

2a Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

1)

2) C / O

3)

4)

2b Employer Identification Number (EIN)

5)

6)

2c Sponsor's telephone number

7)

2d Business code
(see instructions)

8)

9)

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

1)

2) C / O

3)

4)

3b Administrator's EIN

5)

6)

3c Administrator's telephone number

7)

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN**c** PN

0 1 0 5 A A 0 2 0 S



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1)

2)

3)

b EIN

4)

5)

c Telephone number

6)

6 Total number of participants at the beginning of the plan year

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines 7a, 7b, and 7c

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

f Total. Add lines 7d and 7e

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 that terminated employment during the plan year with accrued benefits that were less than 100% vested

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

0 1 0 5 A A 0 3 0 T



a Pension benefits. (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions)

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b	Welfare benefits (check this box if the plan provides welfare benefits and enter below the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions).
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[illegible]

9b. Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(l) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

a Pension Benefit Schedules

- ## b Financial Schedules

- | | | |
|----|--------------------------|---|
| 1) | <input type="checkbox"/> | H (Financial Information) |
| 2) | <input type="checkbox"/> | I (Financial Information--Small Plan) |
| 3) | <input type="checkbox"/> | A (Insurance Information) |
| 4) | <input type="checkbox"/> | C (Service Provider Information) |
| 5) | <input type="checkbox"/> | D (DFE/Participating Plan Information) |
| 6) | <input type="checkbox"/> | G (Financial Transaction Schedules) |
| 7) | <input type="checkbox"/> | P (Trust Fiduciary Information) |

0 1 0 5 A A 0 4 0 U

