

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 001
	RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	
	1c Effective date of plan 10/01/1964	
	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)	2b Employer Identification Number (EIN) 36-2256036
	REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	2c Plan Sponsor's telephone number 312-238-1000
355 E. ERIE STREET CHICAGO, IL 60611-3015	2d Business code (see instructions) 622000	

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.	06/13/2025	MARCOS DELEON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 SHIRLEY RYAN ABILITYLAB c Plan Name RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	4b EIN 36-2256036 4d PN 001
5 Total number of participants at the beginning of the plan year	5 1725
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 438 6a(2) 412 6b 762 6c 454 6d 1628 6e 75 6f 1703 6g(1) 6g(2) 6h 1
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:

1A **1I**

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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	D Employer Identification Number (EIN) 36-2256036
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	165848392	
b	Actuarial value	2b	173655608	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	806	72765585	72765585
b	For terminated vested participants	481	27062039	27062039
c	For active participants	438	65978537	66025403
d	Total	1725	165806161	165853027
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.29 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	3591770	
b	Expected plan-related expenses	6b	519774	
c	Target normal cost	6c	4111544	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary KATLYN LACROIX Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17510 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	06/03/2025 Date 23-09124 Most recent enrollment number 312-381-1000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.78</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	104.70 %
15 Adjusted funding target attainment percentage	15	104.70 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/08/2024	5000000	0			
Totals ▶			18(b)	5000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4827011
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....	21b	4	
22 Weighted average retirement age	22	64	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	4111544	
b Excess assets, if applicable, but not greater than line 31a	31b	4111544	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4827011	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4827011	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	D Employer Identification Number (EIN) 36-2256036	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SOROBAN CAPITAL GP LLC	55 WEST 46TH STREET 32ND FL NEW YORK, NY 10036

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK	55 EAST 52ND STREET NEW YORK, NY 10055

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DAVIDSON KEMPNER CAPITAL MGMT LLC	
13-3594751	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE CHILDREN'S INVESTMENT FUND MANA	PO BOX 309 UGLAND HOUSE, SOUTH CHURCH STREET GEORGETOWN, GRAND CAYMAN KY1-1104 CI

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

SPYGLASS CAPITAL MANAGEMENT LLC

ONE LETTERMAN DR BLDG C STE 3600
SAN FRANCISCO, CA 94129

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

SCULPTOR OVERSEAS INSTIUTIONAL FUND

9 WEST 57TH STREET 39TH FLOOR
NEW YORK, NY 10019

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

NORTHERN TRUST CORPORATION

36-2723087

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

NORTHERN TRUST INVESTMENTS INC

36-3608252

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

ECHO STREET GOODCO SELECT II LP

12 EAST 49TH STREET 44TH FLOOR
NEW YORK, NY 10017

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

SAMLYN ONSHORE FUND LP

500 PARK AVENUE 2ND FLOOR
NEW YORK, NY 10022

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

ETON PARK INVESTMENT MANAGEMENT

399 PARK AVENUE
NEW YORK, NY 10022

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

VIKING GLOBAL INVESTORS LP

55 RAILROAD AVENUE
GREENWICH, CT 06830

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

SHERIDAN SQUARE FUND II LP

380 LAFAYETTE STREET 6TH FLOOR
NEW YORK, NY 10003

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

WCM INVESTMENT MANAGEMENT

281 BROOKS STREET
LAGUNA BEACH, CA 92651

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

CANYON VALUE REALIZATION FUND

2000 AVENUE OF THE STARS 11TH FL
LOS ANGELES, CA 90067

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

OAKTREE CAPITAL MANAGEMENT

333 SOUTH GRAND AVE 28TH FLOOR
LOS ANGELES, CA 90071

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

FARALLON CAPITAL MANAGEMENT LLC

ONE MARITIME PLAZA
SUITE 2100
SAN FRANCISCO, CA 94111

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

EDGEWOOD MANAGEMENT LLC

535 MADISON AVENUE
15TH FLOOR
NEW YORK, NY 10022

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

GQG PARTNERS

350 EAST LAS OLAS BOULEVARD 18TH FL
FORT LAUDERDALE, FL 33301

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

THE VANGUARD GROUP INC

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)

AON CONSULTING

22-2232264

(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?
11 50	NONE	382491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	79196	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MONTICELLO

1800 LARIMER STREET
DENVER, CO 80202

(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?
27 50	NONE	75000	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)

CROWE LLP

35-0921680

(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?
10 50	NONE	64956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REAMS ASSET MANAGEMENT COMPANY LLC

35-1503965

(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 51	NONE	45453	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:	CORY NANUS	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	200 E RANDOLPH STREET, SUITE 600 CHICAGO, IL 60601	e Telephone:	312-381-4877

Explanation: THE ENROLLED ACTUARY HAS BEEN CHANGED FROM MR. CORY NANUS TO MS. KATLYN LACROIX OF AON CONSULTING, INC. AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	D Employer Identification Number (EIN) 36-2256036	

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: COLLECTIVE SHORT TERM INVESTMENT FU			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4021609	
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS EQUIT			
b Name of sponsor of entity listed in (a): RELiance TRUST COMPANY			
c EIN-PN 82-6258259-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9014184	
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)	
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)	
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)**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)**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)**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)**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)**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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB		D Employer Identification Number (EIN) 36-2256036

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
SHIRLEY RYAN ABILITYLAB	PLAN SPONSOR	EXPENSES IMPROPERLY REIMBURSED TO THE COMPANY	0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	92783	92783	0

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	D Employer Identification Number (EIN) 36-2256036	

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	46	47
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	92783
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	260653	3157480
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	11161168	8252531
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	18970704	11998090
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9712846	12382154
(5) Partnership/joint venture interests	1c(5)	78103054	83092273
(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)	8546136	13035793
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	25762773	55605947
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13333781	11249802

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	165851161	198866900
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1614	33875
i Acquisition indebtedness	1i		
j Other liabilities	1j	1155	5544301
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2769	5578176
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	165848392	193288724

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5000000
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)	277884	
(C) Corporate debt instruments	2b(1)(C)	592490	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		870374
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	97442	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	208126	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		305568
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	99296605	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	96422812	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2873793
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	17617400	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17617400

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		157823
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		8454652
c Other income	2c		10538
d Total income. Add all income amounts in column (b) and enter total	2d		35290148

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7131141	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7131141
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	382491	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	64956	
(5) Investment advisory and investment management fees	2i(5)	120828	
(6) Bank or trust company trustee/custodial fees	2i(6)	79196	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	71204	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		718675
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7849816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27440332
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)	☒		92783
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 538900.

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	D Employer Identification Number (EIN) 36-2256036	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-2256036		
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	1

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: <u>61.4</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>9.4</u> % High-Yield Debt: <u>7.8</u> % Real Assets: _____ % Cash or Cash Equivalents: <u>1.7</u> % Other: <u>19.7</u> % b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

Retirement Plan for Employees of Rehabilitation Institute of Chicago

Financial Statements
August 31, 2024 and 2023

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

Finance and Audit Committee
Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab

RE: Retirement Plan for Employees of Rehabilitation Institute of Chicago

Opinion

We have audited the financial statements of the Retirement Plan for Employees of Rehabilitation Institute of Chicago (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G, Part III – Schedule of Nonexempt Transactions for the year ended August 31, 2024, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

Crowe LLP.

Crowe LLP

Oakbrook Terrace, Illinois
June 16, 2025

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF AUGUST 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value (Note 8):		
U.S. government securities/U.S. government agency bonds	\$ 8,252,531	\$ 11,161,168
Common Stock	12,382,154	9,712,846
Mutual funds	55,605,947	25,762,773
Collective trusts	13,035,793	8,546,136
Corporate and other debt instruments	11,998,090	18,970,704
Hedge funds	11,249,802	13,333,781
Limited partnerships/joint venture interests	<u>83,092,273</u>	<u>78,103,054</u>
	195,616,590	165,590,462
Receivables:		
Plan Sponsor	92,783	-
Pending trade receivables	3,031,921	-
Accrued income	<u>125,559</u>	<u>260,653</u>
Total Receivables	3,250,263	260,653
Cash	<u>47</u>	<u>46</u>
Total assets	198,866,900	165,851,161
LIABILITIES:		
Accrued administrative expenses	33,875	1,614
Other payable	-	1,155
Pending trade payables	<u>5,544,301</u>	<u>-</u>
Total liabilities	<u>5,578,176</u>	<u>2,769</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 193,288,724</u>	<u>\$ 165,848,392</u>

See accompanying notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED AUGUST 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
INCREASES:		
Sponsor contributions	\$ 5,000,000	\$ -
Net appreciation in fair value of investments	28,945,800	13,547,155
Interest and dividends	<u>1,344,348</u>	<u>1,198,546</u>
Total increases	<u>35,290,148</u>	<u>14,745,701</u>
DECREASES:		
Benefits paid directly to participants or their beneficiaries	7,131,141	6,737,858
Administrative expenses	<u>718,675</u>	<u>1,408,736</u>
Total decreases	<u>7,849,816</u>	<u>8,146,594</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	27,440,332	6,599,107
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>165,848,392</u>	<u>159,249,285</u>
End of year	<u><u>\$ 193,288,724</u></u>	<u><u>\$ 165,848,392</u></u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED AUGUST 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Retirement Plan for Employees of Rehabilitation Institute of Chicago (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General — The Plan is a noncontributory, defined benefit retirement plan for all eligible employees of Shirley Ryan AbilityLab (formerly known as Rehabilitation Institute of Chicago) (the Plan Sponsor). The Plan was closed to new employees hired on or after November 1, 2012. Existing plan members were given the option to terminate their Plan participation effective December 31, 2012 and participate in the Rehabilitation Institute of Chicago D/B/A Shirley Ryan AbilityLab 401(k) Retirement Savings Plan. Any employee hired before November 1, 2012, who has attained age 21, and has completed one year of service as defined by the Plan is eligible for participation, unless they chose to opt out as of December 31, 2012. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Pension Benefits and Vesting — The normal retirement benefit of the Plan is a monthly retirement income payable upon the participant's retirement date and continuing for the participant's lifetime. If the present value of the benefit is equal to or less than \$1,000, a lump-sum payment will be made. Additionally, if the present value of the income payable is in excess of \$1,000 and less than or equal to \$5,000, the participant may elect to receive a lump sum payment. The plan benefits are computed based on an average of the employee's monthly earnings and years of service. Employees who terminate employment after completing five years of service as a plan participant are 100% vested in the Plan. Additionally, hourly employees must work at least 1,000 hours in a year to receive vesting and benefit service credit for the year. Participants may begin to draw their pension benefits any time after reaching the age of 65 years, or the age of 55 years with ten years of Credited Service.

Death Benefits — For a participant who has been married to his or her spouse at all times during the one-year period ending on the earlier of (i) the participant's annuity starting date or (ii) the date of the participant's death, such participant will receive their retirement benefit in the form of a Qualified Joint and Survivor Annuity. A Qualified Joint and Survivor Annuity is an annuity for the life of the participant with a 50% survivor annuity for the life of the surviving spouse. However, if a participant gets married within one year before his or her annuity starting date and has been married to that spouse for at least one year as of the participant's death, the participant and spouse shall be treated as having been married throughout the one-year period ending on the participant's annuity starting date; however, such participant must notify the plan administrator when the participant and spouse have been married for one year before such treatment will apply. The amount of the retirement payment to the spouse will equal 50% of the amount payable to the participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements are prepared on the accrual basis of accounting.

Investments — The Plan's investments are held in trust by The Northern Trust Company (the Trustee) and are recorded at fair value. Plan investments are comprised of common stock, corporate and other debt instruments, U.S. government securities/U.S. government agency bonds, collective trusts, mutual funds, short-term investments, partnership/joint venture interests and hedge funds.

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

Administrative Expenses — Plan administrative expenses, other than Trustee fees, are paid directly by the Plan Sponsor. It is the Plan's policy to reimburse the Plan Sponsor for fees associated with plan administration. Repayments to the Plan Sponsor amounted to \$654,172 and \$1,238,460 in 2024 and 2023, respectively, for fees that had been incurred. \$165,600 and \$917,240 in 2024 and 2023, respectively, in expenses were related to payments made to the Pension Benefit Guaranty Corporation (PBGC). In addition, the Plan incurred \$120,828 and \$149,655 in investment management fees in 2024 and 2023, respectively.

During the Plan year ended August 31, 2024, it was identified that administrative fees totaling \$92,783 were improperly reimbursed to the Plan Sponsor, resulting in a prohibited transaction under the Employee Retirement Income Security Act of 1974 (ERISA).

As a result, the statements of net assets available for benefits include a receivable from Plan Sponsor of \$92,783 as of August 31, 2024, representing the amount owed by the Plan Sponsor to restore the Plan. The Plan Sponsor intends to correct the transaction through the Department of Labor's Voluntary Fiduciary Correction Program (VFCP), including full reimbursement of principal and lost earnings. The transaction is disclosed on Schedule G, Part III – Schedule of Nonexempt Transactions for the year ended August 31, 2024, as required for prohibited transactions with parties-in-interest.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits and the fair values of the Plan's interests in various limited partnerships and joint ventures and hedge funds.

Risks and Uncertainties — The Plan invests in various investments. Investment are exposed to various risks, such as interest rate, market, liquidity, credit, as well as the risks associated with global events. Due to the level of risk associated with certain Plan investments, as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain plan investments 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Payment of Benefits — Benefit payments are recorded upon distribution.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are signed. The significant actuarial assumptions used in the August 31, 2024 and 2023, valuations are as follows:

- Rate of return on assets — 6.25% in 2024 and 2023 per annum.
- Life expectancy of participants — Pri-2012 fully generational mortality table with project scale MP-2021 with Aon's Covid-19 Endemic Adjustment in 2024 and 2023.
- Retirement age assumptions — active participants range from age 55 to age 70 as follows:

Retirement Rate for Active Participants

	<u>2024</u>	<u>2023</u>
Age		
55-62	6.0 %	6.0 %
63	12	12
64	15	15
65	30	30
66-68	25	25
69	40	40
70+	100	100

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

- Retirement age assumptions —Terminated vested participants range from age 55 to age 65+ as follows in 2024 and 2023:

Retirement Rate for Terminated Vested Participants

	<u>2024</u>	<u>2023</u>
Age		
55-56	1.5 %	1.5 %
57-61	3.0	3.0
62	9.0	9.0
63	3.0	3.0
64	30.0	30.0
65+	100	100

The total actuarial present value of accumulated plan benefits as of August 31, 2024 and 2023, is as follows (dates of the most recent actuarial valuations):

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving benefits	\$ 62,483,453	\$ 59,874,749
Participants with deferred benefits and other participants	<u>90,998,011</u>	<u>88,988,701</u>
Total vested benefits	153,481,464	148,863,450
Nonvested benefits	<u>89,914</u>	<u>109,876</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 153,571,378</u>	<u>\$ 148,973,326</u>

The changes in the actuarial present value of accumulated plan benefits for the years ended August 31, 2024 and 2023, are summarized below:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits — beginning of year	\$ 148,973,326	\$ 144,028,388
Increase (decrease) during the year attributable to:		
Benefit payments	(7,131,141)	(6,737,858)
Interest accumulation	9,091,362	8,794,407
Change in actuarial assumptions	1,705	190,194
Other changes (1)	<u>2,636,126</u>	<u>2,698,195</u>
Actuarial present value of accumulated plan benefits — end of year	<u>\$ 153,571,378</u>	<u>\$ 148,973,326</u>

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

⁽¹⁾ Other changes represent the normal operation of the pension plan and consist of the increase due to ongoing benefit accruals, those items of plan experience that are not associated with plan asset performance, along with a liability loss due to the lump sum window.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

4. FUNDING POLICY

Participant contributions are not required or permitted under the terms of the Plan. The funding policy of the Plan Sponsor is to make annual contributions to the Plan equal to an amount calculated by an independent actuary determined to be sufficient to provide the benefits required by the Plan for both prior and current service costs. Contributions have been reflected as sponsor contributions in the accompanying statements of changes in net assets available for plan benefits. The Plan has met the minimum funding requirements of ERISA for the years ended August 31, 2024 and 2023.

5. TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated June 19, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and its related regulations. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

6. PLAN TERMINATION (Continued)

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest are considered parties in interest transactions. Certain professional fees for the administration, actuary services, PBGC premiums and audit of the Plan were paid by the Plan Sponsor and subsequently, the Plan Sponsor was reimbursed by the Plan. The professional fees paid by the Plan Sponsor and subsequently reimbursed by the Plan were in the amount of \$654,172 and \$1,238,460 for the plan years ended August 31, 2024 and 2023, respectively. Various administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Certain plan investments are shares of a collective trust investment fund managed by the Trustee and units of partnership/ hedge funds managed by the investment managers to whom plan pays the fees. Such transactions qualify as exempt party-in-interest transactions.

8. FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2 — Significant other 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.

Level 3 — Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

8. FAIR VALUE MEASUREMENTS (Continued)

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds and Common Stock: The fair values of mutual funds and common stocks are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Corporate and Other Debt Instruments and U.S. Government Securities/U.S. Government Agency Bonds: Corporate and other debt instruments and U.S. government securities/U.S. government agency bonds are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

Collective Trusts: Fair values of shares of collective trusts are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Limited Partnership: The fair value of the Newport Asia Institutional Fund, LP and the Oaktree Global Credit Plus Fund Feeder are estimated utilizing the net asset value provided by the fund as reported by the investee. Substantially all of the underlying investments that the Newport Asia partnership invests in are marketable securities. The investment objective of the Newport Asia partnership seeks to invest primarily in a diverse portfolio of international securities. The Newport Asia partnership provides for monthly redemptions with a 30-day advance notice requirement. There were no unfunded commitments for the Newport Asia investment as of August 31, 2023. The investment objective of the Oaktree partnership seeks to invest globally in high-conviction opportunities across Oaktree's performing credit platform of high yield bonds, senior loans, debt securities, structured credit and emerging market debt. The Oaktree partnership provides for quarterly redemptions. The Oaktree investment has \$2,830 of unfunded commitments as of August 31, 2024.

Alternative Investments: The Plan's interests in limited partnerships (excluding Newport Asia Institutional Fund, LP and Oaktree Global Credit Plus Fund Feeder) and hedge funds represent the Plan's interest in alternative investments. The financial statements include interests in alternative investments valued at \$79,062,845 (40% of total investments) and \$91,436,834 (55% of total investments) as of August 31, 2024 and 2023, respectively. These investments include restrictions on the Plan's ability to redeem shares or units in the respective investments. Redemptions may be made with written notice ranging from greater than one month to one year, following an initial lock-up provision which could be as long as three years.

8. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the fair value measurements in alternative investments, calculated using a net asset value (or its equivalent) and their redemption restrictions as of August 31, 2024 and 2023:

		Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<u>Limited Partnerships/Joint Ventures</u>						
1	Absolute Return	\$ 16,553,609	\$ 15,053,643	None	Quarterly, annually	60-65 days
2	Large Cap Equity	23,723,761	36,714,907	None	Monthly, quarterly	30 days
3	International Hedged Equity	17,122,691	14,359,444	None	Monthly	5-65 days
4	Hedged Equity	<u>10,412,982</u>	<u>11,975,059</u>	None	Semi-annually, annually	45 days
		67,813,043	78,103,053		End of term	
<u>Hedge Funds</u>						
5	Absolute Return	66,932	3,458,645	None	Quarterly, annually	60-65 days
6	Hedged Equity	<u>11,182,870</u>	<u>9,875,136</u>	None	Semi-annually, annually	45 days
		<u>11,249,802</u>	<u>13,333,781</u>		End of term	
		<u>\$ 79,062,845</u>	<u>\$ 91,436,834</u>			

1. This category includes investments in limited partnerships that pursue multiple strategies to diversify risks, reduce volatility, selling short securities and instruments while maximizing a long-term return. The fair value of the investments in this category have been estimated using the NAV per share of the Plan's ownership interest in the partners' capital. Certain investments in this category include restrictions that limit redemptions to 10% of the value of the fund as of August 31, 2024.
2. This category includes investments in limited partnerships that invest in long term-only strategy using securities and derivatives. The fair value of the investments in this category have been estimated using the NAV per share of the investments.
3. This category includes investments in a limited partnership that invests both long and short primarily in emerging market equities. The fair value of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category have gate restrictions that limit redemptions to 25% of the value of the fund per quarter as of August 31, 2024.
4. This category includes investments in a limited partnership that invests primarily in equity securities. The fair value of the investment in this category has been estimated using the NAV per share of the investment. The initial lock up period for the Samlyn investment is 1 year.
5. This category includes investments in hedge funds that pursue multiple strategies to diversify risks and reduce volatility. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category typically include a two- to three-year lock-up period. The initial lock-up period for these investments has expired. Certain investments in this category include restrictions that limit redemptions to 25% of the value of the fund per quarter as of August 31, 2024.

8. FAIR VALUE MEASUREMENTS (Continued)

6. This category includes investments in hedge funds that invest both fundamental long and short positions primarily in US and global common stocks, as well as research-intensive, long-biased, concentrated global equities. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category may include a one-year restriction on redemption. All initial restrictions have expired.

All alternative investments are recorded at the net asset value (NAV) reported by the fund, which the Plan concludes approximates fair value. The majority of the alternative investments (international hedged equity, hedged equity, large cap equity and absolute return funds) are redeemable at NAV under the original terms of the agreements. However, it is possible that these redemption rights may be restricted or eliminated by the funds in the future in accordance with the underlying fund agreements. Due to the nature of the investments held by the funds, changes in market conditions and the economic environment may significantly impact the net asset value of the funds and, consequently, the fair value of the Plan's interests in the funds. Although a secondary market exists for these investments, it is not active and individual transactions are typically not observable. When transactions do occur in this limited secondary market, they may occur at discounts to the reported net asset value. It is therefore reasonably possible that if the Plan were to sell these investments in the secondary market, a buyer may require a discount to the reported net asset value, and the discount could be significant. Plan management routinely monitors and assesses fair market value of all alternative investments by comparison of the returns on investments to established benchmarks. Plan management also compares the net asset value reported by the fund manager or general partner to the audited financial statement for each fund. Where the audited financial statement date of a fund is different to that of the Plan, the Plan Sponsor consults with an investment group, Monticello Associates, to evaluate the gap period using established benchmarks. Any unusual difference between the benchmark and net asset value of the investments are first discussed with the Plan's third-party investment advisor before Plan management's concerns are discussed with the fund manager or general partner. Plan management analyzes on an annual basis the audited financial statement for investment valuation methods used by the fund manager and general partners.

Limited Partnerships/Joint Venture Interests: The fair values of limited partnerships/joint venture interests (excluding Newport Asia Institutional Fund, LP and Oaktree Global Credit Plus Fund Feeder) are estimated utilizing the unaudited net asset valuations, as reported by the investees. The investment strategies of the limited partnerships/joint ventures vary, with some seeking to achieve capital appreciation through event-driven investments, or seek to earn the returns of benchmarks plus additional return based on the success of long/short and other relative value strategies, or to maximize long-term return while attempting to meet a selected standard deviation target.

Hedge Funds: The fair values of the Plan's investments in hedge funds have been estimated using the unaudited net asset value per share of the investments, as reported by the fund managers. The hedge funds have been classified in the disclosures that follow as, hedged equity, absolute return, and international hedged equity, based upon the investment composition, objectives, and strategies of the underlying holdings that each hedge fund holds. In the case of international hedged equity funds, the holdings are in offshore corporations that are valued monthly. The underlying fund holdings are primarily exchange traded, readily marketable securities — both equities and bonds. A small percentage of holdings are in private investments and derivatives. All hedged equity and international hedged equity has pricing policies that depend on outside pricing services to validate their pricing. The investment strategies of the hedge funds vary. Some seek to achieve maximum capital appreciation commensurate with reasonable risk, while others seek to achieve consistent, positive, absolute returns with low volatility primarily by seeking to exploit pricing inefficiencies in equity and debt securities. Some seek

8. FAIR VALUE MEASUREMENTS (Continued)

to achieve capital appreciation while attempting to reduce risk and volatility, while others seek capital appreciation and current income by investing in financial instruments that are perceived to be inefficiently priced as a result of business, financial, or legal uncertainties. Some also seek to generate attractive risk-adjusted returns through investments in securities of public companies selected from a wide array of industries and asset classes.

Following is a summary of investments measured at fair value on a recurring basis as of August 31, 2024:

Assets	Level 1	Level 2	Total Fair Value
U.S. government securities and			
U.S. government agency bonds	\$ -	\$ 8,252,531	\$ 8,252,531
Mutual Funds	55,605,947	-	55,605,947
Common stock	12,382,154	-	12,382,154
Corporate and other debt instruments	<u>-</u>	<u>11,998,090</u>	<u>11,998,090</u>
			<u>88,238,722</u>
*Collective trusts	-	-	13,035,793
*Hedge funds	-	-	11,249,802
*Limited partnerships/joint ventures interest	<u>-</u>	<u>-</u>	<u>83,092,273</u>
Total assets at fair value	<u>\$ 67,988,101</u>	<u>\$ 20,250,621</u>	<u>\$ 195,616,590</u>

Following is a summary of investments measured at fair value on a recurring basis as of August 31, 2023:

Assets	Level 1	Level 2	Total Fair Value
U.S. government securities and			
U.S. government agency bonds	\$ -	\$ 11,161,168	\$ 11,161,168
Mutual Funds	25,762,773	-	25,762,773
Common stock	9,712,846	-	9,712,846
Corporate and other debt instruments	<u>-</u>	<u>18,970,704</u>	<u>18,970,704</u>
			<u>65,607,491</u>
*Collective trusts	-	-	8,546,136
*Hedge funds	-	-	13,333,781
*Limited partnerships/joint ventures interest	<u>-</u>	<u>-</u>	<u>78,103,054</u>
Total assets at fair value	<u>\$ 35,475,619</u>	<u>\$ 30,131,872</u>	<u>\$ 165,590,462</u>

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

9. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through June 16, 2025 which is the date the financial statements were available to be issued.

Subsequent to year-end, management identified an additional \$42,574.81 in administrative expenses charged to the Plan in fiscal year 2025 that should have been paid by the Plan Sponsor. Management intends to correct these items in conjunction with the (VFCP). These amounts are not recorded in the accompanying financial statements as they represent a non-recognized subsequent event under U.S. GAAP.

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SUPPLEMENTAL SCHEDULES

**RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO**

**SCHEDULE G, PART III – SCHEDULE OF NONEXEMPT TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2024**

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 001

<u>Identity or Party Involved</u> (a)	<u>Relationship to Plan, Employer or Other Party-In-Interest</u> (b)	<u>Description of Transaction Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u> (c)	<u>Cost of Asset</u> (h)	<u>Current Value of Asset</u> (i)	<u>Net gain (or loss) on each transaction</u> (j)
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	\$ 92,783	\$ 92,783	\$ - #

The Plan Sponsor intends to correct the transaction through the VFCP, including full reimbursement of principal and lost earnings.

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>U.S. Government Agency Securities and</u>		
		<u>U.S. Government Sponsored Corporation Securities</u>		
	KOREAN GOVERNMENT	EXPORT IMPORT BK KOREA 5.125% 09-18-2028	\$ 106,966	\$ 108,570
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD-8199 2.0% 02-01-2052	1,146,001	1,183,245
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD8284 3%01-01-2053 BEO	464,840	478,571
	FNMA	FNMA POOL #FS4919 2.5% 05-01-2053 BEO	244,210	252,969
	FNMA	FNMA POOL #MA5108 6% 08-01-2053 BEO	154,716	155,952
	FNMA	FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES OCTOBER	313,384	313,196
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.0% 30 YEARS SETTLES OCTOBER	1,073,500	1,072,966
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.5% 30 YEARS SETTLES OCTOBER	433,249	433,079
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES OCTOBER	317,675	317,747
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEARS SETTLES OCTOBER	337,041	337,275
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS BILLS 0.00% T-BILL02-20-2025	1,071,452	1,095,142
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	764,422	782,346
	UNITED STATES TREASURY	UNITED STATES TREAS NTS 3.125% DUE 08-31-2029 REG	288,985	296,303
	UNITED STATES TREASURY	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033	1,391,891	1,425,170
			8,108,332	8,252,531
		<u>Common Stock</u>		
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	107,157	159,307
	ATMOS ENENERGY CORP	ATMOS ENERGY CORP COM	217,437	245,791
	BALL CORP	BALL CORP COM	167,276	204,575
	BERKSHIRE HATHAWAY INC	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	201,587	502,572
	CABLE ONE INC	CABLE ONE INC COM	435,566	92,765
	CARMAX INC	CARMAX INC COM	167,830	202,159
	CDN NATIONAL RAILWAYS	CDN NATL RAILWAYS COM NPV	109,392	145,506
	CHOICE HOTELS INTL INC	CHOICE HOTELS INTL INC COM	151,359	267,173
	CINTAS CORP	CINTAS CORP COM	110,475	565,194
	COMPASS GROUP	COMPASS GROUP ORD GBP0.1105	182,328	251,726
	CONSTELLATION SOFTWARE INC	CONSTELLATION SOFT COM STK NPV	311,664	1,103,644
	CONSTELLATION SOFTWARE INC	CONSTELLATION SOFTWARE INC RT	-	-
	COPART INC COM	COPART INC COM	174,237	467,319
	CREDIT ACCEP CORP MICH	CREDIT ACCEP CORP MICH COM	290,451	396,084
	ELEMENT SOLUTION INC	ELEMENT SOLUTION INC COM	182,843	268,710
	EXPEDITORS INTL WASH INC	EXPEDITORS INTL WASH INC COM	312,053	440,450
	FASTENAL CO	FASTENAL CO COM	69,572	186,814
	FIRST CITIZENS BANCSHARES INC	FIRST CTZNS BANCSHARES INC N C CL A CL A	86,775	408,171
	FORTIVE CORP	FORTIVE CORP COM MON STOCK	129,039	160,778
	GRACO INC	GRACO INC COM	198,512	251,050
	IDEX CORP	IDEX CORP COM	181,503	304,352
	IDEXX LABS INC	IDEXX LABS INC COM	95,263	101,561
	LENNOX INTL INC	LENNOX INTL INC COM	176,383	552,418
	MOODYS CORP	LUMINE GROUP INC	-	24,452
	M & T BK CORP	M & T BK CORP COM	380,926	396,541
	MARKEL CORP	MARKEL GROUP INC	367,067	563,439
	METTLER-TOLEDO INTL INC	METTLER-TOLEDO INTL INC COM	95,761	125,200
	MOODYS CORP	MOODYS CORP COM	46,002	159,979
	NVR INC	NVR INC COM STK USD0.01	296,640	981,453
	O REILLY AUTOMATIVE INC	O REILLY AUTOMOTIVE INC NEW COM USD0.01	306,189	349,161
	OLD DOMINION FREIGHT LINE INC	OLD DOMINION FREIGHT LINE INC COM	310,352	342,991
	PACCAR INC	PACCAR INC COM	237,096	487,921
	PROGRESSIVE CORP	PROGRESSIVE CORP OH COM	210,529	662,529
	PUB STORAGE	PUB STORAGE COM	97,696	160,517
	SCHWAB CHARLES CORP	SCHWAB CHARLES CORP COM NEW	141,239	206,497
	SHERWIN-WILLIAMS CO	SHERWIN-WILLIAMS CO COM	139,020	381,190
	TOPICUS COM	TOPICUS COM INC SUB VTG SHS	4,718	50,280
	U-HAUL HOLDING COMPANY	U-HAUL HOLDING COMPANY	120,902	211,885
			6,812,840	12,382,154
		<u>Mutual funds</u>		
	ADVISORS INNER CIRCLE FD	MFO ADVISORS INNER CIRCLE FD EDGEWOOD GROWTH FD INSTL CL	14,368,154	21,489,687
	BLACKROCK	MFO ISHARES MSCI EAFE INTERNATIONAL INST	5,206,353	5,831,672
	VANGUARD	MFO VANGUARD INDEX FUNDS MID CAP INDEX FD ADMIRAL SHS	2,509,801	2,754,002
	VANGUARD	MFO VANGUARD INSTL INDEX FD SH BEN INT	17,172,110	20,224,942
	* SPYGLASS	SPYGLASS GROWTH FUND	5,000,000	5,305,644
			44,256,417	55,605,947

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Collective Trusts</u>		
	GQG PARTNERS	GQG PARTNERS EMERGING MARKET EQUITY CIT	\$ 6,200,000	\$ 9,014,184
*	NORTHERN TRUST COMPANY	NT COLLECTIVE SHORT TERM INVT FD	4,021,609	4,021,609
			<u>10,221,609</u>	<u>13,035,793</u>
		<u>Corporate Bonds and Collateralized Mortgage Obligations</u>		
	AERCAP IRELAND	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028	144,542	149,640
	AMEREN CORP	AMEREN CORP 5.0% 01-15-2029	93,865	96,360
	AMGEN INC	AMGEN INC 5.25% 03-02-2030	96,229	98,410
	AMSR	AMSR 2020-SFR2 TR SINGLE FAMILY RENT PASSTHRU 1.632% 07-17-2037	136,657	141,285
	AMSR	AMSR 2020-SFR4 TR 1.355% 11-17-2037	112,837	116,235
	AMSR	AMSR 2020-SFR5 TR SINGLE FAMILY RENT 1.379% 11-17-2037	105,818	110,475
	ARBOR MLTIFAM	ARBOR MLTIFAM MTG SECS TR 2021-MF3 MTG PASS THRU CTF CL A-2 2.2129% 10-15-2054	87,550	79,420
	AVIS BUDGET RENT	AVIS BUDGET RENT 4.62% DUE 02-20-2027	119,722	119,411
	AVIS BUDGET RENT	AVIS BUDGET RENT 5.78% DUE 04-20-2028	64,990	66,427
	BANK AMER CORP	BANK OF AMERICA CORPORATION 2.551% 02-04-2028	79,078	81,059
	BANK AMER CORP	BANK OF AMERICA CORPORATION 5.08% DUE 01-20-2027	170,000	170,728
	BBCMS MTG	BBCMS MTG TR 2023-C20 COML MTG PASSTHRU CTF CL 5.86199998856% 07-15-2056	36,572	37,040
	BENCHMARK	BENCHMARK 2020-B17 1.2817% DUE 03-15-2053	9,746	9,798
	BENCHMARK	BENCHMARK 2020-B21 FLTGT RT .5373% DUE 12-17-2053	21,191	20,872
	BENCHMARK	BENCHMARK 2023-V3 MTG TR MTG PASS THRU CTF CL A-1 5.9567% 07-15-2056	25,044	25,410
	BORGWARNER INC	BORGWARNER INC 4.95% 08-15-2029	69,853	70,681
	BRISTOL MYERS SQUIBB	BRISTOL MYERS SQUIBB CO 4.9% 02-22-2027	64,930	66,037
	CITIGROUP	CITIGROUP COML MTG 2.646% DUE 07-10-2049	103,538	105,622
	CITIGROUP	CITIGROUP INC 2.561% DUE 05-01-2032 BEO	174,493	181,908
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 04-25-2051	150,821	155,776
	CITIGROUP	CITIGROUP MTG LN FLTGT RT 2.5% DUE 05-25-2051	199,110	205,147
	CITIGROUP	CITIGROUP MTG LN FLTGT RT 3% DUE 02-25-2052	73,963	76,838
	CITIGROUP	CMO CITIGROUP COML MTG TR SER 20-GC46 CL A1 1.846% 01-15-2053 REG	4,089	4,083
	CSAIL	CMO CSAIL COML MTG TR SRS 20-C19 CL A1 1.2955% DUE 03-15-2053 REG	16,153	16,170
	CSMC	CMO CSMC 2018-J1 TR CL A-2 FLTGE 02-01-2048	149,588	155,643
	MORGAN STANLEY	CMO MORGAN STANLEY CAP I TR SER 21-L7 CL A1 .881% 08-15-2026	168,653	161,057
	MSWF	CMO MSWF COML MTG TR SR 23-1 CL A1 VAR 01-15-2028	22,300	22,473
	STRUCTURED ASSET SECS CORP	CMO STRUCTURED AST SECS CORP 2001-SB1 MTG PASSTHRU CTF CL A2 3.375 08-25-2031	581	741
	WELLS FARGO	CMO WELLS FARGO COML MTG TR SRS 20-C57 CL A1 .903% DUE 08-15-2053	12,406	12,036
	CNH INDUSTRIAL CAPITAL	CNH INDL CAP LLC 5.1% 04-20-2029	114,425	117,254
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.9% 02-15-2029	135,173	138,090
	CORPORATE OFFICE	CORPORATE OFFICE PPTYS L P 2.0% 01-15-2027	163,508	171,502
	CUMMINS INC	CUMMINS INC 4.9% 02-20-2029	55,252	56,349
	DTE ELECTRIC	DTE ELECTRIC COMP 1.9% DUE 04-01-2028	93,637	96,595
	DUKE ENERGY PROGRESS	DUKE ENERGY PROGRESS LLC 3.7% 09-01-2028	95,085	97,779
	ENERGY TRANSFER LP	ENERGY TRANSFER LP 5.25% 07-01-2029	29,939	30,706
	FIRSTKEY HOMES	FIRSTKEY HOMES 2.135% DUE 12-17-2038	163,656	166,877
	FLAGSTAR MORTGAGE	FLAGSTAR MTG TR 2021-4 MTG PASSTHRU CTF CL A-1 2.5% 06-01-2051	52,199	54,433
	FLORIDA POWER & LIGHT	FLORIDA PWR & LT CO 5.15% 06-15-2029	49,916	51,775
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 5.8% 03-05-2027	69,915	71,059
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 6.05% 03-05-2031	85,526	87,360
	GA GLOBAL FDG	GA GLOBAL FDG TR 1.625% DUE 01-15-2026	59,931	57,447
	GENERAL MOTORS	GENERAL MTRS FINL CO INC 2.7% DUE 08-20-2027 REG	124,515	128,017
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.727% 04-25-2030	100,000	104,223
	GS MTG BACKED	GS MTG BACKED SECS TR 2023-PJ4 MTG BKD NT CL A-15 144A 6% 01-25-2054	47,727	48,703
	GUARDIAN GLOBAL	GUARDIAN LIFE GLOBAL FDG SR SECD TRANCHE# SR 00025 1.25% 11-19-2027	136,574	140,465
	HALEON US CAPITAL	HALEON US CAPITAL LLC 3.375% 03-24-2027	153,141	156,101
	HERTZ VEH FING III	HERTZ VEH FING III 2.33% DUE 06-26-2028	82,406	84,160
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-1 RENT CAR AST BKD NT 1.21% 12-26-2025	72,704	72,705
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-2 RENT CAR AST BKD NT 1.68% 12-27-2027	238,355	252,320
	HOME DEPOT	HOME DEPOT INC FIXED 4.85% 06-25-2031	99,292	102,401
	HOME PARTNERS	HOME PARTNERS AMER 1.901% DUE 12-17-2026	79,267	81,924
	HONDA AUTO	HONDA AUTO 5.48% DUE 11-18-2026	179,997	180,841
	HSBC HOLDINGS	HSBC HLDGS PLC FLTGT RT 5.887% DUE 08-14-2027	75,000	76,572
	INVITATION HOMES	INVITATION HOMES 4% DUE 09-17-2041	33,584	33,736
	JP MORGAN	J P MORGAN MTG TR 2021-1 MTG PASS THRU CTF CL A-3 2.5% 06-25-2051	153,371	158,149
	JP MORGAN	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051	152,339	156,699
	JP MORGAN	J P MORGAN MTG TR 2021-6 MTG PASS THRU CTF CL A-6 2.5% 10-25-2051	153,435	156,200
	JETBLUE	JETBLUE AIRWAYS CORPORATION 4.0% 11-15-2032	35,696	36,236

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	JP MORGAN	JPMORGAN CHASE & CO 5.012% 01-23-2030	\$ 84,714	\$ 86,473
	JP MORGAN	JPMORGAN CHASE & CO 5.04% 01-23-2028	100,000	101,201
	KROGER	KROGER CO 4.9% 09-15-2031	99,961	99,925
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES INC 5.25% 06-01-2031	69,621	72,029
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES INC 5.4% 07-31-2033	125,054	128,861
	MELLOW MORTGAGE	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	166,611	170,925
	MITSUBISHI	MITSUBISHI UFJ 1.538% DUE 07-20-2027	78,291	80,224
	MORGAN STANLEY	MORGAN STANLEY 3.875% DUE 01-27-2026	78,204	79,145
	MORGAN STANLEY	MORGAN STANLEY BK AMER MERRILL COML MTG PASSTHRU CTF CL 3.28% 10-15-2048	48,224	53,327
	NISSAN AUTO	NISSAN AUTO FLTGT RT 5.15757% DUE 05-15-2026	123,408	123,486
	OBX	OBX 2021-INV2 TR FLTGT RT 2.5% DUE 10-25-2051	35,696	37,501
	OGE ENERGY	OGE ENERGY CORP 5.45% 05-15-202	69,908	72,439
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.2% DUE 04-17-2039	13,840	14,051
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR2 TR SINGLE-FAMILY RENT PASS 1.546 04-19-2038	90,176	92,542
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLEFAMILY RENT PASS 1.427% 07-17-2038	26,403	27,288
	PSMC	PSMC 2021-2 TR FLTGT RT 2.5% DUE 05-25-2051	154,236	157,706
	ALASKA AIR	PVTPL AK AIRLS 2020-1 PASS-THRU TR 4.8% DUE 02-15-2029	50,090	51,173
	AMERICAN HOMES	PVTPL AMERICAN HOMES 4 RENT 2015-SFR1 A 3.467% DUE 04-17-2045	185,655	190,475
	AMSR	PVTPL AMSR 2020-SFR1 SR 20-SFR1 CL A 1.819% 04-17-2025	213,592	219,838
	AVIS BUDGET RENT	PVTPL AVIS BUDGET RENT CAR FDG AESOP LLC SER 20-1A CL A 2.33% DUE 08-20-2026	121,418	127,188
	BRITISH AIR	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036	66,172	67,205
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2021-10 VAR RT DUE 12-25-2051 BEO	28,843	29,456
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-4 SR 22-4 CL A3 FLTGT RT 10-25-2052	97,132	100,085
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-8 SER 22-8 CL A3 VAR RT DUE 01-25-2053	23,052	23,657
	TOWD PT MTG	PVTPL CMO TOWD PT MTG TR 2021-SJ2 SER 21-SJ2 CL A1A VAR RT DUE 03-25-2059	41,484	40,245
	COREVEST	PVTPL COREVEST AMERN FIN 2019-3 TR SER 19-3 CLS A 2.772% DUE 10-15-2052 BEO	73,988	74,556
	EQUITABLE FINANCIAL	PVTPL EQUITABLE FINL LIFE GLOBAL FDG SR SEC D M 1.4% DUE 07-07-2025 REG	82,101	82,551
	ERAC USA FINANCE	PVTPL ERAC USA FINANCE LLC 4.6% 05-01-2028	54,794	55,235
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR1 TR 1.339% 09/17/2025 1.339% DUE 08-17-2037 BEO	44,860	46,074
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR2 TRUST SER20-SFR2 CL A 1.266% 10-19-2037	51,608	52,456
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 20SER 21 SFR1 CL A 1.538% 08-17-2038	102,782	102,911
	HERTZ VEH FING III	PVTPL HERTZ VEH FING III LLC SR 23-4A CL A 6.15% 03-25-2030	72,461	72,905
	HOME PARTNERS	PVTPL HOME PARTNERS AMER 2019-1 TR SER 2019-1 CLS A 2.908% 09-17-2039	39,693	40,146
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 20-2 CL A 1.532% 01-17-2041	63,947	67,719
	HYUNDAI	PVTPL HYUNDAI CAP AMER 1.8% 01-10-2028	96,888	100,031
	INVITATION HOMES	PVTPL INVITATION HOMES SER 2018-SFR4 CL A FLTGT 01-17-2028	140,500	140,851
	JP MORGAN	PVTPL J P MORGAN MTG TR SER 18-5 CL A1 VAR 10-25-2048	27,204	28,372
	JACKSON NATIONAL LIFE GLOBAL	PVTPL JACKSON NATL LIFE GLOBAL FDG SEC D 4/29/2016 3.05% DUE 04-29-2026	113,181	102,007
	MET TOWER GLOBAL	PVTPL MET TOWER GLOBAL FDG 1.25% 09-14-2026	119,890	112,587
	METROPOLITAN EDISON	PVTPL METROPOLITAN EDISON CO 5.2% 04-01-2028	60,088	61,007
	NEW YORK LIFE	PVTPL NEW YORK LIFE GLOBAL FDG 1.85% 08-01-2031	60,106	62,641
	NEW YORK LIFE	PVTPL NEW YORK LIFE GLOBAL FDG 5.0% 01-09-2034	103,445	106,689
	UBS GROUP	PVTPL UBS GROUP AG 4.751% DUE 05-12-2028BEO	141,971	145,009
	REALTY INCOME CORP	REALTY INCOME CORP FIXED 4.85% DUE 03-15-2030	143,035	147,032
	RTX	RTX CORPORATION 1.9% 09-01-2031	64,158	66,799
	SEQUOIA	SEQUOIA MTG TR 2.5% DUE 01-25-2052	152,687	157,405
	SEQUOIA	SEQUOIA MTG TR 2023-5 MTG PASS THRU CTF CL A-10 6% 12-25-2053	153,399	153,923
	SOUTHERN	SOUTHERN CO 4.85% 06-15-2028	69,603	71,030
	SOUTHERN	SOUTHERN CO 5.5% 03-15-2029	106,793	109,301
	STAR	STAR 2022-SFR3 TR FLTGT RT 6.04709% DUE 05-17-2039	202,149	202,800
	TOWD PT MTG	TOWD PT MTG TR 2021-SJ1 MTG PASS THRU CTF CL A1 2.25% 07-25-2068	102,469	96,416
	TRICON	TRICON AMERN HOMES 2020-SFR2 TR 1.482% 11-17-2039	193,931	199,766
	TRICON	TRICON RESDNTL 4.75% DUE 06-17-2040	77,242	79,667
	UBS COMMERCIAL	UBS COML MTG TR SR 2017-C2 CL ASB 3.264% 08-15-2050	65,903	67,138
	UNITED AIRLINES	UNITED AIRLINES 2019-1A 2.7% 11-01-2033	225,143	232,710
	UNITED HEALTH	UNITEDHEALTH GROUP INC 4.8% 01-15-2030	94,943	96,975
	UPMC	UPMC 3.6% DUE 04-03-2025	243,826	238,128
	VIATRIS	VIATRIS INC SR NT 2.3% 06-22-2027	86,339	88,803
	WEC ENERGY	WEC ENERGY GROUP FIXED 2.2% DUE 12-15-2028	92,318	95,802
	WELLS FARGO	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK3.526% 03-24-2028	152,302	155,796
	WELLS FARGO	WELLS FARGO COML 2.674% DUE 07-15-2048	129,577	132,286
	WELLS FARGO	WELLS FARGO COML 3.29% DUE 05-15-2048	88,972	92,631
	WESTERN UNION	WESTERN UN CO FIXED 1.35% DUE 03-15-2026	87,730	90,030
			11,773,695	11,998,090

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Hedge Funds</u>		
* CANYON VALUE REALIZATION		CASH HELD AT CANYON VALUE	\$ 60,146	\$ 60,146
* ETON PARK		CF ETON PARK A1 0704 FD	382	804
* VIKING GLOBAL EQUITY LTD		CF VIKING GLOBAL EQ III LTD CL H/IE	2,347,723	11,182,870
* SCULPTOR OVERSEAS LTD		SCULPTOR OVERSEAS INSTITUTIONAL FUND LTD.	74	5,982
			<u>2,408,325</u>	<u>11,249,802</u>
		<u>Partnerships/Joint Venture Interests</u>		
* DAVIDSON KEMPNER		DAVIDSON KEMPNER INSTL PARTNERS	5,000,000	8,968,931
* ECHO STREET GOOD COMPANY		ECHO STREET GOODCO SELECT II LP	1	1
* FARALLON		FARALLON CAPITAL INSTL PTRS	5,000,000	7,584,678
* FARALLON		FARALLON EQUITY PARTNERS LP	12,700,000	23,723,760
* OAKTREE GLOBAL		OAKTREE GLOBAL CREDIT PLUS FUND FEEDER CAYMAN	14,530,020	15,279,230
* SAMILYN		SAMLYN ONSHORE FUND	9,000,000	10,405,481
* SHERIDAN		SHERIDAN SQUARE FUND LP	4,200,000	5,023,175
* SOROBAN		SOROBAN DECARBONIZATION BENEFICIARIES FUND LLC	449	7,501
* CHILDREN'S		THE CHILDREN'S INVESTMENT FUND (ONSHORE)	5,100,000	6,615,120
* WCM		WCM FOCUSED INTERNATIONAL GROWTH FUND LP	3,700,000	5,484,396
			<u>59,230,470</u>	<u>83,092,273</u>
			<u>\$ 142,811,688</u>	<u>\$ 195,616,590</u>

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab

Employer Identification Number: 36-2256036

Three-Digit Plan Number: 001

Identity or Party <u>Involved</u> (a)	<u>Description of Asset</u> (b)		Purchase <u>Price</u> (c)	Selling <u>Price</u> (d)	Cost <u>of Asset</u> (g)	Current Value of Asset on <u>Transaction Date</u> (h)	Net Gain/ <u>Loss</u> (i)
<i>Category (i) – A single transaction in excess of 5% of beginning Plan assets</i>							
Oaktree Global	Credit Plus Fund	Purchases	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
Northern Trust Company	Short Term Investment Fund	Purchases	10,000,429	-	10,000,429	10,000,429	-
Northern Trust Company	Short Term Investment Fund	Purchases	16,990,747	-	16,990,747	16,990,747	-
Vanguard	Institutional Index Fund	Purchases	16,500,000	-	16,500,000	16,500,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	9,962,906	9,962,906	9,962,906	-
Northern Trust Company	Short Term Investment Fund	Sales	-	10,000,000	10,000,000	10,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	16,500,000	16,500,000	16,500,000	-
Echo Street Good Company	Select II Fund	Sales	-	14,199,999	14,199,999	14,199,999	-

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab

Employer Identification Number: 36-2256036

Three-Digit Plan Number: 001

Identity or Party <u>Involved</u> (a)	<u>Description of Asset</u> (b)		Purchase <u>Price</u> (c)	Selling <u>Price</u> (d)	Cost <u>of Asset</u> (g)	Current Value of Asset on <u>Transaction Date</u> (h)	Net Gain/ <u>Loss</u> (i)
<i>Category (iii) – A series of transactions in excess of 5% of beginning Plan assets</i>							
Oaktree Global	Credit Plus Fund	Purchases	\$ 15,000,000	\$ -	\$ 15,000,000	\$ 15,000,000	\$ -
Oaktree Global	Credit Plus Fund	Sales	-	469,980	469,980	469,980	-
Vanguard	Institutional Index Fund	Purchases	17,172,110	-	17,172,110	17,172,110	-
Northern Trust Company	Short Term Investment Fund	Purchases	80,448,398	-	80,448,398	80,448,398	-
Northern Trust Company	Short Term Investment Fund	Sales	-	77,931,968	77,931,968	77,931,968	-

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of September 1, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	2						
35-39		17	4	12	4					
40-44	1	23 \$89,539	21 \$71,720	15	16	1				
45-49		14	4	18	11	12	1			
50-54		7	7	16	13	16	5			
55-59	2	3	3	17	12	12	11	7	1	
60-64		1	5	9	10	16	20 \$110,237	15	3	
65-69				3	9	10	4	8	3	5
70+				3	2	1		1	1	

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Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2023), without regard to interest rate stabilization

1st Segment Rate	2.85%
2nd Segment Rate	4.02%
3rd Segment Rate	4.19%

Salary Increases

Minimum Funding Target Normal Cost See Table 1

Maximum Tax Expected Benefit Increase See Table 1

Social Security Wage Base Increase

Future wage indices are based on a national wage increase of 3.50% per year

Mortality Rates

Healthy 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22

Disabled Revenue Ruling 96-7 mortality table for disability after December 31, 1994

Retirement Age

Active Participants See Table 2

Terminated Vested Participants See Table 3

Withdrawal Rates See Table 4

Disability Rates See Table 5

Decrement Timing Middle-of-year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation 2022 calendar year pension compensation

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year

6.25%, limited to 6.11%

2022 Plan Year

7.00%, limited to 5.92%

2023 Plan Year

7.00%, limited to 5.74%

Trust Expenses Included in Target Normal Cost

\$519,774. Based on average of the prior two year's actual plan administrative expense (excluding PBGC premiums) plus the estimated PBGC premiums for the current year.

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2023

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
Under 30	5.00%		
30	4.50%	50	3.50%
31	4.50%	51	3.50%
32	4.50%	52	3.50%
33	4.50%	53	3.50%
34	4.50%	54	3.50%
35	4.50%	55	3.50%
36	4.50%	56	3.50%
37	4.50%	57	3.50%
38	4.50%	58	3.50%
39	4.50%	59	3.50%
40	4.00%	60	3.00%
41	4.00%	61	3.00%
42	4.00%	62	3.00%
43	4.00%	63	3.00%
44	4.00%	64	3.00%
45	4.00%	65+	3.00%
46	4.00%		
47	4.00%		
48	4.00%		
49	4.00%		

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Table 2

Retirement Rates – Active Participants

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	6.00%
62	6.00%
63	12.00%
64	15.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Table 3

Retirement Rates – Terminated Vested Participants

Age	Rate
55	1.50%
56	1.50%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	9.00%
63	3.00%
64	30.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Table 4

Withdrawal Rates

Age	Rate
Under 30	20.00%
30	14.00%
31	14.00%
32	14.00%
33	14.00%
34	14.00%
35	10.00%
36	10.00%
37	10.00%
38	10.00%
39	10.00%
40+	8.00%

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Table 5

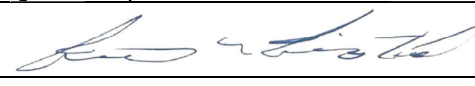
Disability Rates

Age	Male	Female
Under 50	0.0000%	0.0000%
50	0.0825%	0.1000%
51	0.0975%	0.1100%
52	0.1150%	0.1225%
53	0.1325%	0.1350%
54	0.1525%	0.1475%
55	0.1725%	0.1600%
56	0.1925%	0.1725%
57	0.2150%	0.1850%
58	0.2375%	0.2000%
59	0.2625%	0.2125%
60	0.2875%	0.2250%
61	0.3150%	0.2400%
62	0.3450%	0.2525%
63	0.3775%	0.2625%
64	0.4100%	0.2725%
65+	0.0000%	0.0000%

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide 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) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1964
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) Rehabilitation Institute of Chicago dba Shirley Ryan AbilityLab 355 E. Erie Street Chicago IL 60611-3015
2b	Employer Identification Number (EIN) 36-2256036
2c	Plan Sponsor's telephone number 312-238-1000
2d	Business code (see instructions) 622000

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		6/13/2025	Marcos DeLeon
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/16/2025	Jonathan Tingstad
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																						
4 If the name and/or EIN of the plan sponsor 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 SHIRLEY RYAN ABILITYLAB c Plan Name RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	4b EIN 36-2256036 4d PN 001																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">1,725</td> </tr> </table>	5	1,725																				
5	1,725																						
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) 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.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">438</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">412</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">762</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">454</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">1,628</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">75</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">1,703</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">1</td> </tr> </table>			6a(1)	438	6a(2)	412	6b	762	6c	454	6d	1,628	6e	75	6f	1,703	6g(1)		6g(2)		6h	1
6a(1)	438																						
6a(2)	412																						
6b	762																						
6c	454																						
6d	1,628																						
6e	75																						
6f	1,703																						
6g(1)																							
6g(2)																							
6h	1																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																					
7																							
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I																							

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)
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RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab

Employer Identification Number: 36-2256036

Three-Digit Plan Number: 001

Identity or Party <u>Involved</u> (a)	<u>Description of Asset</u> (b)		Purchase <u>Price</u> (c)	Selling <u>Price</u> (d)	Cost <u>of Asset</u> (g)	Current Value of Asset on <u>Transaction Date</u> (h)	Net Gain/ <u>Loss</u> (i)
<i>Category (i) – A single transaction in excess of 5% of beginning Plan assets</i>							
Oaktree Global	Credit Plus Fund	Purchases	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
Northern Trust Company	Short Term Investment Fund	Purchases	10,000,429	-	10,000,429	10,000,429	-
Northern Trust Company	Short Term Investment Fund	Purchases	16,990,747	-	16,990,747	16,990,747	-
Vanguard	Institutional Index Fund	Purchases	16,500,000	-	16,500,000	16,500,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	9,962,906	9,962,906	9,962,906	-
Northern Trust Company	Short Term Investment Fund	Sales	-	10,000,000	10,000,000	10,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	16,500,000	16,500,000	16,500,000	-
Echo Street Good Company	Select II Fund	Sales	-	14,199,999	14,199,999	14,199,999	-

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 001

Identity or Party Involved (a)	Description of Asset (b)		Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain/ Loss (i)
<i>Category (iii) – A series of transactions in excess of 5% of beginning Plan assets</i>							
Oaktree Global	Credit Plus Fund	Purchases	\$ 15,000,000	\$ -	\$ 15,000,000	\$ 15,000,000	\$ -
Oaktree Global	Credit Plus Fund	Sales	-	469,980	469,980	469,980	-
Vanguard	Institutional Index Fund	Purchases	17,172,110	-	17,172,110	17,172,110	-
Northern Trust Company	Short Term Investment Fund	Purchases	80,448,398	-	80,448,398	80,448,398	-
Northern Trust Company	Short Term Investment Fund	Sales	-	77,931,968	77,931,968	77,931,968	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Shirley Ryan AbilityLab	D Employer Identification Number (EIN) 36-2256036
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 09 Day 01 Year 2023			
2 Assets:			
a Market value.....		2a	165,848,392
b Actuarial value		2b	173,655,608
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	806	72,765,585	72,765,585
b For terminated vested participants.....	481	27,062,039	27,062,039
c For active participants.....	438	65,978,537	66,025,403
d Total	1,725	165,806,161	165,853,027
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.29%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	3,591,770
b Expected plan-related expenses		6b	519,774
c Target normal cost.....		6c	4,111,544

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Katlyn LaCroix 	06/03/2025
Signature of actuary		Date
KATLYN LACROIX		2309124
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		312-381-1000
Firm name		Telephone number (including area code)
MSC# 17510 PO Box 551343 Atlanta GA 30355		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.78 %</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47 %</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		14	15	16	17
14	Funding target attainment percentage			104.70 %	
15	Adjusted funding target attainment percentage			104.70 %	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....			110.79 %	
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.				%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/08/2024	5,000,000	0			
Totals ▶			18(b)	5,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 4,827,011
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	4,111,544	
b Excess assets, if applicable, but not greater than line 31a	31b	4,111,544	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,827,011	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,827,011	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 9/1/2023 at 5.29%	Interest Adjusted Contribution
May 8, 2024	\$ 5,000,000	250	\$ 4,827,011
Total Contribution	\$ 5,000,000		\$ 4,827,011

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	6.00%	0.8836	3.05
58.5	6.00%	0.8306	2.92
59.5	6.00%	0.7807	2.79
60.5	6.00%	0.7339	2.66
61.5	6.00%	0.6899	2.55
62.5	6.00%	0.6485	2.43
63.5	12.00%	0.6096	4.64
64.5	15.00%	0.5364	5.19
65.5	30.00%	0.4560	8.96
66.5	25.00%	0.3192	5.31
67.5	25.00%	0.2394	4.04
68.5	25.00%	0.1795	3.07
69.5	40.00%	0.1346	3.74
70	100.00%	0.0808	5.66
Weighted Average			63.53

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 26b — Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	725,442	481,016	6,749,273	7,955,731
2024	1,398,000	1,461,766	6,718,169	9,577,935
2025	2,007,331	1,582,494	6,558,683	10,148,508
2026	2,635,597	931,199	6,320,505	9,887,301
2027	3,163,505	1,075,877	6,166,783	10,406,165
2028	3,575,055	1,185,013	5,987,750	10,747,818
2029	3,912,410	1,368,207	5,809,717	11,090,334
2030	4,236,426	1,519,022	5,630,481	11,385,929
2031	4,491,758	1,637,007	5,439,709	11,568,474
2032	4,660,906	1,748,747	5,236,502	11,646,155
2033	4,825,894	1,780,459	5,037,890	11,644,243
2034	5,003,329	1,849,346	4,822,020	11,674,695
2035	5,124,862	1,934,232	4,594,093	11,653,187
2036	5,216,330	2,042,986	4,356,620	11,615,936
2037	5,309,948	2,060,481	4,110,722	11,481,151
2038	5,390,712	2,068,751	3,856,421	11,315,884
2039	5,451,181	2,126,386	3,593,239	11,170,806
2040	5,486,131	2,181,552	3,323,320	10,991,003
2041	5,515,516	2,185,979	3,049,021	10,750,516
2042	5,451,211	2,240,793	2,772,822	10,464,826
2043	5,508,618	2,228,249	2,497,648	10,234,515
2044	5,439,442	2,213,812	2,226,809	9,880,063
2045	5,297,819	2,167,247	1,963,790	9,428,856
2046	5,212,444	2,110,541	1,712,058	9,035,043
2047	5,070,953	2,056,501	1,474,832	8,602,286
2048	4,866,431	1,987,989	1,254,831	8,109,251
2049	4,698,202	1,917,436	1,054,219	7,669,857
2050	4,467,537	1,834,036	874,480	7,176,053
2051	4,243,394	1,740,644	716,290	6,700,328
2052	3,987,616	1,647,094	579,539	6,214,249
2053	3,725,419	1,547,902	463,424	5,736,745
2054	3,478,479	1,450,302	366,590	5,295,371
2055	3,224,852	1,349,539	287,281	4,861,672
2056	2,977,927	1,250,059	223,469	4,451,455
2057	2,740,752	1,152,580	173,011	4,066,343

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	2,513,638	1,057,772	133,775	3,705,185
2059	2,298,013	966,223	103,752	3,367,988
2060	2,094,362	878,403	81,124	3,053,889
2061	1,902,351	794,656	64,309	2,761,316
2062	1,721,953	715,237	51,968	2,489,158
2063	1,552,797	640,326	43,009	2,236,132
2064	1,394,409	570,037	36,556	2,001,002
2065	1,246,298	504,420	31,931	1,782,649
2066	1,108,045	443,471	28,618	1,580,134
2067	979,320	387,154	26,230	1,392,704
2068	859,896	335,430	24,483	1,219,809
2069	749,608	288,272	23,173	1,061,053
2070	648,329	245,623	22,149	916,101
2071	555,967	207,385	21,306	784,658
2072	472,406	173,428	20,570	666,404

**RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO**

**SCHEDULE G, PART III – SCHEDULE OF NONEXEMPT TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2024**

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 001

<u>Identity or Party Involved</u> (a)	<u>Relationship to Plan, Employer or Other Party-In-Interest</u> (b)	<u>Description of Transaction Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u> (c)	<u>Cost of Asset</u> (h)	<u>Current Value of Asset</u> (i)	<u>Net gain (or loss) on each transaction</u> (j)
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	\$ 92,783	\$ 92,783	\$ - #

The Plan Sponsor intends to correct the transaction through the VFCP, including full reimbursement of principal and lost earnings.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

The plan was established October 1, 1964. The latest restatement was on September 1, 2006 with the most recent amendment effective June 23, 2022.

Eligibility for Participation

The later of age 21 and one year of eligibility service. Employees hired on or after November 1, 2012 shall not be eligible for the plan.

Normal Retirement**Eligibility**

Age 65.

Benefit

A monthly benefit equal to 1/12 of the sum of 1.26% of final average earnings and 0.62% of final average earnings over covered compensation for each year of credited service up to a maximum of 25 years.

This benefit is subject to a minimum of the greatest of (a), (b), and (c):

(a) The participant's accrued benefit as of August 31, 1989.

(b) The participant's past service and future service retirement income credits as of December 31, 1979.

(c) The participant's minimum annuity as of December 31, 1979.

Early Retirement**Eligibility**

Age 55 and 10 years of credited service.

Benefit

A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. If payments begin before the normal retirement date, the payments are reduced ½% for each month retirement precedes age 65.

Disability Retirement**Eligibility**

Active as of December 31, 2012 and has attained age 50 and 10 years of credited service.

Benefit

A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. If it is found that the participant is no longer disabled before his normal retirement date, the disability retirement annuity will be terminated.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Vested Termination Benefits

Eligibility

Five years of vesting service.

Benefit

A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. Payments may begin any time after eligibility for early retirement, with the benefit reduced by $\frac{1}{2}\%$ for each month commencement precedes age 65.

Spouse's Benefit

Eligibility

After being married for one year, after becoming vested, and before receiving any benefits under the plan.

Benefit

A monthly benefit payable to a surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired on the day before death with a joint and 50% survivor benefit. This benefit is payable to beneficiaries of both active and terminated vested employees.

Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse.

Optional Forms of Annuity

Life annuity; joint and survivor (50%, 75%, or 100%); Social Security adjustment option; 10-year certain and life.

Limited Lump-Sum Distribution Window

Effective June 1, 2021, an amendment was made to allow terminated vested participants under age 65 who terminated prior to May 1, 2021 to elect a lump-sum as part of a limited lump-sum distribution window from June 1, 2021 through July 16, 2021.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Defintions

Actuarial Equivalence	For benefits not subject to 417(e): A benefit of equivalent value based on factors obtained by a 25% male/75% female weighting of annuity values derived using the RP2000 Combined Healthy Participant Table, and an interest rate of 6% per annum, compounded annually.
Covered Compensation	The average of the contribution and benefit bases in effect under Section 230 of the Social Security Act for each year in the 35-year period ending with the year in which the employee attains Social Security retirement age.
Earnings	Total earnings, including bonuses, overtime, commissions, and contributions to section 125, 132(f) (4), 402(e)(3), 402(h), and 403(b) plans.
Final Average Earnings	Average earnings in the highest-paid five consecutive calendar years within the last 10 completed calendar years of employment or all calendar years if less than five years. For all employees who elected to join the defined contribution plan, the last completed calendar year for purposes of this calculation will be 2012.
Year of Eligibility Service	Twelve-month period ending on the first anniversary of employment in which 1,000 hours were completed or if 1,000 hours were not completed the first 12 months of employment, any subsequent calendar year during which 1,000 hours are completed.
Year of Credited Service	
Salaried Employees	One-twelfth of a year for each month the participant is employed. For all employees who elected to join the defined contribution plan, the last month for purposes of this calculation will be December 2012.
Hourly Employees	For employment prior to December 31, 2001, one-twelfth of a year for each month the participant is employed. Effective January 1, 2002, a calendar year in which 1,000 hours are completed. For all employees who elected to join the defined contribution plan, the last month for purposes of this calculation will be December 2012.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Year of Vesting Service

Salaried Employees

One complete year for each 12 months the participant is employed.

Hourly Employees

For employment prior to December 31, 2001, one complete year for each 12 months the participant is employed. Effective January 1, 2002, a calendar year in which 1,000 hours are completed.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Due to an internal change in assignments at Aon Consulting, Inc., the Enrolled Actuary has changed from Cory Nanus to Katlyn LaCroix.

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>U.S. Government Agency Securities and</u>		
		<u>U.S. Government Sponsored Corporation Securities</u>		
	KOREAN GOVERNMENT	EXPORT IMPORT BK KOREA 5.125% 09-18-2028	\$ 106,966	\$ 108,570
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD-8199 2.0% 02-01-2052	1,146,001	1,183,245
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD8284 3%01-01-2053 BEO	464,840	478,571
	FNMA	FNMA POOL #FS4919 2.5% 05-01-2053 BEO	244,210	252,969
	FNMA	FNMA POOL #MA5108 6% 08-01-2053 BEO	154,716	155,952
	FNMA	FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES OCTOBER	313,384	313,196
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.0% 30 YEARS SETTLES OCTOBER	1,073,500	1,072,966
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.5% 30 YEARS SETTLES OCTOBER	433,249	433,079
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES OCTOBER	317,675	317,747
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEARS SETTLES OCTOBER	337,041	337,275
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS BILLS 0.00% T-BILL02-20-2025	1,071,452	1,095,142
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	764,422	782,346
	UNITED STATES TREASURY	UNITED STATES TREAS NTS 3.125% DUE 08-31-2029 REG	288,985	296,303
	UNITED STATES TREASURY	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033	1,391,891	1,425,170
			8,108,332	8,252,531
		<u>Common Stock</u>		
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	107,157	159,307
	ATMOS ENERGERY CORP	ATMOS ENERGY CORP COM	217,437	245,791
	BALL CORP	BALL CORP COM	167,276	204,575
	BERKSHIRE HATHAWAY INC	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	201,587	502,572
	CABLE ONE INC	CABLE ONE INC COM	435,566	92,765
	CARMAX INC	CARMAX INC COM	167,830	202,159
	CDN NATIONAL RAILWAYS	CDN NATL RAILWAYS COM NPV	109,392	145,506
	CHOICE HOTELS INTL INC	CHOICE HOTELS INTL INC COM	151,359	267,173
	CINTAS CORP	CINTAS CORP COM	110,475	565,194
	COMPASS GROUP	COMPASS GROUP ORD GBP0.1105	182,328	251,726
	CONSTELLATION SOFTWARE INC	CONSTELLATION SOFT COM STK NPV	311,664	1,103,644
	CONSTELLATION SOFTWARE INC	CONSTELLATION SOFTWARE INC RT	-	-
	COPART INC COM	COPART INC COM	174,237	467,319
	CREDIT ACCEP CORP MICH	CREDIT ACCEP CORP MICH COM	290,451	396,084
	ELEMENT SOLUTION INC	ELEMENT SOLUTION INC COM	182,843	268,710
	EXPEDITORS INTL WASH INC	EXPEDITORS INTL WASH INC COM	312,053	440,450
	FASTENAL CO	FASTENAL CO COM	69,572	186,814
	FIRST CITIZENS BANCSHARES INC	FIRST CTZNS BANCSHARES INC N C CL A CL A	86,775	408,171
	FORTIVE CORP	FORTIVE CORP COM MON STOCK	129,039	160,778
	GRACO INC	GRACO INC COM	198,512	251,050
	IDEX CORP	IDEX CORP COM	181,503	304,352
	IDEXX LABS INC	IDEXX LABS INC COM	95,263	101,561
	LENNOX INTL INC	LENNOX INTL INC COM	176,383	552,418
	MOODYS CORP	LUMINE GROUP INC	-	24,452
	M & T BK CORP	M & T BK CORP COM	380,926	396,541
	MARKEL CORP	MARKEL GROUP INC	367,067	563,439
	METTLER-TOLEDO INTL INC	METTLER-TOLEDO INTL INC COM	95,761	125,200
	MOODYS CORP	MOODYS CORP COM	46,002	159,979
	NVR INC	NVR INC COM STK USD0.01	296,640	981,453
	O REILLY AUTOMATIVE INC	O REILLY AUTOMOTIVE INC NEW COM USD0.01	306,189	349,161
	OLD DOMINION FREIGHT LINE INC	OLD DOMINION FREIGHT LINE INC COM	310,352	342,991
	PACCAR INC	PACCAR INC COM	237,096	487,921
	PROGRESSIVE CORP	PROGRESSIVE CORP OH COM	210,529	662,529
	PUB STORAGE	PUB STORAGE COM	97,696	160,517
	SCHWAB CHARLES CORP	SCHWAB CHARLES CORP COM NEW	141,239	206,497
	SHERWIN-WILLIAMS CO	SHERWIN-WILLIAMS CO COM	139,020	381,190
	TOPICUS COM	TOPICUS COM INC SUB VTG SHS	4,718	50,280
	U-HAUL HOLDING COMPANY	U-HAUL HOLDING COMPANY	120,902	211,885
			6,812,840	12,382,154
		<u>Mutual funds</u>		
	ADVISORS INNER CIRCLE FD	MFO ADVISORS INNER CIRCLE FD EDGEWOOD GROWTH FD INSTL CL	14,368,154	21,489,687
	BLACKROCK	MFO ISHARES MSCI EAFE INTERNATIONAL INST	5,206,353	5,831,672
	VANGUARD	MFO VANGUARD INDEX FUNDS MID CAP INDEX FD ADMIRAL SHS	2,509,801	2,754,002
	VANGUARD	MFO VANGUARD INSTL INDEX FD SH BEN INT	17,172,110	20,224,942
	* SPYGLASS	SPYGLASS GROWTH FUND	5,000,000	5,305,644
			44,256,417	55,605,947

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Collective Trusts</u>		
	GQG PARTNERS	GQG PARTNERS EMERGING MARKET EQUITY CIT	\$ 6,200,000	\$ 9,014,184
*	NORTHERN TRUST COMPANY	NT COLLECTIVE SHORT TERM INVT FD	4,021,609	4,021,609
			<u>10,221,609</u>	<u>13,035,793</u>
		<u>Corporate Bonds and Collateralized Mortgage Obligations</u>		
	AERCAP IRELAND	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028	144,542	149,640
	AMEREN CORP	AMEREN CORP 5.0% 01-15-2029	93,865	96,360
	AMGEN INC	AMGEN INC 5.25% 03-02-2030	96,229	98,410
	AMSR	AMSR 2020-SFR2 TR SINGLE FAMILY RENT PASSTHRU 1.632% 07-17-2037	136,657	141,285
	AMSR	AMSR 2020-SFR4 TR 1.355% 11-17-2037	112,837	116,235
	AMSR	AMSR 2020-SFR5 TR SINGLE FAMILY RENT 1.379% 11-17-2037	105,818	110,475
	ARBOR MLTIFAM	ARBOR MLTIFAM MTG SECS TR 2021-MF3 MTG PASS THRU CTF CL A-2 2.2129% 10-15-2054	87,550	79,420
	AVIS BUDGET RENT	AVIS BUDGET RENT 4.62% DUE 02-20-2027	119,722	119,411
	AVIS BUDGET RENT	AVIS BUDGET RENT 5.78% DUE 04-20-2028	64,990	66,427
	BANK AMER CORP	BANK OF AMERICA CORPORATION 2.551% 02-04-2028	79,078	81,059
	BANK AMER CORP	BANK OF AMERICA CORPORATION 5.08% DUE 01-20-2027	170,000	170,728
	BBCMS MTG	BBCMS MTG TR 2023-C20 COML MTG PASSTHRU CTF CL 5.86199998856% 07-15-2056	36,572	37,040
	BENCHMARK	BENCHMARK 2020-B17 1.2817% DUE 03-15-2053	9,746	9,798
	BENCHMARK	BENCHMARK 2020-B21 FLTGT RT .5373% DUE 12-17-2053	21,191	20,872
	BENCHMARK	BENCHMARK 2023-V3 MTG TR MTG PASS THRU CTF CL A-1 5.9567% 07-15-2056	25,044	25,410
	BORGWARNER INC	BORGWARNER INC 4.95% 08-15-2029	69,853	70,681
	BRISTOL MYERS SQUIBB	BRISTOL MYERS SQUIBB CO 4.9% 02-22-2027	64,930	66,037
	BX COMMERCIAL MORTGAGE	BX COML MTG TR 2024-XL5 5.78874% 03-15-2041	-	-
	CITIGROUP	CITIGROUP COML MTG 2.646% DUE 07-10-2049	103,538	105,622
	CITIGROUP	CITIGROUP INC 2.561% DUE 05-01-2032 BEO	174,493	181,908
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 04-25-2051	150,821	155,776
	CITIGROUP	CITIGROUP MTG LN FLTGT RT 2.5% DUE 05-25-2051	199,110	205,147
	CITIGROUP	CITIGROUP MTG LN FLTGT RT 3% DUE 02-25-2052	73,963	76,838
	CITIGROUP	CMO CITIGROUP COML MTG TR SER 20-GC46 CL A1 1.846% 01-15-2053 REG	4,089	4,083
	CSAIL	CMO CSAIL COML MTG TR SRS 20-C19 CL A1 1.2955% DUE 03-15-2053 REG	16,153	16,170
	CSMC	CMO CSMC 2018-J1 TR CL A-2 FLTGE 02-01-2048	149,588	155,643
	MORGAN STANLEY	CMO MORGAN STANLEY CAP I TR SER 21-L7 CL A1 .881% 08-15-2026	168,653	161,057
	MSWF	CMO MSWF COML MTG TR SR 23-1 CL A1 VAR 01-15-2028	22,300	22,473
	STRUCTURED ASSET SECS CORP	CMO STRUCTURED AST SECS CORP 2001-SB1 MTG PASSTHRU CTF CL A2 3.375 08-25-2031	581	741
	WELLS FARGO	CMO WELLS FARGO COML MTG TR SRS 20-C57 CL A1 .903% DUE 08-15-2053	12,406	12,036
	CNH INDUSTRIAL CAPITAL	CNH INDL CAP LLC 5.1% 04-20-2029	114,425	117,254
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.9% 02-15-2029	135,173	138,090
	CORPORATE OFFICE	CORPORATE OFFICE PPTYS L P 2.0% 01-15-2027	163,508	171,502
	CUMMINS INC	CUMMINS INC 4.9% 02-20-2029	55,252	56,349
	DTE ELECTRIC	DTE ELECTRIC COMP 1.9% DUE 04-01-2028	93,637	96,595
	DUKE ENERGY PROGRESS	DUKE ENERGY PROGRESS LLC 3.7% 09-01-2028	95,085	97,779
	ENERGY TRANSFER LP	ENERGY TRANSFER LP 5.25% 07-01-2029	29,939	30,706
	FIRSTKEY HOMES	FIRSTKEY HOMES 2.135% DUE 12-17-2038	163,656	166,877
	FLAGSTAR MORTGAGE	FLAGSTAR MTG TR 2021-4 MTG PASSTHRU CTF CL A-1 2.5% 06-01-2051	52,199	54,433
	FLORIDA POWER & LIGHT	FLORIDA PWR & LT CO 5.15% 06-15-2029	49,916	51,775
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 5.8% 03-05-2027	69,915	71,059
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 6.05% 03-05-2031	85,526	87,360
	GA GLOBAL FDG	GA GLOBAL FDG TR 1.625% DUE 01-15-2026	99,931	57,447
	GENERAL MOTORS	GENERAL MTRS FINL CO INC 2.7% DUE 08-20-2027 REG	124,515	128,017
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.727% 04-25-2030	100,000	104,223
	GS MTG BACKED	GS MTG BACKED SECS TR 2023-PJ4 MTG BKD NT CL A-15 144A 6% 01-25-2054	47,727	48,703
	GUARDIAN GLOBAL	GUARDIAN LIFE GLOBAL FDG SR SECD TRANCHE# SR 00025 1.25% 11-19-2027	136,574	140,465
	HALEON US CAPITAL	HALEON US CAPITAL LLC 3.375% 03-24-2027	153,141	156,101
	HERTZ VEH FING III	HERTZ VEH FING III 2.33% DUE 06-26-2028	82,406	84,160
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-1 RENT CAR AST BKD NT 1.21% 12-26-2025	72,704	72,705
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-2 RENT CAR AST BKD NT 1.68% 12-27-2027	238,355	252,320
	HOME DEPOT	HOME DEPOT INC FIXED 4.85% 06-25-2031	99,292	102,401
	HOME PARTNERS	HOME PARTNERS AMER 1.901% DUE 12-17-2026	79,267	81,924
	HONDA AUTO	HONDA AUTO 5.48% DUE 11-18-2026	179,997	180,841
	HSBC HOLDINGS	HSBC HLDGS PLC FLTGT RT 5.887% DUE 08-14-2027	75,000	76,572
	INVITATION HOMES	INVITATION HOMES 4% DUE 09-17-2041	33,584	33,736
	JP MORGAN	J P MORGAN MTG TR 2021-1 MTG PASS THRU CTF CL A-3 2.5% 06-25-2051	153,371	158,149
	JP MORGAN	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051	152,339	156,699
	JP MORGAN	J P MORGAN MTG TR 2021-6 MTG PASS THRU CTF CL A-6 2.5% 10-25-2051	153,435	156,200
	JETBLUE	JETBLUE AIRWAYS CORPORATION 4.0% 11-15-2032	35,696	36,236

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	JP MORGAN	JPMORGAN CHASE & CO 5.012% 01-23-2030	\$ 84,714	\$ 86,473
	JP MORGAN	JPMORGAN CHASE & CO 5.04% 01-23-2028	100,000	101,201
	KROGER	KROGER CO 4.9% 09-15-2031	99,961	99,925
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES INC 5.25% 06-01-2031	69,621	72,029
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES INC 5.4% 07-31-2033	125,054	128,861
	MELLOW MORTGAGE	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	166,611	170,925
	MITSUBISHI	MITSUBISHI UFJ 1.538% DUE 07-20-2027	78,291	80,224
	MORGAN STANLEY	MORGAN STANLEY 3.875% DUE 01-27-2026	78,204	79,145
	MORGAN STANLEY	MORGAN STANLEY BK AMER MERRILL COML MTG PASSTHRU CTF CL 3.28% 10-15-2048	48,224	53,327
	NISSAN AUTO	NISSAN AUTO FLTGT RT 5.15757% DUE 05-15-2026	123,408	123,486
	OBX	OBX 2021-INV2 TR FLTGT RT 2.5% DUE 10-25-2051	35,696	37,501
	OGE ENERGY	OGE ENERGY CORP 5.45% 05-15-202	69,908	72,439
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.2% DUE 04-17-2039	13,840	14,051
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR2 TR SINGLE-FAMILY RENT PASS 1.546 04-19-2038	90,176	92,542
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLEFAMILY RENT PASS 1.427% 07-17-2038	26,403	27,288
	PSMC	PSMC 2021-2 TR FLTGT RT 2.5% DUE 05-25-2051	154,236	157,706
	ALASKA AIR	PVTPL AK AIRLS 2020-1 PASS-THRU TR 4.8% DUE 02-15-2029	50,090	51,173
	AMERICAN HOMES	PVTPL AMERICAN HOMES 4 RENT 2015-SFR1 A 3.467% DUE 04-17-2045	185,655	190,475
	AMERICAN HOMES	PVTPL AMERICAN HOMES 4 RENT SER 2014-SFR2 CL A 3.786% DUE 10-17-2036	-	-
	AMSR	PVTPL AMSR 2020-SFR1 SR 20-SFR1 CL A 1.819% 04-17-2025	213,592	219,838
	AVIS BUDGET RENT	PVTPL AVIS BUDGET RENT CAR FDG AESOP LLC SER 20-1A CL A 2.33% DUE 08-20-2026	121,418	127,188
	BRITISH AIR	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036	66,172	67,205
	CARLYE GLOBAL	PVTPL CARLYLE US CLO 2018-1 LTD/CARLYLE US C SER 18-1A CL A1 FLTGT 04-20-2031	-	-
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2021-10 VAR RT DUE 12-25-2051 BEO	28,843	29,456
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-4 SR 22-4 CL A3 FLTGT RT 10-25-2052	97,132	100,085
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-8 SER 22-8 CL A3 VAR RT DUE 01-25-2053	23,052	23,657
	TOWD PT MTG	PVTPL CMO TOWD PT MTG TR 2021-SJ2 SER 21-SJ2 CL A1A VAR RT DUE 03-25-2059	41,484	40,245
	COREVEST	PVTPL COREVEST AMERN FIN 2019-3 TR SER 19-3 CLS A 2.772% DUE 10-15-2052 BEO	73,988	74,556
	EQUITABLE FINANCIAL	PVTPL EQUITABLE FINL LIFE GLOBAL FDG SR SECD M 1.4% DUE 07-07-2025 REG	82,101	82,551
	ERAC USA FINANCE	PVTPL ERAC USA FINANCE LLC 4.6% 05-01-2028	54,794	55,235
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR1 TR 1.339%/09/17/2025 1.339% DUE 08-17-2037 BEO	44,860	46,074
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR2 TRUST SER20-SFR2 CL A 1.266% 10-19-2037	51,608	52,456
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 20SER 21 SFR1 CL A 1.538%/08-17-2038	102,782	102,911
	HERTZ VEH FING III	PVTPL HERTZ VEH FING III LLC SR 23-4A CL A 6.15% 03-25-2030	72,461	72,905
	HOME PARTNERS	PVTPL HOME PARTNERS AMER 2019-1 TR SER 2019-1 CLS A 2.908% 09-17-2039	39,693	40,146
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 20-2 CL A 1.532% 01-17-2041	63,947	67,719
	HYUNDAI	PVTPL HYUNDAI CAP AMER 1.8% 01-10-2028	96,888	100,031
	INVITATION HOMES	PVTPL INVITATION HOMES SER 2018-SFR4 CL A FLTGT 01-17-2028	140,500	140,851
	JP MORGAN	PVTPL J P MORGAN MTG TR SER 18-5 CL A1 VAR 10-25-2048	27,204	28,372
	JACKSON NATIONAL LIFE GLOBAL	PVTPL JACKSON NATL LIFE GLOBAL FDG SECD 4/29/2016 3.05% DUE 04-29-2026	113,181	102,007
	MET TOWER GLOBAL	PVTPL MET TOWER GLOBAL FDG 1.25% 09-14-2026	119,890	112,587
	METROPOLITAN EDISON	PVTPL METROPOLITAN EDISON CO 5.2% 04-01-2028	60,088	61,007
	NEW YORK LIFE	PVTPL NEW YORK LIFE GLOBAL FDG 1.85% 08-01-2031	60,106	62,641
	NEW YORK LIFE	PVTPL NEW YORK LIFE GLOBAL FDG 5.0% 01-09-2034	103,445	106,689
	UBS GROUP	PVTPL UBS GROUP AG 4.751% DUE 05-12-2028BEO	141,971	145,009
	UNIFY AUTO	PVTPL UNIFY AUTO RECEIVABLES TR 2021-1A CL A-3 .51% DUE 06-16-2025 REG	-	-
	REALTY INCOME CORP	REALTY INCOME CORP FIXED 4.85% DUE 03-15-2030	143,035	147,032
	RTX	RTX CORPORATION 1.9% 09-01-2031	64,158	66,799
	SEQUOIA	SEQUOIA MTG TR 2.5% DUE 01-25-2052	152,687	157,405
	SEQUOIA	SEQUOIA MTG TR 2023-5 MTG PASS THRU CTF CL A-10 6% 12-25-2053	153,399	153,923
	SOUTHERN	SOUTHERN CO 4.85% 06-15-2028	69,603	71,030
	SOUTHERN	SOUTHERN CO 5.5% 03-15-2029	106,793	109,301
	STAR	STAR 2022-SFR3 TR FLTGT RT 6.04709% DUE 05-17-2039	202,149	202,800
	TOWD PT MTG	TOWD PT MTG TR 2021-SJ1 MTG PASS THRU CTF CL A1 2.25% 07-25-2068	102,469	96,416
	TRICON	TRICON AMERN HOMES 2020-SFR2 TR 1.482% 11-17-2039	193,931	199,766
	TRICON	TRICON RESDNTL 4.75% DUE 06-17-2040	77,242	79,667
	UBS COMMERCIAL	UBS COML MTG TR SR 2017-C2 CL ASB 3.264% 08-15-2050	65,903	67,138
	UNITED AIRLINES	UNITED AIRLINES 2019-1A 2.7% 11-01-2033	225,143	232,710
	UNITED HEALTH	UNITEDHEALTH GROUP INC 4.8% 01-15-2030	94,943	96,975
	UPMC	UPMC 3.6% DUE 04-03-2025	243,826	238,128
	VIATRIS	VIATRIS INC SR NT 2.3% 06-22-2027	86,339	88,803
	WEC ENERGY	WEC ENERGY GROUP FIXED 2.2% DUE 12-15-2028	92,318	95,802
	WELLS FARGO	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK3.526% 03-24-2028	152,302	155,796
	WELLS FARGO	WELLS FARGO COML 2.674% DUE 07-15-2048	129,577	132,286
	WELLS FARGO	WELLS FARGO COML 3.29% DUE 05-15-2048	88,972	92,631
	WESTERN UNION	WESTERN UN CO FIXED 1.35% DUE 03-15-2026	87,730	90,030
			11,773,689	11,998,090

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR) As of August 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Hedge Funds</u>		
* CANYON VALUE REALIZATION		CASH HELD AT CANYON VALUE	\$ 60,146	\$ 60,146
* ETON PARK		CF ETON PARK A1 0704 FD	382	804
* VIKING GLOBAL EQUITY LTD		CF VIKING GLOBAL EQ III LTD CL H/IE	2,347,723	11,182,870
* SCULPTOR OVERSEAS LTD		SCULPTOR OVERSEAS INSTITUTIONAL FUND LTD.	74	5,982
			<u>2,408,325</u>	<u>11,249,802</u>
		<u>Partnerships/Joint Venture Interests</u>		
* DAVIDSON KEMPNER		DAVIDSON KEMPNER INSTL PARTNERS	5,000,000	8,968,931
* ECHO STREET GOOD COMPANY		ECHO STREET GOODCO SELECT II LP	1	1
* FARALLON		FARALLON CAPITAL INSTL PTRS	5,000,000	7,584,678
* FARALLON		FARALLON EQUITY PARTNERS LP	12,700,000	23,723,760
* OAKTREE GLOBAL		OAKTREE GLOBAL CREDIT PLUS FUND FEEDER CAYMAN	14,530,020	15,279,230
* SAMILYN		SAMLYN ONSHORE FUND	9,000,000	10,405,481
* SHERIDAN		SHERIDAN SQUARE FUND LP	4,200,000	5,023,175
* SOROBAN		SOROBAN DECARBONIZATION BENEFICIARIES FUND LLC	449	7,501
* CHILDREN'S		THE CHILDREN'S INVESTMENT FUND (ONSHORE)	5,100,000	6,615,120
* WCM		WCM FOCUSED INTERNATIONAL GROWTH FUND LP	<u>3,700,000</u>	<u>5,484,396</u>
			<u>59,230,469</u>	<u>83,092,273</u>
			<u>\$ 142,811,681</u>	<u>\$ 195,616,590</u>

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- An increase in the salary increase assumption of 0.5% at all ages.
- A change in the Social Security Wage Base Increase assumption from 3.00% to 3.50%.
- A change in the trust expenses included in the target normal cost from \$1,390,285 to \$519,774

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 23 — Information on Use of Multiple Mortality Tables

All current participants are assumed to die according to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22. Future disabled participants are assumed to die according to the Revenue Ruling 96-7 mortality table for disability after December 31, 1994.