Bond	12,092 Shares	161,427
GuideStone	Medium-Duration Bond	2,799 Shares	41,283
GuideStone	Value Equity	4,887 Shares	111,320
GuideStone	Growth Equity	4,689 Shares	117,752
GuideStone	Small Cap Equity	1,460 Shares	26,827
GuideStone	International Equity	8,835 Shares	139,065
GuideStone	Emerging Markets Equity	3,620 Shares	39,822
			<u>36,454,497</u>
* Fixed Annuity Contracts			
TIAA-CREF	TIAA Traditional Fully Benefit-Responsive		2,846,485
TIAA-CREF	TIAA Traditional Nonbenefit-Responsive		848,280
TIAA-CREF	TIAA Stable Value Fund - Fully Benefit-Responsive		10,304
VALIC	Fixed Account Plus		2,258,621
VALIC	Short Term Fixed Account		131,567
VOYA	Voya Fixed Account		1,409,256
VOYA	Voya Short-Term GAA		223
			<u>7,504,736</u>

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2017

	(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
<hr/>			
* Loan Collateral			
VALIC	Loan Escrow Fund		\$ 1,293
VALIC	Loan Collateral Fund		15,401
TIAA-CREF	Plan Loan Default Fund		6,423
			<hr/>
			23,117
			<hr/>
			\$ 54,424,849
			<hr/>

* Party-in-interest

Plan Name	Cedarville University Retirement Savings Plan
Plan Sponsor EIN	31-0536647
ERISA Plan #	003
Plan Year Ending	December 31, 2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Cedarville University Retirement Savings Plan
Plan Sponsor EIN	31-0536647
ERISA Plan #	003
Plan Year Ending	December 31, 2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	