

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CEDARVILLE UNIVERSITY RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1996</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0536647</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-766-7818</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	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>	
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.	10/14/2020	CHRIS SOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	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 (2019)
v. 190130

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	5 854
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) 566 6a(2) 600 6b 0 6c 288 6d 888 6e 2 6f 890 6g 876 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
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	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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(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	609031

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
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	339	01/01/2019	12/31/2019

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).
(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	

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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	

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	4155471
5 Current value of plan's interest under this contract in separate accounts at year end	5	7543703

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	3947243
c Additions: (1) Contributions deposited during the year	7c(1)	100106
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	137206
(4) Transferred from separate account.....	7c(4)	368754
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	606066
d Total of balance and additions (add lines 7b and 7c(6))	7d	4553309
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	296212
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	101626
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	397838
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4155471

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	45	01/01/2019	12/31/2019

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 699	(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).
--

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
620			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	
38			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	
25			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	
16			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	

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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** 2322267**5** Current value of plan's interest under this contract in separate accounts at year end **5** 1513869**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☒ other (specify) ▶ 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** 2337464**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 91964
(4) Transferred from separate account **7c(4)** 802
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 92766**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2430230**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 103961
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 3403
(4) Other (specify below) **7e(4)** 599
▶ CONTRACT SURRENDER CHARGES(5) Total deductions **7e(5)** 107963**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2322267

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
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 COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0080	35	01/01/2019	12/31/2019

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 2833	(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 E. STILES
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1405			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1296			3

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

DAVID B. RANKIN

(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

BRIAN W. LINK

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

PHILIP W. NEIBERT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

TINA M. HOHL

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14			3

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

KARL B. 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 T. 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 R. LEWIS

(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

(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	1416058
5 Current value of plan's interest under this contract in separate accounts at year end	5	1330227

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 ▶ UNALLOCATED ANNUITY CONTRACT

b Balance at the end of the previous year.....	7b	1371873
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	58088
(4) Transferred from separate account.....	7c(4)	55001
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	113089
d Total of balance and additions (add lines 7b and 7c(6))	7d	1484962
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	68904
(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)	68904
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1416058

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)
---------------	--

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
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO.
74-1625348
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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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

(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	NONE	221631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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>1031415</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>245558</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>303244</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>60229</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA</u>				
b Name of sponsor of entity listed in (a): <u>WANGER INTERNATIONAL</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA</u>				
b Name of sponsor of entity listed in (a): <u>VY JPMORGAN SMCP CR EQ PORT SRV</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2580</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA</u>				
b Name of sponsor of entity listed in (a): <u>WELLSFARGO SPEC SM CP VAL FD A</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): WELLS FARGO SM CO GRWTH FND ADM		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3807
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) 6104
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) 53275
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) 515691
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA RUSSELL LGCP GR INDX PART 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) 5716
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) 3174
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) 0
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) 15602
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) 0
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) 62525

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) 7221
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) 32923
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA RUSSELL LGCP INDX PART 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) 6988
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) 44847
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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS NW PRSPCTV 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) 8475
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) 32348
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS SMALLCAP 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) 5542
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) 100605
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) 97572

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) 65859
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) 6860
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) 0
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) 23325
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) 8569
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA GOV MONEY 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) 13075
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA		
b Name of sponsor of entity listed in (a): VOYA RUSSELL MDCP INDX PART 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) 3411
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) 13008
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) 5240
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) 8508

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) 7851
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) 75280
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) 38256
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) 9086
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) 14936
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) 0
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) 16521
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) 15446
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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 Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	99245	0
(2) Participant contributions.....	1b(2)	57667	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2919004	2970672
(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)	44375568	56010988
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7656580	7893796
(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	55108064 66875456
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	55108064 66875456

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)	2952001
	(B) Participants	2a(1)(B)	1694827
	(C) Others (including rollovers)	2a(1)(C)	432773
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5079601
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)	287258
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	287258
(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)	1719304
(D)	Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1719304
(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)		464480
(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)		8427477
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15978120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3921202	
(2) To insurance carriers for the provision of benefits	2e(2)	38445	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3959647
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	222690	
(4) Other	2i(4)	28391	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		251081
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4210728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11767392
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) ☐ Unmodified (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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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	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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u> <u>51-6559589</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN: 003

Independent Auditor's Report and Financial Statements

December 31, 2019 and 2018

Cedarville University Retirement Savings Plan

December 31, 2019 and 2018

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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, 2019 and 2018, 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 3, which was certified by Teachers Insurance and Annuity Association of America (TIAA), College Retirement Equities Fund (CREF), Voya Retirement Insurance and Annuity Company (VOYA), and the Variable Annuity Life Insurance Company (VALIC), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that TIAA and CREF (together, TIAA-CREF), VOYA and VALIC hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from TIAA-CREF, VOYA and VALIC as of and for the years ended December 31, 2019 and 2018, 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 13, 2020

Federal Employer Identification Number: 44-0160260

Cedarville University Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments		
At fair value	\$ 64,060,315	\$ 52,137,365
At contract value	<u>2,813,412</u>	<u>2,806,299</u>
Total investments	<u>66,873,727</u>	<u>54,943,664</u>
Receivables		
Employee contributions receivable	-	57,667
Employer contributions receivable	-	99,245
Loan collateral funds	<u>1,729</u>	<u>7,488</u>
Total receivables	<u>1,729</u>	<u>164,400</u>
Net Assets Available for Benefits	<u>\$ 66,875,456</u>	<u>\$ 55,108,064</u>

Cedarville University Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 8,950,575	\$ (4,404,696)
Interest and dividends	1,947,944	1,966,674
Net investment income (loss)	<u>10,898,519</u>	<u>(2,438,022)</u>
Contributions		
Participants	1,694,827	1,669,256
Employer	2,952,001	2,857,793
Rollover	432,773	1,597,190
Total contributions	<u>5,079,601</u>	<u>6,124,239</u>
Total additions	<u>15,978,120</u>	<u>3,686,217</u>
Deductions		
Benefits paid to participants	(3,959,647)	(2,927,679)
Administrative fees and expenses	(251,081)	(247,292)
Total deductions	<u>(4,210,728)</u>	<u>(3,174,971)</u>
Net Increase	11,767,392	511,246
Net Assets Available for Benefits, Beginning of Year	<u>55,108,064</u>	<u>54,596,818</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 66,875,456</u></u>	<u><u>\$ 55,108,064</u></u>

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

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.

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, 2019 and 2018

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 \$193,000 and \$153,000, as of December 31, 2019 and 2018, 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, 2019 and 2018

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: 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.

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 ten annual installments or five annual installments for withdrawals after a participant's termination of employment.

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

The nonbenefit-responsive contract is recorded at fair value, which approximates contract value as estimated by TIAA, VALIC and Voya. At December 31, 2019 and 2018, the fair value of the nonbenefit-responsive contracts at TIAA, VALIC and Voya totaled \$5,078,655 and \$4,843,584, respectively. At December 31, 2019 and 2018, the contract value of the benefit-responsive contracts totaled \$2,565,785 and \$2,677,967, 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, 2019 and 2018, the contract value of the fully benefit-responsive contract totaled \$247,627 and \$128,332, respectively.

CREF Variable Annuity Accounts

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

Mutual Funds

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

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

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 (depreciation) 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Transfers Between Fair Value Hierarchy Levels

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

Note 3: 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 as shown in the statements of net assets available for benefits as of December 31, 2019 and 2018

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2019 and 2018

- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2019

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 4: Reconciliation of Financial Statements to Form 5500

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

Note 5: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2019 and 2018

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, 2019 and 2018:

2019				
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)	\$ 2,970,672	\$ -	\$ -	\$ -
Mutual funds	49,115,760	49,115,760	-	-
Variable annuities	6,895,228	-	6,895,228	-
Fixed annuity contracts	5,078,655	-	-	5,078,655
Investments, at fair value	<u>\$ 64,060,315</u>	<u>\$ 49,115,760</u>	<u>\$ 6,895,228</u>	<u>\$ 5,078,655</u>

2018				
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)	\$ 2,919,004	\$ -	\$ -	\$ -
Mutual funds	38,458,051	38,458,051	-	-
Variable annuities	5,916,726	-	5,916,726	-
Fixed annuity contracts	4,843,584	-	-	4,843,584
Investments, at fair value	<u>\$ 52,137,365</u>	<u>\$ 38,458,051</u>	<u>\$ 5,916,726</u>	<u>\$ 4,843,584</u>

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

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2019 and 2018

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, 2019. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

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

Level 3 Valuation Process

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

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, 2019 and 2018:

	Fixed Annuity Contracts
Balance, January 1, 2018	\$ 4,647,947
Investment income	192,730
Purchases	296,037
Sales	<u>(293,130)</u>
Balance, December 31, 2018	4,843,584
Investment income	201,372
Purchases	319,234
Sales	<u>(285,535)</u>
Balance, December 31, 2019	<u><u>\$ 5,078,655</u></u>

Cedarville University Retirement Savings Plan

Notes to Financial Statements December 31, 2019 and 2018

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, 2019	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 5,078,655	Discounted cash flow	Contractual interest rate	3.00% - 3.75%
	Fair Value at December 31, 2018	Valuation Technique	Unobservable Inputs	Range (Weighted- Average)
Fixed Annuity Contracts	\$ 4,843,584	Discounted cash flow	Contractual interest rate	3.50% - 4.25%

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, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	Fair Value	December 31, 2019 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 2,970,672	N/A	Daily	None
	Fair Value	December 31, 2018 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	\$ 2,919,004	N/A	Daily	None

Note 6: 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 \$251,081 and \$247,292 for 2019 and 2018, respectively.

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

Cedarville University Retirement Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 7: Risks and Uncertainties

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

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

Note 8: Subsequent Events

Subsequent events have been evaluated through October 13, 2020, which is the date the financial statements were available to be issued.

As a result of the spread of the SARS-CoV-2 virus and the incidence of COVID-19, economic uncertainties have arisen which may negatively affect the Plan. There has been significant volatility in the investment markets both nationally and globally since December 31, 2019, resulting in substantial changes in the value of the Plan's investment portfolio. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

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, 2019

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
* Pooled Separate Accounts			
TIAA-CREF	TIAA Real Estate	2,342 Units	\$ 1,031,415
Pacific Life	Port Opt Growth	15,622 Units	245,558
Pacific Life	Port Opt Aggressive-Growth	18,698 Units	303,244
Pacific Life	Port Opt Moderate-Cons	4,227 Units	60,229
VOYA	American Funds SmallCap R4	271 Units	5,542
VOYA	American Funds EuroPacific R4	1,760 Units	44,847
VOYA	American Funds Nw Prspctv R4	246 Units	8,475
VOYA	American Funds Wash Mtual R4	229 Units	6,860
VOYA	Calvert VP SRI Balanced Portfolio	734 Units	32,348
VOYA	Fidelity VIP Contrafund Port I	1,274 Units	100,605
VOYA	Fidelity VIP Eqty-Income Port I	2,004 Units	97,572
VOYA	Fidelity VIP Growth Portfolio I	1,121 Units	65,859
VOYA	Lord Abbett Ser Fd Md Cp Stk Prt VC	956 Units	23,325
VOYA	Oppenheimer Developing Markets Fnd A	92 Units	8,569
VOYA	Pioneer High Yield VCT Portfolio I	617 Units	13,008
VOYA	Voya Balanced Portfolio I	112 Units	5,240
VOYA	Voya Global Bond Port I	567 Units	8,508
VOYA	Voya Global Equity Portfolio I	608 Units	7,851
VOYA	Voya Gov Money Market Port I	926 Units	13,075
VOYA	Voya Growth and Income Port I	1,354 Units	75,280
VOYA	Voya Index Plus LargeCap Portfolio I	766 Units	38,256
VOYA	Voya Index Plus MidCap Portfolio I	184 Units	9,086
VOYA	Voya Intermediate Bond Port I	499 Units	14,936
VOYA	Voya Large Cap Value Port Inst	919 Units	16,521
VOYA	Voya MidCap Opportunities Port I	400 Units	15,446
VOYA	Voya Russell MdCp Indx Part I	142 Units	3,411
VOYA	Voya Russell LgCp Indx Part I	280 Units	6,988
VOYA	Voya Russell LgCp Gr Indx Part I	127 Units	5,716
VOYA	Voya Small Company Portfolio I	953 Units	62,525
VOYA	Voya Strategic Alloc Growth Port I	956 Units	32,923
VOYA	VY Baron Growth Port Srv	148 Units	7,221
VOYA	VY Invesco Comstock Port Srv	569 Units	15,602
VOYA	VY JPMorgan SmCp Cr Eq Port Srv	78 Units	2,580
VOYA	VY Oppenhr Global Port I	113 Units	3,174
VOYA	VY TRowePrice Captl Apprec Pt Srv	16,145 Units	515,691
VOYA	VY TRowePrice Divr MdCp Gr Pt I	1,408 Units	53,275
VOYA	VY TRowePrice Grwth Eqty Port I	82 Units	6,104
VOYA	WellsFargo Sm Co Grwth Fnd Adm	235 Units	3,807
			2,970,672

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2019

(a)(b) Identity of Issuer		(c) Description of Investment	(e) Current Value
* Variable Annuity Accounts			
TIAA-CREF	CREF Stock R2	3,225 Units	\$ 1,806,815
TIAA-CREF	CREF Money Market R2	8,239 Units	218,425
TIAA-CREF	CREF Social Choice R2	988 Units	269,071
TIAA-CREF	CREF Bond Market R2	1,535 Units	204,498
TIAA-CREF	CREF Global Equities R2	3,583 Units	728,426
TIAA-CREF	CREF Growth R2	3,952 Units	939,977
TIAA-CREF	CREF Equity Index R2	3,665 Units	994,563
TIAA-CREF	CREF Inflation-Linked Bond R2	2,993 Units	219,583
VALIC	Aggressive Growth Lifestyle	867 Units	3,259
VALIC	Ariel Fund	611 Units	2,619
VALIC	Asset Allocation Fund	686 Units	6,208
VALIC	Blue Chip Growth Fund	15,117 Units	49,485
VALIC	Capital Conservation	5,255 Units	21,192
VALIC	Core Bond Fund	20,594 Units	45,744
VALIC	Dividend Value	4,884 Units	18,961
VALIC	Emerging Economies	26,829 Units	30,120
VALIC	Global Real Estate Fund	197 Units	340
VALIC	Global Strategy	5,701 Units	11,920
VALIC	Government Money Market I	26 Units	52
VALIC	Growth Fund	920 Units	2,667
VALIC	Health Sciences Fund	3,525 Units	22,915
VALIC	High Yield Bond Fund	1,678 Units	5,258
VALIC	Inflation Protected Fund	10,126 Units	14,027
VALIC	International Equities Index Fund	17,969 Units	40,731
VALIC	International Government Bond	222 Units	731
VALIC	International Opportunities	23,680 Units	73,029
VALIC	International Socially Responsible Fund	6,271 Units	50,365
VALIC	International Value Fund	10,017 Units	14,067
VALIC	Large Cap Core	124 Units	418
VALIC	Large Cap Value Fund	17,278 Units	68,923
VALIC	Mid Cap Growth Fund	338 Units	1,019
VALIC	Mid Cap Index Fund	6,045 Units	162,557
VALIC	Mid Cap Strategic Growth	1,945 Units	6,536
VALIC	Mid Cap Value Fund	3,658 Units	26,530
VALIC	Moderate Growth Lifestyle	14,460 Units	53,912
VALIC	Science and Technology Fund	10,061 Units	101,210
VALIC	Small Cap Aggressive Growth	6,965 Units	25,464
VALIC	Small Cap Index Fund	16,534 Units	140,179
VALIC	Small Cap Special Value Fund	2,171 Units	5,094
VALIC	Small Cap Value Fund	6,480 Units	29,097
VALIC	Small Mid Growth Fund	2,069 Units	5,296

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2019

(a)(b) Identity of Issuer		(c) Description of Investment		(e) Current Value	
VALIC	Socially Responsible Fund	23,557	Units	\$	94,751
VALIC	Stock Index Fund	14,153	Units		200,125
VALIC	Strategic Bond Fund	3,924	Units		12,306
VALIC	Systematic Core Fund	3,199	Units		17,641
VALIC	Value Fund	3,182	Units		8,858
VALIC	Vanguard Lifestrategy Moderate	6,684	Units		18,423
VALIC	Vanguard Long-term Treasury	222	Units		853
VALIC	Vanguard Long-term Investment Grade Fund	227	Units		949
VALIC	Vanguard Wellington Fund Inc	17,034	Units		94,663
VALIC	Vanguard Windsor II	4,755	Units		25,376
					<u>6,895,228</u>
Mutual Funds					
* TIAA-CREF	TIAA Access Lifecycle 2010 T4	161	Shares		7,268
* TIAA-CREF	TIAA Access Lifecycle 2015 T4	143	Shares		6,532
* TIAA-CREF	TIAA Access Lifecycle 2020 T4	227	Shares		10,517
* TIAA-CREF	TIAA Access Lifecycle 2025 T4	553	Shares		26,117
* TIAA-CREF	TIAA Access Lifecycle 2030 T4	1,925	Shares		92,109
* TIAA-CREF	TIAA Access Lifecycle 2035 T4	467	Shares		23,018
* TIAA-CREF	TIAA Access Lifecycle 2040 T4	675	Shares		34,483
* TIAA-CREF	TIAA Access Lifecycle 2045 T4	2,027	Shares		101,322
* TIAA-CREF	TIAA Access Lifecycle 2050 T4	2,550	Shares		126,638
* TIAA-CREF	TIAA Access Lifecycle Rtmt Inc T4	1,948	Shares		83,876
* TIAA-CREF	TIAA Access Bond T4	342	Shares		13,860
* TIAA-CREF	TIAA Access Bond Plus T4	422	Shares		17,207
* TIAA-CREF	TIAA Access Equity Index T4	7	Shares		434
* TIAA-CREF	TIAA Access Growth & Income T4	150	Shares		11,320
* TIAA-CREF	TIAA Access Infl-Lnkd Bond T4	3,523	Shares		127,257
* TIAA-CREF	TIAA Access Intl Equity T4	3,414	Shares		102,378
* TIAA-CREF	TIAA Access Lg-Cap Gr T4	266	Shares		22,869
* TIAA-CREF	TIAA Access Lg-Cap Val T4	2,047	Shares		98,982
* TIAA-CREF	TIAA Access Mid-Cap Gr T4	351	Shares		23,917
* TIAA-CREF	TIAA Access Mid-Cap Val T4	1,252	Shares		66,807
* TIAA-CREF	TIAA Access Money Market T4	40	Shares		1,038
* TIAA-CREF	TIAA Access Real Est Secs T4	875	Shares		39,090
* TIAA-CREF	TIAA Access Sm-Cap Bl Idx T4	1,230	Shares		70,705
* TIAA-CREF	TIAA Access Sm-Cap Equity T4	326	Shares		18,349
* TIAA-CREF	TIAA Access Social Ch Eq T4	76	Shares		4,837
* TIAA-CREF	TIAA-CREF Lifecycle 2010-Inst	32,028	Shares		367,357
* TIAA-CREF	TIAA-CREF Lifecycle 2015-Inst	39,031	Shares		384,063
* TIAA-CREF	TIAA-CREF Lifecycle 2020-Inst	286,780	Shares		2,919,422
* TIAA-CREF	TIAA-CREF Lifecycle 2025-Inst	164,074	Shares		1,709,646
* TIAA-CREF	TIAA-CREF Lifecycle 2030-Inst	223,167	Shares		2,341,017
* TIAA-CREF	TIAA-CREF Lifecycle 2035-Inst	226,545	Shares		2,414,968
* TIAA-CREF	TIAA-CREF Lifecycle 2040-Inst	124,974	Shares		1,333,476
* TIAA-CREF	TIAA-CREF Lifecycle 2045-Inst	103,173	Shares		1,332,994
* TIAA-CREF	TIAA-CREF Lifecycle 2050-Inst	86,328	Shares		1,123,129
* TIAA-CREF	TIAA-CREF Lifecycle 2055-Inst	45,422	Shares		676,780
* TIAA-CREF	TIAA-CREF Lifecycle 2060-Inst	13,398	Shares		164,656

Cedarville University Retirement Savings Plan

EIN 31-0536647 PN 003

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

December 31, 2019

	(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
* TIAA-CREF	TIAA-CREF Lifecycle Rtmt Inc-Inst	28,412 Shares	\$ 334,688
TIAA-CREF	American EuroPac Growth R6	13,014 Shares	722,902
TIAA-CREF	Vanguard Inst Idx Inst	43,044 Shares	12,492,759
TIAA-CREF	Vanguard Strategic Equity Inv	30,230 Shares	1,010,888
TIAA-CREF	Vanguard Ttl Bd Mkt Idx Inst	783,338 Shares	8,655,882
TIAA-CREF	Vanguard Wellington Inv	32,317 Shares	1,401,887
TIAA-CREF	Baird Core Plus Bond Fund Inst	32,906 Shares	380,391
TIAA-CREF	Templeton Global Bond R6	8,449 Shares	90,148
TIAA-CREF	Parnassus Core Equity Inst	16,277 Shares	766,649
TIAA-CREF	Steward Global Eqty Inc Instl	14,588 Shares	465,784
TIAA-CREF	Vanguard Extended Mkt Idx Adm	27,884 Shares	2,665,997
TIAA-CREF	Vanguard Ttl Intl Stk Idx Adm	85,673 Shares	2,559,061
TIAA-CREF	Brookfield Global Lstd Rl Et I	16,140 Shares	218,216
TIAA-CREF	GuideStone Equity Index Fd Ins	14,646 Shares	517,594
TIAA-CREF	GuideStone Med Dura Bond Instl	344 Shares	5,171
GuideStone	My Destination 2025	5,691 Shares	59,356
GuideStone	Growth Allocation	2,677 Shares	32,958
GuideStone	Aggressive Allocation	2,207 Shares	26,376
GuideStone	Defensive Market Strategies	15,949 Shares	211,642
GuideStone	Equity Index	1,439 Shares	51,046
GuideStone	Fin Resources Capital Preservation	2,073 Shares	20,729
GuideStone	Global Bond	4,783 Shares	47,831
GuideStone	Global Real Estate Securities	2,398 Shares	24,584
GuideStone	Extended-Duration Bond	1,276 Shares	23,264
GuideStone	Low-Duration Bond	1,361 Shares	18,240
GuideStone	Medium-Duration Bond	8,647 Shares	130,218
GuideStone	Strategic Alternatives Fund	3,047 Shares	30,868
GuideStone	Value Equity	3,039 Shares	57,861
GuideStone	Growth Equity	2,288 Shares	59,530
GuideStone	Small Cap Equity	909 Shares	14,238
GuideStone	International Equity	6,875 Shares	94,951
GuideStone	Emerging Markets Equity	2,511 Shares	25,613
			<u>49,115,760</u>
* Fixed Annuity Contracts			
TIAA-CREF	TIAA Traditional Fully Benefit-Responsive		2,565,785
TIAA-CREF	TIAA Traditional Nonbenefit-Responsive		1,340,330
TIAA-CREF	TIAA Stable Value Fund - Fully Benefit-Responsive		247,627
VALIC	Fixed Account Plus		2,180,272
VALIC	Short Term Fixed Account		141,995
VOYA	Voya Fixed Account		1,415,818
VOYA	Voya Short-Term GAA		240
			<u>7,892,067</u>
* Loan Collateral			
TIAA-CREF	Plan Loan Default Fund		1,729
			<u>1,729</u>
			<u>\$ 66,875,456</u>

* Party-in-interest

Plan Name	Cedarville University Retirement Savings Plan
Plan Sponsor EIN	31-0536647
ERISA Plan #	003
Plan Year Ending	December 31, 2019

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, 2019

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Form / Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	