

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2000
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
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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:		4b EIN 36-2256036	
a Sponsor's name REHABILITATION INSTITUTE OF CHICAGO		4d PN 002	
c Plan Name REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 401(K) RETIREMENT SAVINGS PLAN			
5 Total number of participants at the beginning of the plan year	5	547	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	369	
a(2) Total number of active participants at the end of the plan year	6a(2)	269	
b Retired or separated participants receiving benefits	6b	15	
c Other retired or separated participants entitled to future benefits	6c	213	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	497	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1	
f Total. Add lines 6d and 6e	6f	498	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	374	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	357	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2L 2F 2G 2T 3B

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor		
(4) <input type="checkbox"/> General assets of the sponsor			

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</p>	<p>D Employer Identification Number (EIN) 36-2256036</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	FA065593	54	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2917	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL SERVICES **4707 EXECUTIVE DR**
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2917			3

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1205984
5	Current value of plan's interest under this contract in separate accounts at year end.....	2468
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1368880
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 41719
	(4) Transferred from separate account	7c(4) 9709
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 51428
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1420308
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 213994
	(2) Administration charge made by carrier.....	7e(2) 330
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 214324	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1205984

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</p>	<p>D Employer Identification Number (EIN) 36-2256036</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334121	76	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	3680669
5	Current value of plan's interest under this contract in separate accounts at year end.....	880933
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 3633743
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 149093
	(4) Transferred from separate account	7c(4) 27044
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 176137
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3809880
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 100099
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 29112
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 129211	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3680669

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</p>	<p>D Employer Identification Number (EIN) 36-2256036</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	524361-02	21	01/01/2024	12/31/2024

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	172183
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1327980

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 173987

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	5102
	7c(4)	1818
	7c(5)	

(6) Total additions **7c(6)** 6920

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 180907

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6767
	7e(2)	139
	7e(3)	1818
	7e(4)	

(5) Total deductions **7e(5)** 8724

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 172183

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</p>	<p>D Employer Identification Number (EIN) 36-2256036</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	524361-03	25	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	146312
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3459644

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	142194
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	4262	
	7c(4)		
	7c(5)	109	
▶ FORFEITURE			

(6) Total additions	7c(6)	4371
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d Total of balance and additions (add lines 7b and 7c(6))	7d	146565
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)		
	7e(2)	38	
	7e(3)	215	
	7e(4)		
▶			

(5) Total deductions	7e(5)	253
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	146312
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

TIAA-CREF INV MGMT, LLC

13-3586142

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	69667	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NORTHWESTERN MUTUAL WEALTH MGMT CO.

39-2018056

(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 99	INVESTMENT ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20263	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	1540	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1361	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
NORTHWESTERN MUTUAL WEALTH MGMT CO.	27 99	20263
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</u>	D Employer Identification Number (EIN) <u>36-2256036</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>880933</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT FIXED FUND</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2468</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DS DIVERSIFIED BOND ACC</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>22-1211670-094</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46146</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON OVERSEAS PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>22-1211670-065</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>192079</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DS HIGH YIELD ACC</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>22-1211670-092</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107346</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DS STOCK INDEX ACC</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>22-1211670-074</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>918583</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DS TROWE EQUITY INCOME ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>22-1211670-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>565122</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: DS EQUITY INCOME ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 315546
a Name of MTIA, CCT, PSA, or 103-12 IE: DS EQUITY ACCOUNT		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-072	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11680
a Name of MTIA, CCT, PSA, or 103-12 IE: DS PRU JENNISON ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368192
a Name of MTIA, CCT, PSA, or 103-12 IE: DS GLOBAL ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-063	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79050
a Name of MTIA, CCT, PSA, or 103-12 IE: DS GOVT INCOME ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18648
a Name of MTIA, CCT, PSA, or 103-12 IE: DS EMERG GRWTH ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-081	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92176
a Name of MTIA, CCT, PSA, or 103-12 IE: DS CONSV BALANCED ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53761
a Name of MTIA, CCT, PSA, or 103-12 IE: DS FLEX MANAGED ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364993
a Name of MTIA, CCT, PSA, or 103-12 IE: DS AIM CORE EQUITY		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DS RESEARCH SERIES ACCOUNT		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69243

a Name of MTIA, CCT, PSA, or 103-12 IE: DS INT'L STOCK ACC		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-064	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39517
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY ACCOUNT VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 344388
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ACCOUNT VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72478
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY MMA VCA-11		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-025	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21456
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED BOND ACCOUNT VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20985
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT INCOME ACC VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4186
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE BALANCE ACCOUNT VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185156
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXIBLE MANAGED ACCOUNT VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139393
a Name of MTIA, CCT, PSA, or 103-12 IE: STOCK INDEX ACC VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376355
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY CAPITAL GROWTH ACC VCA-24		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 22-1211670-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163583

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
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
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	17	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1556679	1205436
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5573955	5671025
(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)	27599850	31061231
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5318804	5205148
(15) Other.....	1c(15)	9702481	10287225

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	49751786	53430065
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49751786	53430065

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	1542325	
(C) Others (including rollovers).....	2a(1)(C)	392038	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1934363
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	68688	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	131487	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		200175
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1340392	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1340392
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		710568
(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)		5105344
c Other income	2c		35600
d Total income. Add all income amounts in column (b) and enter total	2d		9326442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5571571	
(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)		5571571
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)	69668	
(3) Recordkeeping fees	2i(3)	1540	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	4024	
(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)	1360	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76592
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5648163

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3678279
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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>REHABILITATION INSTITUTE OF CHICAGO D/B/A SHIRLEY RYAN ABILITYLAB 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB</u>	D Employer Identification Number (EIN) <u>36-2256036</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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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): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300864A.

REHABILITATION INSTITUTE OF CHICAGO
d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2024 and 2023

REHABILITATION INSTITUTE OF CHICAGO
d/b/a SHIRLEY RYAN ABILITYLAB 403(b) RETIREMENT PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Retirement Plan Committee of Shirley Ryan AbilityLab
Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab 403(b) Retirement Plan
Chicago, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the years then ended stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

(Continued)

Further, as described in Note 10 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Crowe LLP.
Crowe LLP

Oakbrook Terrace, Illinois
October 15, 2025

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 48,655,286	\$ 44,836,259
Investments, at contract value	4,774,779	4,915,510
Cash	-	17
	<u>53,430,065</u>	<u>49,751,786</u>
 TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 53,430,065</u>	 <u>\$ 49,751,786</u>

See accompanying notes to financial statements.

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income		
Net appreciation in fair value of investments	\$ 5,961,095	\$ 6,106,405
Interest and dividends	<u>1,430,984</u>	<u>1,027,343</u>
Total investment income	7,392,079	7,133,748
 Contributions		
Employee	1,542,325	1,631,618
Rollover	<u>392,038</u>	<u>68,428</u>
Total contributions	<u>1,934,363</u>	<u>1,700,046</u>
 Total additions	9,326,442	8,833,794
 Deductions:		
Benefits paid to participants	5,571,571	4,364,699
Administrative expenses	<u>76,592</u>	<u>68,595</u>
Total deductions	<u>5,648,163</u>	<u>4,433,294</u>
 Net increase	3,678,279	4,400,500
 Net assets available for benefits		
Beginning of year	<u>49,751,786</u>	<u>45,351,286</u>
 End of year	<u>\$ 53,430,065</u>	<u>\$ 49,751,786</u>

See accompanying notes to financial statements.

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab 403(b) Retirement Plan (“the Plan”, “403(b) Plan”) provides only general information. The Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan covering all eligible employees of Shirley Ryan AbilityLab (“the Company” or “the Employer”) who normally work more than 20 hours per week, excluding non-resident aliens. No employer contributions are made to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective November 1, 2012, the Plan was closed to new participants. Employees who started working at the Company before November 1, 2012 were offered a one-time option to discontinue participation in the Plan and begin participation in the new Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab 401(k) Retirement Savings Plan (401(k) Plan) effective January 1, 2013. The participants that elected the one-time option to participate in the 401(k) Plan are not allowed to participate in the 403(b) Plan effective January 1, 2013. Employees who are hired on or after November 1, 2012 will only be eligible to participate in the 401(k) Plan.

Contributions: All eligible employees are immediately eligible to make voluntary salary deferrals to the Plan on their first day of employment. Participants may elect to defer to the Plan up to 100% of their pretax annual compensation, as defined in the Plan and subject to certain limitations established by federal law. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant Accounts: Each participant’s account is credited with the participant’s contributions and earnings thereon and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Investments: The assets of the Plan are held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (“Principal”), Empower Annuity Insurance Company (“Empower”), AdvisorTrust, Inc. (“AdvisorTrust”); Transamerica Financial Life Insurance Company (“TFLIC”) and Teachers Insurance and Annuity Association (“TIAA”) and College Retirement Equities Fund (“CREF”) (collectively “TIAA and CREF”). Participants direct the investment of their accounts into various investment options offered by the Plan.

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

Payment of Benefits: For termination of service for any reason other than death, payment of participants’ benefits may start as soon as administratively feasible with a final payment made consisting of any allocations occurring after termination of employment. The account is payable, in cash, in one lump sum payment. For termination of service due to death, the named beneficiary will become entitled to receive the vested account balance as a lump sum distribution.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments, other than fully benefit – responsive traditional investment contracts, are reported at fair value. Contract value is the relevant measure for the Plan's fully benefit-responsive traditional investment contracts, because contract value is the amount plan participants generally receive when executing transactions under the terms of the contract and plan provisions. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

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 these estimates.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity, credit risks as well as the risk associated with global events. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and its related regulations.

NOTE 4 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal, Empower, AdvisorTrust, TFLIC, TIAA and CREF (the custodians of the Plan).

(Continued)

NOTE 5 – 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) 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.

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: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

TIAA and CREF Variable Annuity Contracts: The fair values of the Plan's investments held in variable annuity contracts are determined by obtaining quoted prices on the NASDAQ stock market (Level 1 inputs).

Other Variable Annuity Separate Accounts: The fair values of the Plan's investments held in the other variable annuity separate accounts are based on the net assets values reported by the fund managers as of the financial statement dates and recent transactions prices. The Transamerica and Empower variable annuity contract accounts hold either a single mutual fund as their sole underlying investment or they hold multiple mutual funds having similar investment strategies/composition. The nature of the underlying investment strategy of each Transamerica and Empower variable annuity account is broadly identified in the name of the annuity account. These variable annuity separate accounts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Traditional Investment Contracts (not fully benefit-responsive): The TIAA Traditional Annuity Contracts are individual guaranteed fixed annuity investment contracts issued by TIAA ("Issuer"). Due to certain liquidity restriction provisions, some of the individual annuity contracts within the TIAA Traditional Annuity contract held by the Plan are not fully benefit-responsive and, accordingly, are measured at fair value. The fair value of the contract is estimated by the insurance company that has issued the contract to the Plan, by discounting the projected cash flows based upon current yields for contracts with comparable durations and credit quality of the issuers (Level 3 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2024 and 2023 that are measured at fair value on a recurring basis:

	Fair Value Measurements at December 31, 2024 Using			Total Fair Value
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual Funds	\$ 29,668,511	\$ -	\$ -	\$ 29,668,511
Traditional Investment Contracts*	-	-	445,535	445,535
TIAA and CREF Variable Annuity Contracts	11,359,959	-	-	<u>11,359,959</u>
				<u>41,474,005</u>
Other Variable Annuity Separate Accounts**	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,181,281</u>
Total	<u>\$ 41,028,470</u>	<u>\$ -</u>	<u>\$ 445,535</u>	<u>\$ 48,655,286</u>

	Fair Value Measurements at December 31, 2023 Using			Total Fair Value
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual Funds	\$ 26,393,187	\$ -	\$ -	\$ 26,393,187
Traditional Investment Contracts*	-	-	437,413	437,413
TIAA and CREF Variable Annuity Contracts	10,859,906	-	-	<u>10,859,906</u>
				<u>37,690,506</u>
Other Variable Annuity Separate Accounts**	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,145,753</u>
Total	<u>\$ 37,253,093</u>	<u>\$ -</u>	<u>\$ 437,413</u>	<u>\$ 44,836,259</u>

* Not fully benefit-responsive

** 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.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
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NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

Plan investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2024 and 2023 included \$20,305 and \$21,169 in purchases, respectively, and \$12,182 and \$21,826 in sales, respectively. There were no transfers into or out of Level 3 of the fair value hierarchy.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table presents quantitative information about recurring Level 3 fair value measurements at December 31, 2024 and 2023:

<u>Fair Value at December 31, 2024</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Input</u>	<u>Range of Input</u>
TIAA Traditional Annuity Contracts \$ 445,535	Discounted Cash Flow	Risk-adjusted discount rate applied	RA – 3.65%-6.50%
<u>Fair Value at December 31, 2023</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Input</u>	<u>Range of Input</u>
TIAA Traditional Annuity Contracts \$ 437,413	Discounted Cash Flow	Risk-adjusted discount rate applied	RA – 4.00%-6.75%

The significant unobservable inputs used in the fair value measurement of the Plan's investment in TIAA Traditional Annuity Contracts are the discount rates and the projected interest crediting rates. Based upon historical TIAA Traditional Annuity's crediting rates, the discounted cash flows analysis assumes that the risk-adjusted market discount rates approximate the future interest crediting rates under the contracts. Accordingly, changes in these rates have directly offsetting impacts upon the fair value estimate of these contracts.

NOTE 6 – TIAA TRADITIONAL INDIVIDUAL FIXED ANNUITY ACCOUNTS

The Plan holds fully benefit-responsive traditional investment contracts through its investment holdings in the TIAA Traditional Account (TIAA; Issuer). The TIAA Traditional Individual Fixed Annuity Contracts are individual guaranteed fixed annuity investment contracts issued by TIAA. Within the TIAA Traditional Individual Fixed Annuity Contracts are six types of contracts available to participants: the Retirement Annuity (RA), the Group Retirement Annuity (GRA), the Retirement Choice (RC), the Supplemental Retirement Annuity (SRA), the Group Supplement Retirement Annuity (GSRA), and the Retirement Choice Plus (RCP). The Plan holds the Retirement Annuity (RA), the Supplemental Retirement Annuity (SRA), and the Group Supplement Retirement Annuity (GSRA) contracts. Each of these contracts have unique provisions and qualities. There are certain liquidity restrictions on the RA contract. Participants with the RA contract, have certain restrictions over the availability of lump-sum withdrawals from the contracts as well as over the number of installments in which participant-initiated transfers and participant-initiated withdrawals are made. Based on these provisions, the RA contract is considered to be non-fully benefit-responsive. As there are no comparable restrictions over the SRA, and the GSRA contracts, those contracts are considered fully benefit-responsive. Participants in the Plan hold investments in both non fully benefit-responsive and fully benefit-responsive contracts through the TIAA Traditional Account.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – TIAA TRADITIONAL INDIVIDUAL FIXED ANNUITY ACCOUNTS (Continued)

As of December 31, 2024 and 2023, the Plan has approximately \$3,680,669 and \$3,633,743 invested in the TIAA Traditional Annuity of which \$445,535 and \$437,413 relates to contracts that are not fully benefit-responsive and \$3,235,134 and \$3,196,330 relates to contracts that are fully benefit-responsive, respectively. For both the fully benefit-responsive and the not fully benefit-responsive contracts within the TIAA Traditional Account, TIAA maintains the contributions in its general account. TIAA's general account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of the issuer or otherwise.

All investment contracts through the TIAA Traditional Account are directly between TIAA and the participants. Benefit payments from the contracts are paid as an annuity or a lump-sum, as defined in the contracts and as elected by the participant upon meeting the eligibility requirements.

There are no conditions specified in any of the contracts under which participant withdrawals and transfers would be restricted or made at a value other than contract value or the annuity or lump-sum benefit, as defined in the contracts. The contracts do not provide any provisions that would allow the issuer to terminate the contracts between the issuer and the participants.

The crediting interest rates of the fully benefit-responsive traditional investment contracts may vary from participant to participant. The crediting rates are based on an agreed-upon formula with the Issuer, as defined in the contract agreement. The guaranteed annual interest rate is 3% for all premiums remitted since 1979 under the RA, SRA and GSRA contracts. Such interest rates are reviewed on a periodic basis and may from time to time have a new rate substituted for the one in the current certificate.

A new rate will apply only to benefits arising from any premiums, additional amounts, and internal transfers applied to the Traditional Annuity while such rate schedule is in effect and will not affect any benefits purchased prior to the change, as defined in the contracts. The key factors that influence future interest crediting rates could include the following: the level of market interest rates; the amount and timing of participant contributions, transfers and withdrawals into/out of the contracts; and the duration of the underlying investments backing the contract.

NOTE 7 – INVESTMENT CONTRACTS WITH INSURANCE COMPANY

As of December 31, 2024 and 2023, the Plan held fully benefit-responsive traditional investment contracts with both Transamerica Financial Life Insurance Company and Empower Insurance Annuity Company (Contract Issuers) in the total amount of \$1,526,947 and \$1,706,656, respectively.

The Contract Issuers maintain the contributions in their general accounts. The Contract Issuer's general accounts are credited with earnings on the underlying investments and are charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of the issuer or otherwise.

The crediting interest rate of the contracts are based on an agreed-upon formula with the issuers, as defined in the contract agreements, but cannot be less than three percent (except for the TransAmerica Life Insurance Company Fixed Account and the TransAmerica Life Insurance Company Stable Account, which cannot credit interest at a rate less than 3.50%). Such interest rates are reviewed on a semi-annual basis, annually on a calendar year basis, or annually on a contract year basis for resetting, as defined by the individual contracts.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 – INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)

The key factors that influence future interest crediting rates could include the following: the level of market interest rates; the amount and timing of participant contributions, transfers and withdrawals into/out of the contracts; and the duration of the underlying investments backing the contract.

The Plan's interests in fully benefit-responsive traditional investment contracts specify certain conditions under which distributions from the contracts would be payable at amounts below contract value. Such circumstances may include plan termination, plan merger, premature contract termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount. The contract limits the circumstances under which the issuer may terminate the contract. Examples of circumstances which would allow the issuers to terminate the contract include the Plan's loss of its qualified status, uncured material breaches of responsibilities, or material and adverse changes to the provisions of the Plan. If one of these events were to occur, the issuer could terminate the contract at an amount less than contract value. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

The Plan pays investment management fees and expenses to parties-in-interest which are not separately reported, but are reflected as a reduction in investment returns earned by the Plan.

Principal, Empower, TFLIC, AdvisorTrust and TIAA and CREF are the service providers of the Plan. The Plan holds various investments that are issued by these parties, or an affiliate of these parties, therefore, these transactions qualify as party-in-interest transactions.

Fees paid by the Plan to the service providers for the administration of the Plan amounted to \$76,592 and \$68,595 in 2024 and 2023, respectively.

NOTE 9 – TAX STATUS

The Internal Revenue Service issued an opinion letter dated March 31, 2017 indicating that the prototype adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended from the original prototype document, Plan management believes that the Plan is currently being operated in accordance with the Internal Revenue Code.

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 December 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 2021.

(Continued)

REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB
403(b) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 10 – DEPARTURE FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

The Plan has excluded from investments in the accompanying statements of net assets available for benefits individual custodial accounts issued to current and former employees of the Company prior to January 1, 2009 held by Solomon Smith Barney. Amounts applicable to such excluded custodial accounts as of and for the years ended December 31, 2024 and 2023, as reported to the Plan by Solomon Smith Barney, were not material to the Plan's financial statements. Accounting principles generally accepted in the United States of America require these custodial accounts and the related investment income, rollover contributions, and distributions, as applicable, to be included in the accompanying financial statements. Plan management has determined that it is possible additional individual custodial accounts or annuity contracts issued to current or former employees of the Company prior to January 1, 2009 have been improperly excluded from the Plan's financial statements; however, the amount of such investments and associated activity, if any, is not determinable due to a lack of sufficient historical accounting records.

NOTE 11 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 15, 2025, which is the date the financial statements were available to be issued.

Effective January 1, 2025, the Plan increased catch-up contributions shall be the greater of (i) \$10,000 per year or (ii) 150% of the regular amount of catch-up contribution made by a participant in the taxable year.

Effective August 1, 2025, the Plan will permit increased amounts of Catch-Up Contributions for eligible participants who will attain ages 60, 61, 62, or 63 as of the close of the taxable year.

SUPPLEMENTAL SCHEDULE

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost ¹ **	(e) Fair Value
		<u>Mutual Funds</u>		
	American Funds	American Funds - Capital World Growth and Income R3	\$	9,238
	American Funds	American Funds - Fundamental Investors R3		1,196
	American Funds	American Funds - Growth Fund of America R3		19,360
	American Funds	American Funds - Income Fund of America R3		1,180
	American Funds	American Funds - Money Market Fund Class R3		1,139
	Blackrock Funds	BlackRock Capital Appreciation R		9,595
	Blackrock Funds	BlackRock Equity Dividend R		171,451
	Blackrock Funds	BlackRock Global Allocation Fund Class R		56,356
	Eaton Vance Funds	Eaton Vance Income Fund of Boston R		20,885
	Federated Funds	Federated Hermes Total Return Bond R		8,309
	Franklin Templeton Investments	Franklin Lifesmart 2035 Ret Target R		234,320
	Franklin Templeton Investments	Franklin Lifesmart 2045 Ret Target R		151,626
	Goldman Sachs	Goldman Sachs Mid Cap Growth		2,470
	Invesco Funds Group, Inc.	Invesco Developing Markets R		95,410
	Invesco Funds Group, Inc.	Invesco Main Street MidCap		134,487
	Invesco Funds Group, Inc.	Invesco Small Cap Equity R		41,918
	iShares	iShares S&P 500 Index Investor A		984,933
	Janus Funds	Janus Henderson Balanced		104,648
	Janus Funds	Janus Henderson Mid Cap Value R		152,386
	Janus Funds	Janus Henderson Mid Cap Value T		14,250
	Janus Funds	Janus Small Cap Value Fund Class R		53,314
	MFS Funds	MFS CORE EQUITY R2		757
	Nuveen Funds	Nuveen Bond Index Fund R6		515,587
	Nuveen Funds	Nuveen Emerging Markets Equity Index Fund R		181,480
	Nuveen Funds	Nuveen International Equity Index Fund R6		297,642
	Nuveen Funds	Nuveen Global Equity Income A		277
	Nuveen Funds	Nuveen Lifecycle Index 2015 Fund R6		34,341
	Nuveen Funds	Nuveen Lifecycle Index Retirement Income Fund R		43,369
	Pioneer Funds	Pioneer Bond R		69,091
	Thornburg Funds	Thornburg International Equity R3		90,234
*	Transamerica	Transamerica Asset Allocation Mod A		42,112
	American Century Funds	American Century Strategic Allocation Aggressive Fund		596,422
	American Century Funds	American Century Strategic Allocation Conservative Fund		38,449
	American Century Funds	American Century Strategic Allocation Moderate Fund		470,224
	American Century Funds	American Century Focused Large Cap Value Fund		191,022
	American Century Funds	American Century Heritage Fund		278,552
	American Century Funds	American Century Mid Cap Value Fund		15,960
	American Funds	American Funds Fundamental Investors		853,545
	American Funds	Growth Fund of America/The		892,695
	American Funds	Washington Mutual Investors Fund		564,927
	American Funds	EuroPacific Growth Fund		867,990
	American Funds	New World Fund Inc		602,699
	Blackrock Funds	BlackRock Advantage Small Cap Core Fund		52,329
	Carillon Funds	Carillon Scout Mid Cap Fund		329,419
	Columbia Funds	Columbia Mid Cap Index Fund		208,966
	Columbia Funds	Columbia Small Cap Index Fund		107,991
	Dodge & Cox	Dodge & Cox Stock Fund		204,049
	Dimensional Fund Advisors	DFA Inflation Protected Securities Portfolio		122,953
	Fidelity Investments	Fidelity 500 Index Fund		4,774,857
	Franklin Templeton Investments	Franklin Small Cap Value Fund		341,766

(Continued)

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 002

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	Hartford International	Hartford International Value Fund/The	\$	2,020
	Invesco Group, Inc.	Invesco Small Cap Growth Fund		411,794
	Invesco Group, Inc.	Invesco Main Street Mid Cap Fund		209,445
*	Advisor	Invesco EQV International Equity		116,142
	Macquarie Funds	Macquarie Diversified Income Fund R		977
	J.P. Morgan	JPMorgan Small Cap Growth Fund		88,703
	Janus Funds	Janus Henderson Balanced Fund		434,950
	Janus Funds	Janus Henderson Enterprise Fund		100,904
	PGIM Funds	PGIM High Yield Fund		648,906
	PIMCO Funds	PIMCO Total Return Fund II		334,001
	Pioneer Funds	Pioneer Fundamental Growth Fund		419,382
	Thornburg Funds	Thornburg Limited Term Income Fund		724,407
*	TIAA Investments	TIAA-CREF Lifecycle Index 2010 Institutional Fund		196,923
*	TIAA Investments	TIAA-CREF Lifecycle Index 2020 Institutional Fund		175,367
*	TIAA Investments	TIAA-CREF Lifecycle Index 2025 Institutional Fund		1,214,087
*	TIAA Investments	TIAA-CREF Lifecycle Index 2030 Institutional Fund		693,258
*	TIAA Investments	TIAA-CREF Lifecycle Index 2035 Institutional Fund		716,978
*	TIAA Investments	TIAA-CREF Lifecycle Index 2040 Institutional Fund		976,816
*	TIAA Investments	TIAA-CREF Lifecycle Index 2045 Institutional Fund		2,094,291
*	TIAA Investments	TIAA-CREF Lifecycle Index 2050 Institutional Fund		746,833
*	TIAA Investments	TIAA-CREF Lifecycle Index 2060 Institutional Fund		263,765
*	TIAA Investments	TIAA-CREF Lifecycle Index 2065 Institutional Fund		76,360
*	TIAA Investments	TIAA-CREF Large-Cap Growth Index Fund		2,216,747
*	TIAA Investments	TIAA-CREF Large-Cap Value Index Fund		120,433
*	TIAA Investments	TIAA-CREF Social Choice Equity Fund		247,652
	Vanguard Investments	Vanguard Federal Money Market Investor Fund		1,012,496
	Vanguard Investments	Vanguard Value Index Fund		56,350
	Victory Funds	Victory Sycamore Established Value Fund		310,348
		Subtotal		29,668,511
		<u>Separate Account/Variable Annuity</u>		
*	Transamerica Financial Life Ins. Co.	Transamerica Short-Term Bond Subaccount		31,134
*	Transamerica Financial Life Ins. Co.	Transamerica Small Cap Growth Subaccount		25,041
*	Transamerica Financial Life Ins. Co.	Transamerica Small Cap Value Subaccount		24,143
*	Transamerica Financial Life Ins. Co.	Transamerica Inflation Opportunities Subaccount		71,736
*	Transamerica Financial Life Ins. Co.	Transamerica Core Bond Subaccount		141,219
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Balanced II Variable		344,787
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Calvert		126,192
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Money Market		17,541
*	Transamerica Financial Life Ins. Co.	Transamerica Partners High Yield Bond		24,496
*	Transamerica Financial Life Ins. Co.	Transamerica Partners International Equity		190,413
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Core		397,646
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Growth		608,197
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Value Opp Variable		391,112
*	Empower 524361-02	MEDLEY PRU CAPITAL GROWTH VCA-10		163,583
*	Empower 524361-02	MEDLEY PSF PGIM 50/50		185,156
*	Empower 524361-02	MED PSF PGIM TOT RET BD		20,985
*	Empower 524361-02	MEDLEY PSF PGIM JENNISON BLEND PORT		344,388

(Continued)

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Fair Value
*	Empower 524361-02	MEDLEY PSF PGIM FLEXIBLE MANAGED ACCOUNT A	\$	139,393
*	Empower 524361-02	MEDLEY PSF GLOBAL PORT		72,478
*	Empower 524361-02	MEDLEY PSF GOVERNMENT INCOME PORT		4,186
*	Empower 524361-02	MEDLEY PSF PGIM GOV MONEY MARKET ACCOUNT		21,456
*	Empower 524361-02	MEDLEY PSF STOCK INDEX ACCOUNT		376,355
*	Empower 524361-03	JANUS HENDERSON OVERSEAS		192,079
*	Empower 524361-03	PSF PGIM JENNISON BLEND		11,680
*	Empower 524361-03	PSF PGIM JENNISON VALUE		315,546
*	Empower 524361-03	PSF PGIM JENNISON GWTH		368,192
*	Empower 524361-03	MFS RES SER INIT CL		69,243
*	Empower 524361-03	MFS GRO SER Initial CL		92,176
*	Empower 524361-03	PSF PGIM 50/50 BAL		53,761
*	Empower 524361-03	DS PSF PGIM TTL RET		46,146
*	Empower 524361-03	PSF PGIM FLEXIBLE MANAGED		364,993
*	Empower 524361-03	PSF GLOBAL PORT		79,050
*	Empower 524361-03	PSF PGIM GOVT INCOME PORT		18,648
*	Empower 524361-03	PSF HIGH YIELD BOND		107,346
*	Empower 524361-03	DS PSF PGIM GOVT MONEY MKT		217,562
*	Empower 524361-03	PSF STOCK INDEX		918,583
*	Empower 524361-03	T R PRICE EQUITY INCOME PORT		565,122
*	Empower 524361-03	T ROWE PRICE INTL STOCK		39,517
		Subtotal		7,181,281
		<u>Variable Annuities - CREF</u>		
*	CREF	CREF Core Bond Market		787,761
*	CREF	CREF Equity Index		1,217,939
*	CREF	CREF Global Equities		1,442,300
*	CREF	CREF Growth		1,648,415
*	CREF	CREF Inflation-Linked Bond		785,478
*	CREF	CREF Money Market		191,801
*	CREF	CREF Social Choice		376,045
*	CREF	CREF Stock		4,029,287
*	TIAA	TIAA Real Estate		880,933
		Subtotal		11,359,959
		<u>Guaranteed Investment Contracts</u>		
*	Transamerica Financial Life Ins. Co.	TFLIC FIXED / Insurance Company General Account		880,543
*	Transamerica Financial Life Ins. Co.	TFLIC STABLE / Insurance Company General Account		325,441
*	Transamerica Financial Life Ins. Co.	TFLIC Government Fixed Fund		2,468
*	Advisor	Guaranteed Fixed Interest Fund R - Advisor Trust		12,698
*	Empower 524361-03	GUARANTEED INTEREST ACC		146,312
*	Empower 524361-02	GUARANTEED INTEREST ACC		172,183
*	TIAA	TIAA Traditional Benefit Responsive		3,232,680
*	TIAA	TIAA Traditional Non Benefit Responsive		445,535
*	TIAA	Plan Loan Default Fund (Benefit Responsive)		2,454
		Subtotal		5,220,314
		Total Investments	\$	53,430,065

* Party-in-interest.

** Omitted with respect to participant-directed transactions.

See Independent Auditor's Report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB 403 (B) RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): Rehabilitation Institute of Chicago dba Shirley Ryan AbilityLab
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Marcos DeLeon (10/15/2025), Jonathan Tingstad (10/15/2025), and a row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 Rehabilitation Institute of Chicago c Plan Name REHABILITATION INSTITUTE OF CHICAGO d/b/a SHIRLEY RYAN ABILITYLAB 401(K) RETIREMENT SAVINGS PLAN	4b EIN 36-2256036
	4d PN 002

5 Total number of participants at the beginning of the plan year	5	547
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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)	369
	6a(2)	269
	6b	15
	6c	213
	6d	497
	6e	1
	6f	498
	6g(1)	374
	6g(2)	357
	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2F 2G 2T 3B

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 002

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(Continued)

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

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	Janus Funds	Janus Henderson Enterprise Fund		100,904
	PGIM Funds	PGIM High Yield Fund		648,906
	PIMCO Funds	PIMCO Total Return Fund II		334,001
	Pioneer Funds	Pioneer Fundamental Growth Fund		419,382
	Thornburg Funds	Thornburg Limited Term Income Fund		724,407
*	TIAA Investments	TIAA-CREF Lifecycle Index 2010 Institutional Fund		196,923
*	TIAA Investments	TIAA-CREF Lifecycle Index 2020 Institutional Fund		175,367
*	TIAA Investments	TIAA-CREF Lifecycle Index 2025 Institutional Fund		1,214,087
*	TIAA Investments	TIAA-CREF Lifecycle Index 2030 Institutional Fund		693,258
*	TIAA Investments	TIAA-CREF Lifecycle Index 2035 Institutional Fund		716,978
*	TIAA Investments	TIAA-CREF Lifecycle Index 2040 Institutional Fund		976,816
*	TIAA Investments	TIAA-CREF Lifecycle Index 2045 Institutional Fund		2,094,291
*	TIAA Investments	TIAA-CREF Lifecycle Index 2050 Institutional Fund		746,833
*	TIAA Investments	TIAA-CREF Lifecycle Index 2060 Institutional Fund		263,765
*	TIAA Investments	TIAA-CREF Lifecycle Index 2065 Institutional Fund		76,360
*	TIAA Investments	TIAA-CREF Large-Cap Growth Index Fund		2,216,747
*	TIAA Investments	TIAA-CREF Large-Cap Value Index Fund		120,433
*	TIAA Investments	TIAA-CREF Social Choice Equity Fund		247,652
	Vanguard Investments	Vanguard Federal Money Market Investor Fund		1,012,496
	Vanguard Investments	Vanguard Value Index Fund		56,350
	Victory Funds	Victory Sycamore Established Value Fund		310,348
		Subtotal		29,668,511
		<u>Separate Account/Variable Annuity</u>		
*	Transamerica Financial Life Ins. Co.	Transamerica Short-Term Bond Subaccount		31,134
*	Transamerica Financial Life Ins. Co.	Transamerica Small Cap Growth Subaccount		25,041
*	Transamerica Financial Life Ins. Co.	Transamerica Small Cap Value Subaccount		24,143
*	Transamerica Financial Life Ins. Co.	Transamerica Inflation Opportunities Subaccount		71,736
*	Transamerica Financial Life Ins. Co.	Transamerica Core Bond Subaccount		141,219
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Balanced II Variable		344,787
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Calvert		126,192
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Money Market		17,541
*	Transamerica Financial Life Ins. Co.	Transamerica Partners High Yield Bond		24,496
*	Transamerica Financial Life Ins. Co.	Transamerica Partners International Equity		190,413
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Core		397,646
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Growth		608,197
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Large Value Opp Variable		391,112
*	Empower 524361-02	MEDLEY PRU CAPITAL GROWTH VCA-10		163,583
*	Empower 524361-02	MEDLEY PSF PGIM 50/50		185,156
*	Empower 524361-02	MED PSF PGIM TOT RET BD		20,985
*	Empower 524361-02	MEDLEY PSF PGIM JENNISON BLEND PORT		344,388

(Continued)

REHABILITATION INSTITUTE OF CHICAGO 403(b) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Shirley Ryan AbilityLab
Employer Identification Number: 36-2256036
Three-Digit Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Fair Value
*	Empower 524361-02	MEDLEY PSF PGIM FLEXIBLE MANAGED ACCOUNT A	\$	139,393
*	Empower 524361-02	MEDLEY PSF GLOBAL PORT		72,478
*	Empower 524361-02	MEDLEY PSF GOVERNMENT INCOME PORT		4,186
*	Empower 524361-02	MEDLEY PSF PGIM GOV MONEY MARKET ACCOUNT		21,456
*	Empower 524361-02	MEDLEY PSF STOCK INDEX ACCOUNT		376,355
*	Empower 524361-03	JANUS HENDERSON OVERSEAS		192,079
*	Empower 524361-03	PSF PGIM JENNISON BLEND		11,680
*	Empower 524361-03	PSF PGIM JENNISON VALUE		315,546
*	Empower 524361-03	PSF PGIM JENNISON GWTH		368,192
*	Empower 524361-03	MFS RES SER INIT CL		69,243
*	Empower 524361-03	MFS GRO SER Initial CL		92,176
*	Empower 524361-03	PSF PGIM 50/50 BAL		53,761
*	Empower 524361-03	DS PSF PGIM TTL RET		46,146
*	Empower 524361-03	PSF PGIM FLEXIBLE MANAGED		364,993
*	Empower 524361-03	PSF GLOBAL PORT		79,050
*	Empower 524361-03	PSF PGIM GOVT INCOME PORT		18,648
*	Empower 524361-03	PSF HIGH YIELD BOND		107,346
*	Empower 524361-03	DS PSF PGIM GOVT MONEY MKT		217,562
*	Empower 524361-03	PSF STOCK INDEX		918,583
*	Empower 524361-03	T R PRICE EQUITY INCOME PORT		565,122
*	Empower 524361-03	T ROWE PRICE INTL STOCK		39,517
		Subtotal		7,181,281
		<u>Variable Annuities - CREF</u>		
*	CREF	CREF Core Bond Market		787,761
*	CREF	CREF Equity Index		1,217,939
*	CREF	CREF Global Equities		1,442,300
*	CREF	CREF Growth		1,648,415
*	CREF	CREF Inflation-Linked Bond		785,478
*	CREF	CREF Money Market		191,801
*	CREF	CREF Social Choice		376,045
*	CREF	CREF Stock		4,029,287
*	TIAA	TIAA Real Estate		880,933
		Subtotal		11,359,959
		<u>Guaranteed Investment Contracts</u>		
*	Transamerica Financial Life Ins. Co.	TFLIC FIXED / Insurance Company General Account		880,543
*	Transamerica Financial Life Ins. Co.	TFLIC STABLE / Insurance Company General Account		325,441
*	Transamerica Financial Life Ins. Co.	TFLIC Government Fixed Fund		2,468
*	Advisor	Guaranteed Fixed Interest Fund R - Advisor Trust		12,698
*	Empower 524361-03	GUARANTEED INTEREST ACC		146,312
*	Empower 524361-02	GUARANTEED INTEREST ACC		172,183
*	TIAA	TIAA Traditional Benefit Responsive		3,232,680
*	TIAA	TIAA Traditional Non Benefit Responsive		445,535
*	TIAA	Plan Loan Default Fund (Benefit Responsive)		2,454
		Subtotal		5,220,314
		Total Investments	\$	53,430,065

* Party-in-interest.

** Omitted with respect to participant-directed transactions.

See Independent Auditor's Report.