Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

355 E ERIE STREET
CHICAGO, IL 60611-3015

2b Employer Identification Number (EIN) 36-2256036

2c Plan Sponsor's telephone number 312-238-1000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2026	MARCOS DELEON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1703
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)**	412
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	396
b	Retired or separated participants receiving benefits	**6b**	762
c	Other retired or separated participants entitled to future benefits	**6c**	442
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1600
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	82
f	Total. Add lines **6d** and **6e**.	**6f**	1682
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)**	
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)**	
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:

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

D Employer Identification Number (EIN)
36-2256036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	**2a**	193195941
b Actuarial value	**2b**	177427272

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	812	73449840	73449840
b For terminated vested participants	479	29275662	29275662
c For active participants	412	64809539	64784256
d Total	1703	167535041	167509758

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3606013
b Expected plan-related expenses	**6b**	559047
c Target normal cost	**6c**	4165060

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/02/2026
Date

KATLYN LACROIX
Type or print name of actuary

26-09124
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-1000
Telephone number (including area code)

MSC# 17510
PO BOX 551343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 18.44 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4827011
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29 %		255349
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		5082360
d	Portion of (c) to be added to prefunding balance		5082360
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5082360

Part III Funding Percentages

14	Funding target attainment percentage	14	102.88 %
15	Adjusted funding target attainment percentage	15	105.92 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.84 %	5.24 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	4165060
b Excess assets, if applicable, but not greater than line 31a	**31b**	4165060

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

D Employer Identification Number (EIN)
36-2256036

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

DAVIDSON KEMPNER CAPITAL MGMT LLC

13-3594751

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

ETON PARK INVESTMENT MANAGEMENT

399 PARK AVENUE
NEW YORK, NY 10022

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

FARALLON CAPITAL MANAGEMENT LLC

ONE MARITIME PLAZA
SUITE 2100
SAN FRANCISCO, CA 94111

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

GQG PARTNERS

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

NORTHERN TRUST INVESTMENTS INC

36-3608252

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

OAKTREE CAPITAL MANAGEMENT

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

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

SAMLYN ONSHORE FUND LP

500 PARK AVENUE 2ND FLOOR
NEW YORK, NY 10022

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

SCULPTOR OVERSEAS INSTIUTIONAL FUND

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

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

SHERIDAN SQUARE FUND II LP

380 LAFAYETTE STREET 6TH FLOOR
NEW YORK, NY 10003

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

SPYGLASS CAPITAL MANAGEMENT LLC

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

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

THE VANGUARD GROUP INC

23-1945930

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

VIKING GLOBAL INVESTORS LP

55 RAILROAD AVENUE
GREENWICH, CT 06830

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

WCM INVESTMENT MANAGEMENT

281 BROOKS STREET
LAGUNA BEACH, CA 92651

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	191219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	78840	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	73254	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MONTICELLO

1800 LARIMER STREET
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	68750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCOUT INVESTMENT MANAGEMENT

1201 WALNUT STREET 21ST FLOOR
KANSAS CITY, MO 64106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	31196	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REAMS ASSET MANAGEMENT COMPANY LLC

35-1503965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	9225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**DFE/Participating Plan Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

D Employer Identification Number (EIN)
36-2256036

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

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT FU

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1684820

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS EQUIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 82-6258259-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8766844

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	# Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB	**D** Employer Identification Number (EIN) 36-2256036

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

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

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

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

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

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction
0	0	0	135358	135358	0

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

D Employer Identification Number (EIN)
36-2256036

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	47	96
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	92783	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3157480	10125164
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8252531	18575485
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11998090	19020301
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12382154	6304109
(5) Partnership/joint venture interests	1c(5)	83092273	94709485
(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)	13035793	10451664
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55605947	46298108
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11249802	12005529

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	198866900	217489941
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	33875	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	5544301	14604825
k Total liabilities (add all amounts in lines 1g through1j)	1k	5578176	14604825
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	193288724	202885116

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)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	265221	
(C) Corporate debt instruments	2b(1)(C)	529953	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		795174
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	88919	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	528224	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		617143
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	127974817	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	138560221	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-10585404
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20886169	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20886169

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		163214
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4508276
c Other income	2c		1347070
d Total income. Add all **income** amounts in column (b) and enter total	2d		17731642
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7433708	
(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)		7433708
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)	191219	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	73254	
(5) Investment advisory and investment management fees	2i(5)	109757	
(6) Bank or trust company trustee/custodial fees	2i(6)	78840	
(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)	248472	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		701542
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8135250
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9596392
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) [X] 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)** [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**	X		42575
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 573890.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

D Employer Identification Number (EIN)
36-2256036

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-2256036

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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: 44.9 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 16.6 %
High-Yield Debt: 18.2 % Real Assets: _____% Cash or Cash Equivalents: 0.4 % Other: 19.9 %

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Retirement Plan for Employees of Rehabilitation Institute of Chicago

Financial Statements
August 31, 2025 and 2024

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

TABLE OF CONTENTS

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

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

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

RE: Retirement Plan for Employees of Rehabilitation Institute of Chicago

Opinion

We have audited the financial statements of the Retirement Plan for Employees of Rehabilitation Institute of Chicago (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G, Part III – Schedule of Nonexempt Transactions for the year ended August 31, 2025, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
June 10, 2026

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF AUGUST 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value (Note 8):		
U.S. government securities/U.S. government agency bonds	$ 18,575,485	$ 8,252,531
Common Stock	6,304,109	12,382,154
Mutual funds	46,298,108	55,605,947
Collective trusts	10,451,664	13,035,793
Corporate and other debt instruments	19,020,301	11,998,090
Hedge funds	12,005,529	11,249,802
Limited partnerships/joint venture interests	94,709,485	83,092,273
	207,364,681	195,616,590
Receivables:		
Plan Sponsor	-	92,783
Pending trade receivables	9,873,683	3,031,921
Accrued income	251,481	125,559
Total receivables	10,125,164	3,250,263
Cash	96	47
Total assets	217,489,941	198,866,900
LIABILITIES		
Accrued administrative expenses	-	33,875
Pending trade payables	14,604,825	5,544,301
Total liabilities	14,604,825	5,578,176
NET ASSETS AVAILABLE FOR BENEFITS	$ 202,885,116	$ 193,288,724

See accompanying notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED AUGUST 31, 2025 AND 2024

	2025	2024
Additions to Net Assets attributable to:		
Investment income:		
Net appreciation	$ 14,809,088	$ 28,945,800
Interest and dividends	2,922,554	1,344,348
Total investment income	17,731,642	30,290,148
Contributions:		
Plan Sponsor	-	5,000,000
Participants	-	-
Total contributions	-	5,000,000
Total additions	17,731,642	35,290,148
Deductions from Net Assets attributed to:		
Benefits paid	7,433,708	7,131,141
Administrative expenses	701,542	718,675
Total deductions	8,135,250	7,849,816
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	9,596,392	27,440,332
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	193,288,724	165,848,392
End of year	$ 202,885,116	$ 193,288,724

See accompanying notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED AUGUST 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

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

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Administrative Expenses — Plan administrative expenses, other than Trustee fees, are paid directly by the Plan Sponsor. It is the Plan's policy to reimburse the Plan Sponsor for fees associated with plan administration. Repayments to the Plan Sponsor amounted to $505,226 and $654,172 in 2025 and 2024, respectively, for fees that had been incurred. $172,003 and $165,600 in 2025 and 2024, respectively, in expenses were related to payments made to the Pension Benefit Guaranty Corporation (PBGC). In addition, the Plan incurred $109,757 and $120,828 in investment management fees in 2025 and 2024, respectively.

During the Plan years ended August 31, 2025 and 2024, it was identified that administrative fees totaling $42,575 and $92,783, respectively, were improperly reimbursed to the Plan Sponsor, resulting in a prohibited transaction under the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor corrected the transaction by full reimbursement of the principal. The transaction is disclosed on Schedule G, Part III-Schedule of Nonexempt Transactions for the year ended August 31, 2025, as required for prohibited transactions with parties-in-interest. The Plan Sponsor intends to credit lost earnings related to the transaction.

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Payment of Benefits — Benefit payments are recorded upon distribution.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are signed. The significant actuarial assumptions used in the August 31, 2025 and 2024, valuations are as follows:

- Rate of return on assets — 6.50% in 2025 and 6.25% in 2024 per annum.

- Life expectancy of participants — Pri-2012 mortality study with white collar adjustments projected generationally from 2012 with Scale MP-2021 for 2025 and Pri-2012 fully generational mortality table with project scale MP-2021 with Aon's Covid-19 Endemic Adjustment in 2024.

- Retirement age assumptions — active participants range from age 55 to age 70 as follows:

Retirement Rate for Active Participants

Age	2025	2024
55-61	6 %	6 %
62	8	6
63	10	12
64	12	15
65	25	30
66-68	25	24
69	40	40
70+	100	100

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

- Retirement age assumptions —Terminated vested participants range from age 55 to age 65+ as follows in 2025 and 2024:

Retirement Rate for Terminated Vested Participants

Age	2025	2024
55-56	1.5 %	1.5 %
57-61	3	3
62	9	9
63	3	3
64	30	30
65+	100	100

The total actuarial present value of accumulated plan benefits as of August 31, 2025 and 2024, is as follows (dates of the most recent actuarial valuations):

	2025	2024
Vested benefits:		
Participants currently receiving benefits	$ 66,062,937	$ 62,483,453
Participants with deferred benefits and other participants	92,681,193	90,998,011
Total vested benefits	158,744,130	153,481,464
Nonvested benefits	107,500	89,914
Total actuarial present value of accumulated plan benefits	$ 158,851,630	$ 153,571,378

The changes in the actuarial present value of accumulated plan benefits for the years ended August 31, 2025 and 2024, are summarized below:

	2025	2024
Actuarial present value of accumulated plan benefits – beginning of the year	$ 153,571,378	$ 148,973,326
Increase (decrease) during the year attributable to:		
Benefit payments	(7,433,708)	(7,131,141)
Interest accumulation	9,369,428	9,091,362
Change in actuarial assumptions	59,475	1,705
Other changes (1)	3,285,057	2,636,126
Actuarial present value of accumulated plan benefits – end of year	$ 158,851,630	$ 153,571,378

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

[(1)] Other changes represent the normal operation of the pension plan and consist of the increase due to ongoing benefit accruals and those items of plan experience that are not associated with plan asset performance.

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

4. FUNDING POLICY

Participant contributions are not required or permitted under the terms of the Plan. The funding policy of the Plan Sponsor is to make annual contributions to the Plan equal to an amount calculated by an independent actuary determined to be sufficient to provide the benefits required by the Plan for both prior and current service costs. Contributions have been reflected as sponsor contributions in the accompanying statements of changes in net assets available for plan benefits. The Plan has met the minimum funding requirements of ERISA for the years ended August 31, 2025 and 2024.

5. TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2025 and 2024, 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 2022.

6. PLAN TERMINATION

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

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

6. PLAN TERMINATION (Continued)

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

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest are considered parties in interest transactions. Certain professional fees for the administration, actuary services, PBGC premiums and audit of the Plan were paid by the Plan Sponsor and subsequently, the Plan Sponsor was reimbursed by the Plan. The professional fees paid by the Plan Sponsor and subsequently reimbursed by the Plan were in the amount of $505,226 and $654,172 for the plan years ended August 31, 2025 and 2024, respectively. Various administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

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

8. FAIR VALUE MEASUREMENTS

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

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

Level 2 — Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

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

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

8. FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

Limited Partnership: The fair value of the Oaktree Global Credit Plus Fund Feeder is estimated utilizing the net asset value provided by the fund as reported by the investee. The investment objective of the Oaktree partnership seeks to invest globally in high-conviction opportunities across Oaktree's performing credit platform of high yield bonds, senior loans, debt securities, structured credit and emerging market debt. The financial statements include interests in the Oaktree partnership valued at $37,076,322 (18% of total investments) and $15,279,230 (8% of total investments) as of August 31, 2025 and 2024, respectively. The Oaktree partnership provides for quarterly redemptions.

Alternative Investments: The Plan's interests in limited partnerships (excluding Oaktree Global Credit Plus Fund Feeder) and hedge funds represent the Plan's interest in alternative investments. The financial statements include interests in alternative investments valued at $69,638,692 (34% of total investments) and $79,062,845 (40% of total investments) as of August 31, 2025 and 2024, respectively. These investments include restrictions on the Plan's ability to redeem shares or units in the respective investments. Redemptions may be made with written notice ranging from more than one month to one year, following an initial lock-up provision which could be as long as three years.

8. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the fair value measurements in alternative investments, calculated using a net asset value (or its equivalent) and their redemption restrictions as of August 31, 2025 and 2024:

		Fair Value 2025	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	Limited Partnerships/Joint Ventures					
1	Absolute Return	$ 18,582,201	$ 16,553,609	None	Quarterly, annually	60-65 days
2	Large Cap Equity	15,340,476	23,723,761	None	Monthly, quarterly	30 days
3	International Hedged Equity	14,248,118	17,122,691	None	Monthly, quarterly	5-65 days
4	Hedged Equity	9,462,368	10,412,982	None	Semi-annually, annually End of term	45 days
		57,633,163	67,813,043			
	Hedge Funds					
5	Absolute Return	4,691	66,932	None	Quarterly, annually	60-65 days
6	Hedged Equity	12,000,838	11,182,870	None	Semi-annually, annually End of term	45 days
		12,005,529	11,249,802			
		$ 69,638,692	$ 79,062,845			

1. This category includes investments in limited partnerships that pursue multiple strategies to diversify risks, reduce volatility, selling short securities and instruments while maximizing a long-term return. The fair value of the investments in this category has been estimated using the NAV per share of the Plan's ownership interest in the partners' capital. Certain investments in this category include restrictions that limit redemptions to 10% of the value of the fund as of August 31, 2025.

2. This category includes investments in limited partnerships that invest in long term-only strategy using securities and derivatives. The fair value of the investments in this category has been estimated using the NAV per share of the investments.

3. This category includes investments in a limited partnership that invests both long and short primarily in emerging market equities. The fair value of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category have gate restrictions that limit redemptions to 25% of the value of the fund per quarter as of August 31, 2025.

4. This category includes investments in a limited partnership that invests primarily in equity securities. The fair value of the investment in this category has been estimated using the NAV per share of the investment. The initial lock up period for the Samlyn investment is 1 year.

5. This category includes investments in hedge funds that pursue multiple strategies to diversify risks and reduce volatility. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category typically include a two- to three-year lock-up period. The initial lock-up period for these investments has expired. Certain investments in this category include restrictions that limit redemptions to 25% of the value of the fund per quarter as of August 31, 2025.

8. FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

8. FAIR VALUE MEASUREMENTS (Continued)

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

Following is a summary of investments measured at fair value on a recurring basis as of August 31, 2025:

Assets	Level 1	Level 2	Total Fair Value
U.S. government securities and U.S. government agency bonds	$ -	$ 18,575,485	$ 18,575,485
Mutual Funds	46,298,108	-	46,298,108
Common stock	6,304,109	-	6,304,109
Corporate and other debt instruments	-	19,020,301	19,020,301
			90,198,003
*Collective trusts	-	-	10,451,664
*Hedge funds	-	-	12,005,529
*Limited partnerships/joint ventures interests	-	-	94,709,485
Total assets at fair value	$ 52,602,217	$ 37,595,786	$ 207,364,681

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

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

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

9. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through June 10, 2026 which is the date the financial statements were available to be issued.

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SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE G, PART III – SCHEDULE OF NONEXEMPT TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity or Party Involved (a)	Relationship to Plan, Employer or Other Party-In-Interest (b)	Description of Transaction Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost of Asset (h)	Current Value of Asset (i)	Net gain (or loss) on each transaction (j)
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	$ 92,783*	$ 92,783	$ -#
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	$ 42,575**	$ 42,575	$ -#

The Plan Sponsor will credit lost earnings, if applicable, in connection with the correction of the transactions.
** corresponds to the 2024 amount*
*** corresponds to the 2025 amount*

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		U.S. Government Agency Securities and U.S. Government Sponsored Corporation Securities		
	KOREAN GOVERNMENT	EXPORT IMPORT BK KOREA 5.125% 09-18-2028	$ 56,030	$ 56,866
	FNMA	FANNIE MAE REMIC SER 25-6 CL FE FLTG 02-25-2055	34,838	35,062
	FNMA	FANNIE MAE SER 24-103 CL FH FLTG 01-25-2055	241,859	242,957
	FNMA	FANNIE MAE SR 25-1 CL FB FLTG 02-25-2055	34,473	34,661
	FHLMC	FEDERAL HOME LN MTG CORP 5% 08-25-2052	294,103	297,467
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD-8199 2.0% 02-01-2052	1,441,017	1,444,902
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD8284 3%01-01-2053 BEO	686,015	689,105
	FHLMC	FEDERAL HOME LN MTG CORP SER 005550 CL BA 5% 03-25-2052	299,325	302,760
	FHLMC	FEDERAL HOME LN MTG CORP SER 005568 CL DA 5% 03-25-2051	111,961	112,806
	FHLMC	FHLMC MULTICLASS FHR 5563 G 0 5 11-25-2052	151,532	152,658
	FHLMC	FHLMC MULTICLASS SR 5570 CL AB 5.0% 12-31-2049	273,528	276,398
	FHLMC	FHLMC REMIC SR 5503 CL FB FLTG 02-25-2055	536,523	539,765
	FNMA	FNMA 5% 05-25-2052	172,056	173,863
	FNMA	FNMA POOL #FS4919 2.5% 05-01-2053 BEO	300,492	301,573
	FNMA	FNMA SER 2025-41 CL DA 5.0% 04-25-2052	231,841	232,868
	FNMA	FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES OCTOBER	466,334	469,565
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.0% 30 YEARS SETTLES OCTOBER	1,907,463	1,926,020
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.5% 30 YEARS SETTLES OCTOBER	546,008	552,533
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES OCTOBER	527,871	532,129
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEARS SETTLES OCTOBER	1,630,318	1,637,776
	FHLMC	FREDDIE MAC FHR 5499 FW FLTG RT 02-25-2055	236,913	237,537
	FHLMC	FREDDIE MAC SR 5544 CL B 5.0% 08-25-2052	144,860	147,150
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4.125% 05-31-2032	767,539	774,652
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 3.5% 09-30-2026	868,627	871,751
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	244,768	246,608
	UNITED STATES TREASURY	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033	444,562	450,723
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 0% 10-16-2025	346,709	348,223
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 0% T-BILL 09-18-2025	1,576,518	1,596,974
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 10-28-2025 UNITEDSTS TREAS BILLS	864,935	869,365
	UNITED STATES TREASURY	UTD STATES TREAS 3.625% DUE 08-31-2030	3,020,531	3,020,768
			18,459,549	18,575,485
		Common Stock		
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	46,372	62,582
	AMPHENOL CORP	AMPHENOL CORP NEW CL A	159,648	272,585
	ATMOS ENERGY CORP	ATMOS ENERGY CORP COM	122,628	171,612
	BALL CORP	BALL CORP COM	97,753	97,016
	BERKSHIRE HATHAWAY INC	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	100,100	260,544
	BROWN-FORMAN INC	BROWN-FORMAN INC CL B NON-VTG COM	136,230	124,071
	CDW CORP	CDW CORP COM	169,116	131,643
	CHOICE HOTELS INTL INC	CHOICE HOTELS INTL INC COM	75,315	123,526
	CINTAS CORP	CINTAS CORP COM	46,024	238,804
	COMPASS GROUP	COMPASS GROUP ORD GBP0.1105	92,009	136,738
	CONSTELLATION SOFT	CONSTELLATION SOFT COM STK NPV	155,559	550,170
	COPART INC	COPART INC COM	101,797	226,478
	CREDIT ACCEP CORP MICH COM	CREDIT ACCEP CORP MICH COM	158,504	230,599
	ELEMENT SOLUTION INC	ELEMENT SOLUTION INC COM	89,500	126,131
	EXPEDITORS INTL WASH INC	EXPEDITORS INTL WASH INC COM	168,475	225,530
	FASTENAL CO	FASTENAL CO COM	35,178	135,075
	FIRST CTZNS BANCSHARES INC	FIRST CTZNS BANCSHARES INC CL A CL A	42,308	194,423
	GRACO INC	GRACO INC COM	97,752	126,292
	IDEX CORP	IDEX CORP COM	89,035	118,440
	IDEXX LABS INC	IDEXX LABS INC COM	62,695	89,946
	LENNOX INTL INC	LENNOX INTL INC COM	62,460	181,305

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	LUMINE GROUP INC	LUMINE GROUP INC	$ -	$ 17,584
	M & T BK CORP	M & T BK CORP COM	212,400	253,487
	MARKEL GROUP INC	MARKEL GROUP INC	181,260	338,917
	METTLER-TOLEDO INTL INC	METTLER-TOLEDO INTL INC COM	47,330	55,945
	MOODYS CORP	MOODYS CORP COM	23,179	83,091
	NVR INC	NVR INC COM STK USD0.01	144,162	422,118
	O REILLY AUTOMOTIVE INC	O REILLY AUTOMOTIVE INC NEW COM USD0.01	167,203	256,608
	OLD DOMINION FREIGHT LINE INC	OLD DOMINION FREIGHT LINE INC COM	167,358	145,686
	PACCAR INC	PACCAR INC COM	117,299	248,650
	PROGRESSIVE CORP	PROGRESSIVE CORP OH COM	104,942	317,966
	PUB STORAGE	PUB STORAGE COM	48,426	68,050
	SHERWIN-WILLIAMS CO	SHERWIN-WILLIAMS CO COM	69,205	185,476
	TOPICUS	TOPICUS COM INC SUB VTG SHS	2,432	33,161
	U-HAUL HOLDING COMPANY	U-HAUL HOLDING COMPANY	40,210	53,859
			3,433,864	6,304,108
		Mutual funds		
	VANGUARD	MFO VANGUARD INSTL INDEX FD SH BEN INT	35,918,052	42,601,897
*	SPYGLASS	SPYGLASS GROWTH FUND	2,500,000	3,696,212
			38,418,052	46,298,109
		Collective Trusts		
	GQG PARTNERS	GQG PARTNERS EMERGING MARKET EQUITY CIT	6,200,000	8,766,844
*	NORTHERN TRUST COMPANY	NT COLLECTIVE SHORT TERM INVT FD	1,684,820	1,684,820
			7,884,820	10,451,664
		Corporate Bonds and Collateralized Mortgage Obligations		
	AERCAP IRELAND	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028	229,841	240,531
	AMEREN CORP	AMEREN CORP 5.0% 01-15-2029	160,318	163,546
	AMERICAN EXPRESS	AMERICAN EXPRESS CREDIT ACCOUNT MASTER TRUST SER 23-1 CL A 4.87% DUE 05-15-2028	431,728	432,257
	AMERICAN EXPRESS	AMERN EXPRESS CO FLTG RT 5.016% DUE 04-25-2031	241,832	246,606
	AMSR	AMSR 2020-SFR5 TR SINGLE FAMILY RENT 1.379% 11-17-2037	61,588	66,555
	AMSR	AMSR 2024-SFR1 TR SR 24-SFR1 CL A 4.29% 07-17-2041	53,687	54,570
	AMSR	AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041	14,353	14,825
	ARBOR MLTIFAM	ARBOR MLTIFAM MTG SECS TR 2021-MF3 MTG PASS THRU CTF CL A-2 2.2129% 10-15-2054	87,550	82,174
	AT&T	AT&T INC 2.75% DUE 06-01-2031	62,997	64,041
	AT&T	AT&T INC 4.7% 08-15-2030	159,904	162,441
	BANK 2024-BNK47	BANK 2024-BNK47 MTG PASS THRU CTF CL A-55.716% 06-15-2057	77,625	79,789
	BANC OF AMERICA MLCM INC	BANK 2025-BNK49 5.623% DUE 03-15-2058	128,415	131,871
	BANK AMER CORP	BANK OF AMERICA CORP 5.162% 01-24-2031	187,605	190,935
	BBCMS MTG	BBCMS MTG TR 2.69% DUE 02-15-2053	43,520	43,676
	BBCMS MTG	BBCMS MTG TR 5.419% DUE 02-15-2057	147,269	151,391
	BBCMS MTG	BBCMS MTG TR 5.829% DUE 05-15-2057	140,780	144,487
	BMO	BMO 2024-C9 MTG TR MTG PASSTHRU CTF CL A-5 5.7592% 07-15-2057	150,457	153,805
	BMO	BMO 2025-C12 MTG 5.87058% DUE 06-15-2058	87,550	90,686
	BROADCOM	BROADCOM INC 4.9% 07-15-2032	164,555	167,024
	CANADIAN PACIFIC RAILWAY CO	CANADIAN PAC RY CO 4.8% 03-30-2030	185,967	189,405
	CITIGROUP	CITIGROUP COML MTG 2.646% DUE 07-10-2049	103,538	108,568
	CITIGROUP	CITIGROUP INC 2.561% DUE 05-01-2032 BEO	314,577	327,764
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 04-25-2051	69,818	70,994
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 05-25-2051	508,612	512,807

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	BANK 2024-BNK48	CMO BANK 2024-BNK48 SR 24-BNK48 CL AS 5.053% 09-15-2034	$ 138,217	$ 142,043
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SEC SR 24-C30 CL A5 5.532% 11-15-2057	121,814	125,794
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SECURITIES SR 25-C35 CL A5 5.586% 07-15-2058	139,045	141,684
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SR 25-C32 CL A5 FRN 02-15-2062	221,262	223,106
	BBCMS MTG TR	CMO BBCMS MTG TR SR 24-C28 CL A5 5.403% 09-15-2057	125,649	130,150
	COMM 2019-GC44	CMO COMM 2019-GC44 MTG TR SER 19-GC44 CLA2 2.827% DUE 08-15-2057	36,395	36,489
	CSAIL COML MTG	CMO CSAIL COML MTG TR SRS 20-C19 CL A1 1.2955% DUE 03-15-2053 REG	5,528	5,098
	CSMC 2018-J1	CMO CSMC 2018-J1 TR CL A-2 FLTGE 02-01-2048	133,857	138,018
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.9% 02-15-2029	213,058	215,434
	COPT DEFENSE PROPERTIES	CORPORATE OFFICE PPTYS L P 2.0% 01-15-2027	118,063	129,277
	CVS	CVS HEALTH CORP 5.0% 09-15-2032	119,633	120,552
	DISCOVER	DISCOVER CARD EXECUTION NT TR SER 23-A1 CL A 4.31% 03-15-2028	249,715	250,227
	DISCOVER	DISCOVER CARD EXECUTION NT TR SER 23-A2 CL A 4.93% 06-15-2028	316,538	317,039
	DTE ELECTRIC	DTE ELECTRIC COMP 1.9% DUE 04-01-2028	141,303	147,070
	DUKE ENERGY PROGRESS	DUKE ENERGY CAROLINAS LLC 4.85% 03-15-2030	187,152	190,463
	DUKE ENERGY PROGRESS	DUKE ENERGY PROGRESS LLC 3.7% 09-01-2028	85,743	89,231
	ENERGY TRANSFER LP	ENERGY TRANSFER LP 5.25% 07-01-2029	170,832	175,332
	FIRSTKEY HOMES	FIRSTKEY HOMES 2.135% DUE 12-17-2038	390,053	399,426
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 5.8% 03-05-2027	69,915	70,542
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 6.05% 03-05-2031	276,228	284,468
	GCAT 2022-INV1	GCAT 2022-INV1 TR 3% DUE 12-25-2051	133,410	133,567
	GENERAL ELECTRIC CO	GENERAL ELECTRIC CO 4.3% 07-29-2030	119,760	120,517
	GENERAL MOTORS	GENERAL MTRS FINL CO INC 2.7% DUE 08-20-2027 REG	106,430	111,572
	GEORGIA POWER CO	GEORGIA POWER CO 4.85% 03-15-2031	333,398	338,083
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.207% 01-28-2031	126,179	128,802
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.218% 04-23-2031	166,044	170,352
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.727% 04-25-2030	164,009	167,561
	GS MTG BACKED	GS MTG-BACKED SECS TR 2021-PJ5 MTG PASSTHRU CTF CL A-1 2% 10-25-2051	61,185	62,693
	HERTZ VEH FING III	HERTZ VEH FING III 2.33% DUE 06-26-2028	82,406	87,069
	HERTZ VEH FING III	HERTZ VEH FING III 5.41% DUE 12-25-2031	144,970	148,448
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-2 RENT CAR AST BKD NT 1.68% 12-27-2027	477,115	504,236
	HONDA AUTO	HONDA AUTO 5.48% DUE 11-18-2026	47,759	47,838
	INVITATION HOMES	INVITATION HOMES 4% DUE 09-17-2041	19,158	19,579
	JP MORGAN	J P MORGAN MTG TR 2021-1 MTG PASS THRU CTF CL A-3 2.5% 06-25-2051	464,144	469,359
	JP MORGAN	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051	141,333	142,871
	JP MORGAN	J P MORGAN MTG TR 2022-6 MTG PASS THRU CTF CL A-2 3.5% 11-25-2052	150,440	153,692
	JP MORGAN	J P MORGAN MTG TR 2024-9 MTG PASS THRU CTF CL A-3 5% 02-25-2055	53,271	54,094
	JP MORGAN	J P MORGAN MTG TR 2025-3 5.61005% 09-25-2055	235,155	236,911
	JP MORGAN	J P MORGAN MTG TR 2025-7MPR MTG BACKED NT CL A-1D 144A 5.324% 02-25-2056	109,656	109,964
	JP MORGAN	J P MORGAN MTG TR 3% DUE 01-25-2052	89,743	90,206
	JP MORGAN	J P MORGAN MTG TR 3% DUE 03-25-2052	338,161	340,809
	JP MORGAN	J P MORGAN MTG TR 3% DUE 04-25-2052	120,342	120,560
	JP MORGAN	J P MORGAN MTG TR 3% DUE 07-25-2052	217,332	217,272
	JP MORGAN	J P MTG TR 2025-5MPR MTG BACKED NT CL A-1D 144A 5.5% 11-25-2055	293,985	298,703
	JET BLUE	JETBLUE AWYS CORP 2020-1 PASS THRU 4.0% 11-15-2025	32,666	33,195
	JP MORGAN	JPMORGAN CHASE & CO 5.012% 01-23-2030	84,807	87,065
	JP MORGAN	JPMORGAN CHASE & CO 5.04% 01-23-2028	165,991	166,725
	JP MORGAN	JPMORGAN CHASE & CO 5.103% 04-22-2031	110,713	113,486
	KRAFT HEINZ	KRAFT HEINZ FOODS CO 5.2%03-15-2032	196,459	199,178
	MELLOW MORTGAGE	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	155,498	161,087
	MORGAN STANLEY	MORGAN STANLEY FLTG RT 6% DUE 12-25-2053	118,896	119,360
	MORGAN STANLEY	MORGAN STANLEY RESDNTL MTG LN TR 6% 06-25-2053	160,367	164,089
	MORGAN STANLEY	MORGAN STANLEY SR NT FIXED / FLTG 5.192%04-17-2031	221,989	226,770
	NEVADA POWER CO	NEVADA PWR CO FIXED 2.4% DUE 05-01-2030	50,137	50,878
	OBX	OBX 2021-INV2 TR FLTG RT 2.5% DUE 10-25-2051	33,688	34,930
	OGE ENERGY	OGE ENERGY CORP 5.45% 05-15-202	157,543	161,072

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 2.393% DUE 12-17-2040	$ 31,375	$ 31,719
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.2% DUE 04-17-2039	13,530	14,031
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.39% DUE 07-17-2042	106,527	109,032
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.4% DUE 02-17-2042	37,374	38,225
	PROGRESS RESIDENTIAL	PROGRESS RESIDENITAL 2024-SFR3 TR SINGLEFAMILY RENT PASSTHRU 3% 06-17-2041	129,704	132,874
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR11 TR MTG PASS THRU CTF CL A 144A 2.283 01-17-2039	197,614	198,408
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLEFAMILY RENT PASS 1.427% 07-17-2038	25,491	27,362
	PSMC 2021-2 TRUST	PSMC 2021-2 TR FLTG RT 2.5% DUE 05-25-2051	135,445	139,985
	ALASKA AIR	PVTPL ALASKA AIRLS 2020-1 PASS-THRU TR 4.8% 02-15-2029	44,370	45,846
	AMSR	PVTPL AMSR TRUST SR SFR5 CL C 1.88% 11-17-2037	68,600	69,525
	BRITISH AIR	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036	61,504	64,419
	CHASE MORTGAGE FINANCE CORP	PVTPL CMO CHASE MORTGAGE FINANCE CORP SR 24-8 CL A4A VAR 08-25-2055	35,080	35,657
	HUDSON YARDS	PVTPL CMO HUDSON YARDS SR 25-SPRL CL A FLTG RT 01-13-2030	72,108	72,487
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2021-10 VAR RT DUE 12-25-2051 BEO	26,524	27,421
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-7 SR 22-7 CL 1A2 VAR RT 12-25-2052	303,060	306,661
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-8 SER 22-8 CL A3 VAR RT DUE 01-25-2053	21,474	21,868
	SEQUOIA	PVTPL CMO SEQUOIA MTG TR 2021-4 25/06/2051 VAR RT DUE 06-25-2051 BEO	42,810	42,713
	TOWD PT MTG	PVTPL CMO TOWD PT MTG TR 2021-SJ2 SER 21-SJ2 CL A1A VAR RT DUE 03-25-2059	27,878	27,296
	COREVEST AMERICAN FINANCE	PVTPL COREVEST AMERN FIN 2019-3 TR SER 19-3 CLS A 2.772% DUE 10-15-2052 BEO	20,627	20,994
	DAYTON POWER & LIGHT CO	PVTPL DAYTON POWER & LIGHT CO 4.55% 08-15-2030	79,926	80,217
	ERAC USA FINANCE	PVTPL ERAC USA FINANCE LLC 4.6% 05-01-2028	231,071	233,102
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR1 TR 1.339%09/17/2025 1.339% DUE 08-17-2037 BEO	44,141	46,887
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR2 TRUST SER20-SFR2 CL A 1.266% 10-19-2037	47,911	50,234
	HERTZ VEH FING III	PVTPL HERTZ VEH FING III LLC SR 23-4A CL A 6.15% 03-25-2030	207,412	209,291
	HERTZ VEHICLE FINANCING	PVTPL HERTZ VEHICLE FINANCING LLC 5.13% 09-25-2031	134,360	136,858
	HOME PARTNERS	PVTPL HOME PARTNERS AMER 2019-1 TR SER 2019-1 CLS A 2.908% 09-17-2039	37,410	39,068
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 20-2 CL A 1.532% 01-17-2041	57,840	63,843
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 21-2 CL A 1.901% 12-17-2026	71,983	76,661
	HYUNDAI	PVTPL HYUNDAI CAP AMER 1.8% 01-10-2028	108,457	113,186
	JP MORGAN	PVTPL J P MORGAN MTG TR SER 18-5 CL A1 VAR 10-25-2048	23,106	24,289
	JP MORGAN	PVTPL J P MORGAN MTG TRSER 21-15 CL A2 FLTG DUE 06-25-2052 BEO	204,365	204,981
	METROPOLITAN EDISON	PVTPL METROPOLITAN EDISON CO 5.2% 04-01-2028	60,088	61,401
	ROCC TRUST SERVICES	PVTPL ROCC TRUST SER 24-CNTR CL A 5.38834% 11-13-2041	182,379	185,284
	TRICON AMERICAN HOMES	PVTPL TRICON AMERICAN HOMES SER 2019-SFR1 CLS A 2.75% 03-17-2038	106,397	107,125
	UBS GROUP	PVTPL UBS GROUP AG 4.751% DUE 05-12-2028BEO	187,090	191,395
	RIDE 2025-SHARE	RIDE 2025-SHRE VAR RT 5.61885% DUE 02-14-2047	45,000	46,418
	SEQUOIA	SEQUOIA MTG TR 2025-4 MTG PASS THRU CTF CL A-5 5.5% 04-25-2055	169,403	170,802
	SEQUOIA	SEQUOIA MTG TR FLTG RT 2.5% DUE 01-25-2052	142,529	145,020
	SLG OFFICE TRUST	SLG OFFICE TR 2.5854% DUE 07-15-2041	120,555	124,424
	SOUTHERN	SOUTHERN CO 5.5% 03-15-2029	174,360	177,214
	STAR 2022-SFR3	STAR 2022-SFR3 TR FLTG RT 5.33019% DUE 05-17-2039	201,056	202,248
	SYNOPSYS INC	SYNOPSYS INC 5.0% 04-01-2032	165,563	168,330
	TOWD PT MTG	TOWD PT MTG TR 2021-SJ1 MTG PASS THRU CTF CL A1 2.25% 07-25-2068	72,747	69,428
	TOYOTA AUTO	TOYOTA AUTO RECEIVABLES 2025-C OWNER TR SR 25-C CL A2B 06-15-2028	200,000	200,113
	TRICON AMERICAN HOMES	TRICON AMERN HOMES 2020-SFR2 TR 1.482% 11-17-2039	599,724	618,157
	US BANCORP	U S BANCORP 5.083% 05-15-2031	105,147	107,880
	UBS COMMERICAL	UBS COML MTG TR SR 2017-C2 CL ASB 3.264% 08-15-2050	35,803	37,039
	UNITED AIRLINES	UNITED AIRLINES 2019-1A 2.7% 11-01-2033	210,916	224,607
	WELLS FARGO	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK5.15% 04-23-2031	165,934	169,932
	WELLS FARGO	WELLS FARGO COML 2.674% DUE 07-15-2048	98,119	102,559
	WORLD OMNI AUTO	WORLD OMNI AUTO RECEIVABLES TR SER 24-A CL A3 4.86% 03-15-2029	190,858	191,001
			18,640,970	19,020,301
		Hedge Funds		
*	ETON PARK	CF ETON PARK A1 0704 FD	382	830
*	VIKING GLOBAL EQUITY LTD	CF VIKING GLOBAL EQ III LTD CL H/1E	2,347,723	12,000,838
*	SCULPTOR OVERSEAS LTD	SCULPTOR OVERSEAS INSTITUTIONAL FUND LTD.	74	3,861
			2,348,179	12,005,529

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Partnerships/Joint Venture Interests		
*	DAVIDSON KEMPNER	DAVIDSON KEMPNER INSTL PARTNERS	$ 5,000,000	$ 9,965,716
*	FARALLON	FARALLON CAPITAL INSTL PTRS	5,000,000	8,616,485
*	FARALLON	FARALLON EQUITY PARTNERS LP	2,688,334	15,340,476
*	OAKTREE GLOBAL	OAKTREE GLOBAL CREDIT PLUS FUND FEEDER CAYMAN	35,710,033	37,076,322
*	SAMLYN	SAMLYN ONSHORE FUND	6,500,000	9,462,368
*	SHERIDAN	SHERIDAN SQUARE FUND LP	1,700,000	2,779,327
*	CHILDREN'S	THE CHILDREN'S INVESTMENT FUND (ONSHORE)	5,100,000	8,105,230
*	WCM	WCM FOCUSED INTERNATIONAL GROWTH FUND LP	1,200,000	3,363,561
			62,898,367	94,709,485
			$ 152,083,801	**$ 207,364,681**

*Represents a party-in-interest

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity of Party Involved (a)	Description of Asset (b)		Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain/ Loss (i)
Category (i) – A single transaction in excess of 5% of beginning Plan assets							
Oaktree Global	Credit Plus Fund	Purchases	$ 20,000,000	$ -	$ 20,000,000	$ 20,000,000	$ -
Northern Trust Company	Short Term Investment Fund	Purchases	18,161,450	-	18,161,450	18,161,450	-
Northern Trust Company	Short Term Investment Fund	Purchases	14,021,497	-	14,021,497	14,021,497	-
Northern Trust Company	Short Term Investment Fund	Purchases	11,137,768	-	11,137,768	11,137,768	-
Vanguard	Institutional Index Fund	Purchases	14,021,497	-	14,021,497	14,021,497	-
Northern Trust Company	Short Term Investment Fund	Sales	-	10,000,000	10,000,000	10,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	20,000,000	20,000,000	20,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	14,019,642	14,019,642	14,019,642	-
Northern Trust Company	Short Term Investment Fund	Sales	-	11,137,768	11,137,768	11,137,768	-
Advisor's Inner Circle	Institutional Growth Fund	Sales	-	14,021,497	11,079,068	14,021,497	2,942,429

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity or Party Involved (a)	Description of Asset (b)		Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain/ Loss (i)
Category (iii) – A series of transactions in excess of 5% of beginning Plan assets							
Oaktree Global	Credit Plus Fund	Purchases	$ 21,500,000	$ -	$ 21,500,000	$ 21,500,000	$ -
Oaktree Global	Credit Plus Fund	Sales	-	319,987	319,987	319,987	-
Vanguard	Institutional Index Fund	Purchases	19,587,642	-	19,587,642	19,587,642	-
Vanguard	Institutional Index Fund	Sales	-	1,000,000	841,700	1,000,000	158,300
Northern Trust Company	Short Term Investment Fund	Purchases	110,560,989	-	110,560,989	110,569,989	-
- Northern Trust Company	Short Term Investment Fund	Sales	-	112,897,778	112,897,778	112,897,778	-
Farallon	Farallon Equity Partners LP	Sales	-	10,011,666	10,011,666	10,011,666	-
Edgewood	Edgewood Growth Fund	Purchases	3,281,107	-	3,281,107	3,281,107	-
Edgewood	Edgewood Growth Fund	Sales	-	22,021,497	17,649,261	22,021,497	4,372,236
United States	Treasury Notes 4.0%	Purchases	10,091,001	-	10,091,001	10,091,001	-
United States	Treasury Notes 4.0%	Sales	-	10,180,399	10,091,001	10,180,399	89,398

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of September 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	1						
35-39		14	2	12	3					
40-44		22 $95,287	15	10	15	5				
45-49	1	13	11	11	14	10	1			
50-54		8	6	14	14	12	4	2		
55-59	1	3	4	10	12	13	12	5	1	
60-64	1	2	6	10	12	13	14	13	5	
65-69				2	8	11	9	7	6	4
70+				1	3		1		1	1

N-412

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2024), without regard to interest rate stabilization
1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.22%
Salary Increases for Minimum Funding and Maximum Tax Expected Benefit Increase	
Long-term/forward-looking assumption	See Table 1
2023 plan year only	Table 1 rates increased 0.5% at all ages
Social Security Wage Base Increase	Future wage indices are based on a national wage increase of 3.50% per year
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 3
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle-of-year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 calendar year pension compensation
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $275,000 and the IRC section 401(a)(17) compensation limit of $345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	7.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
2024 Plan Year	6.75%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	$559,047. Based on average of the prior two year's actual plan administrative expense (excluding PBGC premiums) plus the estimated PBGC premiums for the current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2024

Table 1

Salary Increase Rates

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

Table 2

Retirement Rates – Active Participants

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

Table 3

Retirement Rates – Terminated Vested Participants

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

Table 4

Withdrawal Rates

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

Table 5

Disability Rates

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Rehabilitation Institute of Chicago dba Shirley Ryan AbilityLab

355 E Erie Street

Chicago IL 60611-3015

2b Employer Identification Number (EIN) 36-2256036

2c Plan Sponsor's telephone number 312-238-1000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Marcos DeLeon	June 10, 2026	Marcos DeLeon
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		June 10, 2026	Jonathan Tingstad
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,703
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)**	412
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	396
b	Retired or separated participants receiving benefits	**6b**	762
c	Other retired or separated participants entitled to future benefits	**6c**	442
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,600
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	82
f	Total. Add lines **6d** and **6e**.	**6f**	1,682
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)**	
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)**	
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:

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **G** (Financial Transaction Schedules)

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity of Party Involved (a)	Description of Asset (b)		Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain/ Loss (i)
Category (i) – A single transaction in excess of 5% of beginning Plan assets							
Oaktree Global	Credit Plus Fund	Purchases	$ 20,000,000	$ -	$ 20,000,000	$ 20,000,000	$ -
Northern Trust Company	Short Term Investment Fund	Purchases	18,161,450	-	18,161,450	18,161,450	-
Northern Trust Company	Short Term Investment Fund	Purchases	14,021,497	-	14,021,497	14,021,497	-
Northern Trust Company	Short Term Investment Fund	Purchases	11,137,768	-	11,137,768	11,137,768	-
Vanguard	Institutional Index Fund	Purchases	14,021,497	-	14,021,497	14,021,497	-
Northern Trust Company	Short Term Investment Fund	Sales	-	10,000,000	10,000,000	10,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	20,000,000	20,000,000	20,000,000	-
Northern Trust Company	Short Term Investment Fund	Sales	-	14,019,642	14,019,642	14,019,642	-
Northern Trust Company	Short Term Investment Fund	Sales	-	11,137,768	11,137,768	11,137,768	-
Advisor's Inner Circle	Institutional Growth Fund	Sales	-	14,021,497	11,079,068	14,021,497	2,942,429

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity or Party Involved (a)	Description of Asset (b)		Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain/ Loss (i)
Category (iii) – A series of transactions in excess of 5% of beginning Plan assets							
Oaktree Global	Credit Plus Fund	Purchases	$ 21,500,000	$ -	$ 21,500,000	$ 21,500,000	$ -
Oaktree Global	Credit Plus Fund	Sales	-	319,987	319,987	319,987	-
Vanguard	Institutional Index Fund	Purchases	19,587,642	-	19,587,642	19,587,642	-
Vanguard	Institutional Index Fund	Sales	-	1,000,000	841,700	1,000,000	158,300
Northern Trust Company	Short Term Investment Fund	Purchases	110,560,989	-	110,560,989	110,569,989	-
- Northern Trust Company	Short Term Investment Fund	Sales	-	112,897,778	112,897,778	112,897,778	-
Farallon	Farallon Equity Partners LP	Sales	-	10,011,666	10,011,666	10,011,666	-
Edgewood	Edgewood Growth Fund	Purchases	3,281,107	-	3,281,107	3,281,107	-
Edgewood	Edgewood Growth Fund	Sales	-	22,021,497	17,649,261	22,021,497	4,372,236
United States	Treasury Notes 4.0%	Purchases	10,091,001	-	10,091,001	10,091,001	-
United States	Treasury Notes 4.0%	Sales	-	10,180,399	10,091,001	10,180,399	89,398

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Shirley Ryan AbilityLab

D Employer Identification Number (EIN)
36-2256036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	2a	193,195,941
b Actuarial value	2b	177,427,272

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	812	73,449,840	73,449,840
b For terminated vested participants	479	29,275,662	29,275,662
c For active participants	412	64,809,539	64,784,256
d Total	1,703	167,535,041	167,509,758

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate	5	5.36%
6 Target normal cost		
a Present value of current plan year accruals	6a	3,606,013
b Expected plan-related expenses	6b	559,047
c Target normal cost	6c	4,165,060

Statement by Enrolled Actuary

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

SIGN HERE

Katlyn LaCroix
Signature of actuary

06/02/2026
Date

KATLYN LACROIX
Type or print name of actuary

2609124
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-1000
Telephone number (including area code)

MSC# 17510
PO Box 551343
Atlanta GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 18.44 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4,827,011
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29 %		255,349
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		5,082,360
d	Portion of (c) to be added to prefunding balance		5,082,360
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,082,360

Part III Funding Percentages

14	Funding target attainment percentage	14	102.88 %
15	Adjusted funding target attainment percentage	15	105.92 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.84 %	5.24 %	5.59%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	4,165,060
b Excess assets, if applicable, but not greater than line 31a	31b	4,165,060

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

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

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

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

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	846,845	545,424	7,070,894	8,463,163
2025	1,540,001	1,549,464	6,983,997	10,073,462
2026	2,238,274	1,797,934	6,817,840	10,854,048
2027	2,777,407	1,092,195	6,552,026	10,421,628
2028	3,248,454	1,206,239	6,354,114	10,808,807
2029	3,610,698	1,409,654	6,157,876	11,178,228
2030	3,967,082	1,567,188	5,961,224	11,495,494
2031	4,223,871	1,687,062	5,753,626	11,664,559
2032	4,415,384	1,801,732	5,534,432	11,751,548
2033	4,578,513	1,849,663	5,321,498	11,749,674
2034	4,759,739	1,917,955	5,092,725	11,770,419
2035	4,889,854	2,006,412	4,853,604	11,749,870
2036	4,987,423	2,115,394	4,606,839	11,709,656
2037	5,087,795	2,135,093	4,353,767	11,576,655
2038	5,172,239	2,145,668	4,094,184	11,412,091
2039	5,241,602	2,217,624	3,827,549	11,286,775
2040	5,285,602	2,276,472	3,555,792	11,117,866
2041	5,271,589	2,296,949	3,280,852	10,849,390
2042	5,220,656	2,425,739	3,004,664	10,651,059
2043	5,299,297	2,411,876	2,729,574	10,440,747
2044	5,251,378	2,396,615	2,458,203	10,106,196
2045	5,132,388	2,349,884	2,193,281	9,675,553
2046	5,079,806	2,293,483	1,937,646	9,310,935
2047	4,963,435	2,240,068	1,694,077	8,897,580
2048	4,787,874	2,172,430	1,465,146	8,425,450
2049	4,653,997	2,102,884	1,253,057	8,009,938
2050	4,452,555	2,021,011	1,059,459	7,533,025
2051	4,258,000	1,927,922	885,425	7,071,347
2052	4,028,783	1,834,123	731,413	6,594,319
2053	3,789,999	1,734,058	597,277	6,121,334
2054	3,566,123	1,634,894	482,330	5,683,347
2055	3,330,350	1,531,914	385,410	5,247,674
2056	3,098,002	1,429,616	305,014	4,832,632
2057	2,872,529	1,328,748	239,413	4,440,690
2058	2,654,203	1,230,002	186,755	4,070,960

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	2,444,892	1,133,981	145,176	3,724,049
2060	2,245,513	1,041,186	112,870	3,399,569
2061	2,055,971	952,047	88,155	3,096,173
2062	1,876,675	866,877	69,528	2,813,080
2063	1,707,549	785,858	55,680	2,549,087
2064	1,548,393	709,068	45,511	2,302,972
2065	1,398,946	636,511	38,121	2,073,578
2066	1,258,889	568,168	32,792	1,859,849
2067	1,127,869	504,018	28,965	1,660,852
2068	1,005,513	444,094	26,212	1,475,819
2069	891,530	388,436	24,214	1,304,180
2070	785,718	337,060	22,737	1,145,515
2071	687,903	290,016	21,608	999,527
2072	597,914	247,303	20,706	865,923
2073	515,629	208,881	19,946	744,456

RETIREMENT PLAN FOR EMPLOYEES OF
REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE G, PART III – SCHEDULE OF NONEXEMPT TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025

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

Identity or Party Involved (a)	Relationship to Plan, Employer or Other Party-In-Interest (b)	Description of Transaction Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost of Asset (h)	Current Value of Asset (i)	Net gain (or loss) on each transaction (j)
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	$ 92,783*	$ 92,783	$ -#
Shirley Ryan Ability Lab	Plan Sponsor	Expenses improperly reimbursed to the Plan Sponsor	$ 42,575**	$ 42,575	$ -#

The Plan Sponsor will credit lost earnings, if applicable, in connection with the correction of the transactions.
** corresponds to the 2024 amount*
*** corresponds to the 2025 amount*

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	The plan was established October 1, 1964. The latest restatement was on September 1, 2006 with the most recent amendment effective June 23, 2022.
Eligibility for Participation	The later of age 21 and one year of eligibility service. Employees hired on or after November 1, 2012 shall not be eligible for the plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly benefit equal to 1/12 of the sum of 1.26% of final average earnings and 0.62% of final average earnings over covered compensation for each year of credited service up to a maximum of 25 years. This benefit is subject to a minimum of the greatest of (a), (b), and (c): (a) The participant's accrued benefit as of August 31, 1989. (b) The participant's past service and future service retirement income credits as of December 31, 1979. (c) The participant's minimum annuity as of December 31, 1979.
Early Retirement	
Eligibility	Age 55 and 10 years of credited service.
Benefit	A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. If payments begin before the normal retirement date, the payments are reduced ½% for each month retirement precedes age 65.
Disability Retirement	
Eligibility	Active as of December 31, 2012 and has attained age 50 and 10 years of credited service.
Benefit	A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. If it is found that the participant is no longer disabled before his normal retirement date, the disability retirement annuity will be terminated.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit based on years of credited service and final average earnings at the date of termination. Payments may begin any time after eligibility for early retirement, with the benefit reduced by ½% for each month commencement precedes age 65.
Spouse's Benefit	
Eligibility	After being married for one year, after becoming vested, and before receiving any benefits under the plan.
Benefit	A monthly benefit payable to a surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired on the day before death with a joint and 50% survivor benefit. This benefit is payable to beneficiaries of both active and terminated vested employees.
Normal Form of Annuity	
Without Spouse	Life annuity.
With Spouse	Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse.
Optional Forms of Annuity	Life annuity; joint and survivor (50%, 75%, or 100%); Social Security adjustment option 10-year certain and life.
Limited Lump-Sum Distribution Window	Effective June 1, 2021, an amendment was made to allow terminated vested participants under age 65 who terminated prior to May 1, 2021 to elect a lump-sum as part of a limited lump-sum distribution window from June 1, 2021 through July 16, 2021.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Defintions

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

Year of Vesting Service

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

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

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

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		U.S. Government Agency Securities and U.S. Government Sponsored Corporation Securities		
	KOREAN GOVERNMENT	EXPORT IMPORT BK KOREA 5.125% 09-18-2028	$ 56,030	$ 56,866
	FNMA	FANNIE MAE REMIC SER 25-6 CL FE FLTG 02-25-2055	34,838	35,062
	FNMA	FANNIE MAE SER 24-103 CL FH FLTG 01-25-2055	241,859	242,957
	FNMA	FANNIE MAE SR 25-1 CL FB FLTG 02-25-2055	34,473	34,661
	FHLMC	FEDERAL HOME LN MTG CORP 5% 08-25-2052	294,103	297,467
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD-8199 2.0% 02-01-2052	1,441,017	1,444,902
	FHLMC	FEDERAL HOME LN MTG CORP POOL #SD8284 3%01-01-2053 BEO	686,015	689,105
	FHLMC	FEDERAL HOME LN MTG CORP SER 005550 CL BA 5% 03-25-2052	299,325	302,760
	FHLMC	FEDERAL HOME LN MTG CORP SER 005568 CL DA 5% 03-25-2051	111,961	112,806
	FHLMC	FHLMC MULTICLASS FHR 5563 G 0 5 11-25-2052	151,532	152,658
	FHLMC	FHLMC MULTICLASS SR 5570 CL AB 5.0% 12-31-2049	273,528	276,398
	FHLMC	FHLMC REMIC SR 5503 CL FB FLTG 02-25-2055	536,523	539,765
	FNMA	FNMA 5% 05-25-2052	172,056	173,863
	FNMA	FNMA POOL #FS4919 2.5% 05-01-2053 BEO	300,492	301,573
	FNMA	FNMA SER 2025-41 CL DA 5.0% 04-25-2052	231,841	232,868
	FNMA	FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES OCTOBER	466,334	469,565
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.0% 30 YEARS SETTLES OCTOBER	1,907,463	1,926,020
	FNMA	FNMA SINGLE FAMILY MORTGAGE 4.5% 30 YEARS SETTLES OCTOBER	546,008	552,533
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES OCTOBER	527,871	532,129
	FNMA	FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEARS SETTLES OCTOBER	1,630,318	1,637,776
	FHLMC	FREDDIE MAC FHR 5499 FW FLTG RT 02-25-2055	236,913	237,537
	FHLMC	FREDDIE MAC SR 5544 CL B 5.0% 08-25-2052	144,860	147,150
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4.125% 05-31-2032	767,539	774,652
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 3.5% 09-30-2026	868,627	871,751
	UNITED STATES TREASURY	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	244,768	246,608
	UNITED STATES TREASURY	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033	444,562	450,723
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 0% 10-16-2025	346,709	348,223
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 0% T-BILL 09-18-2025	1,576,518	1,596,974
	UNITED STATES TREASURY	UNITED STS TREAS BILLS 10-28-2025 UNITEDSTS TREAS BILLS	864,935	869,365
	UNITED STATES TREASURY	UTD STATES TREAS 3.625% DUE 08-31-2030	3,020,531	3,020,768
			18,459,549	18,575,485
		Common Stock		
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	46,372	62,582
	AMPHENOL CORP	AMPHENOL CORP NEW CL A	159,648	272,585
	ATMOS ENERGY CORP	ATMOS ENERGY CORP COM	122,628	171,612
	BALL CORP	BALL CORP COM	97,753	97,016
	BERKSHIRE HATHAWAY INC	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	100,100	260,544
	BROWN-FORMAN INC	BROWN-FORMAN INC CL B NON-VTG COM	136,230	124,071
	CDW CORP	CDW CORP COM	169,116	131,643
	CHOICE HOTELS INTL INC	CHOICE HOTELS INTL INC COM	75,315	123,526
	CINTAS CORP	CINTAS CORP COM	46,024	238,804
	COMPASS GROUP	COMPASS GROUP ORD GBP0.1105	92,009	136,738
	CONSTELLATION SOFT	CONSTELLATION SOFT COM STK NPV	155,559	550,170
	COPART INC	COPART INC COM	101,797	226,478
	CREDIT ACCEP CORP MICH COM	CREDIT ACCEP CORP MICH COM	158,504	230,599
	ELEMENT SOLUTION INC	ELEMENT SOLUTION INC COM	89,500	126,131
	EXPEDITORS INTL WASH INC	EXPEDITORS INTL WASH INC COM	168,475	225,530
	FASTENAL CO	FASTENAL CO COM	35,178	135,075
	FIRST CTZNS BANCSHARES INC	FIRST CTZNS BANCSHARES INC CL A CL A	42,308	194,423
	GRACO INC	GRACO INC COM	97,752	126,292
	IDEX CORP	IDEX CORP COM	89,035	118,440
	IDEXX LABS INC	IDEXX LABS INC COM	62,695	89,946
	LENNOX INTL INC	LENNOX INTL INC COM	62,460	181,305

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	LUMINE GROUP INC	LUMINE GROUP INC	$ -	$ 17,584
	M & T BK CORP	M & T BK CORP COM	212,400	253,487
	MARKEL GROUP INC	MARKEL GROUP INC	181,260	338,917
	METTLER-TOLEDO INTL INC	METTLER-TOLEDO INTL INC COM	47,330	55,945
	MOODYS CORP	MOODYS CORP COM	23,179	83,091
	NVR INC	NVR INC COM STK USD0.01	144,162	422,118
	O REILLY AUTOMOTIVE INC	O REILLY AUTOMOTIVE INC NEW COM USD0.01	167,203	256,608
	OLD DOMINION FREIGHT LINE INC	OLD DOMINION FREIGHT LINE INC COM	167,358	145,686
	PACCAR INC	PACCAR INC COM	117,299	248,650
	PROGRESSIVE CORP	PROGRESSIVE CORP OH COM	104,942	317,966
	PUB STORAGE	PUB STORAGE COM	48,426	68,050
	SHERWIN-WILLIAMS CO	SHERWIN-WILLIAMS CO COM	69,205	185,476
	TOPICUS	TOPICUS COM INC SUB VTG SHS	2,432	33,161
	U-HAUL HOLDING COMPANY	U-HAUL HOLDING COMPANY	40,210	53,859
			3,433,864	6,304,108
		Mutual funds		
	VANGUARD	MFO VANGUARD INSTL INDEX FD SH BEN INT	35,918,052	42,601,897
*	SPYGLASS	SPYGLASS GROWTH FUND	2,500,000	3,696,212
			38,418,052	46,298,109
		Collective Trusts		
	GQG PARTNERS	GQG PARTNERS EMERGING MARKET EQUITY CIT	6,200,000	8,766,844
*	NORTHERN TRUST COMPANY	NT COLLECTIVE SHORT TERM INVT FD	1,684,820	1,684,820
			7,884,820	10,451,664
		Corporate Bonds and Collateralized Mortgage Obligations		
	AERCAP IRELAND	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028	229,841	240,531
	AMEREN CORP	AMEREN CORP 5.0% 01-15-2029	160,318	163,546
	AMERICAN EXPRESS	AMERICAN EXPRESS CREDIT ACCOUNT MASTER TRUST SER 23-1 CL A 4.87% DUE 05-15-2028	431,728	432,257
	AMERICAN EXPRESS	AMERN EXPRESS CO FLTG RT 5.016% DUE 04-25-2031	241,832	246,606
	AMSR	AMSR 2020-SFR5 TR SINGLE FAMILY RENT 1.379% 11-17-2037	61,588	66,555
	AMSR	AMSR 2024-SFR1 TR SR 24-SFR1 CL A 4.29% 07-17-2041	53,687	54,570
	AMSR	AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041	14,353	14,825
	ARBOR MLTIFAM	ARBOR MLTIFAM MTG SECS TR 2021-MF3 MTG PASS THRU CTF CL A-2 2.2129% 10-15-2054	87,550	82,174
	AT&T	AT&T INC 2.75% DUE 06-01-2031	62,997	64,041
	AT&T	AT&T INC 4.7% 08-15-2030	159,904	162,441
	BANK 2024-BNK47	BANK 2024-BNK47 MTG PASS THRU CTF CL A-55.716% 06-15-2057	77,625	79,789
	BANC OF AMERICA MLCM INC	BANK 2025-BNK49 5.623% DUE 03-15-2058	128,415	131,871
	BANK AMER CORP	BANK OF AMERICA CORP 5.162% 01-24-2031	187,605	190,935
	BBCMS MTG	BBCMS MTG TR 2.69% DUE 02-15-2053	43,520	43,676
	BBCMS MTG	BBCMS MTG TR 5.419% DUE 02-15-2057	147,269	151,391
	BBCMS MTG	BBCMS MTG TR 5.829% DUE 05-15-2057	140,780	144,487
	BMO	BMO 2024-C9 MTG TR MTG PASSTHRU CTF CL A-5 5.7592% 07-15-2057	150,457	153,805
	BMO	BMO 2025-C12 MTG 5.87058% DUE 06-15-2058	87,550	90,686
	BROADCOM	BROADCOM INC 4.9% 07-15-2032	164,555	167,024
	CANADIAN PACIFIC RAILWAY CO	CANADIAN PAC RY CO 4.8% 03-30-2030	185,967	189,405
	CITIGROUP	CITIGROUP COML MTG 2.646% DUE 07-10-2049	103,538	108,568
	CITIGROUP	CITIGROUP INC 2.561% DUE 05-01-2032 BEO	314,577	327,764
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 04-25-2051	69,818	70,994
	CITIGROUP	CITIGROUP MTG LN 2.5% DUE 05-25-2051	508,612	512,807

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	BANK 2024-BNK48	CMO BANK 2024-BNK48 SR 24-BNK48 CL AS 5.053% 09-15-2034	$ 138,217	$ 142,043
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SEC SR 24-C30 CL A5 5.532% 11-15-2057	121,814	125,794
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SECURITIES SR 25-C35 CL A5 5.586% 07-15-2058	139,045	141,684
	BARCLAYS COMMERCIAL MORTGAGE	CMO BARCLAYS COMMERCIAL MORTGAGE SR 25-C32 CL A5 FRN 02-15-2062	221,262	223,106
	BBCMS MTG TR	CMO BBCMS MTG TR SR 24-C28 CL A5 5.403% 09-15-2057	125,649	130,150
	COMM 2019-GC44	CMO COMM 2019-GC44 MTG TR SER 19-GC44 CLA2 2.827% DUE 08-15-2057	36,395	36,489
	CSAIL COML MTG	CMO CSAIL COML MTG TR SRS 20-C19 CL A1 1.2955% DUE 03-15-2053 REG	5,528	5,098
	CSMC 2018-J1	CMO CSMC 2018-J1 TR CL A-2 FLTGE 02-01-2048	133,857	138,018
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.9% 02-15-2029	213,058	215,434
	COPT DEFENSE PROPERTIES	CORPORATE OFFICE PPTYS L P 2.0% 01-15-2027	118,063	129,277
	CVS	CVS HEALTH CORP 5.0% 09-15-2032	119,633	120,552
	DISCOVER	DISCOVER CARD EXECUTION NT TR SER 23-A1 CL A 4.31% 03-15-2028	249,715	250,227
	DISCOVER	DISCOVER CARD EXECUTION NT TR SER 23-A2 CL A 4.93% 06-15-2028	316,538	317,039
	DTE ELECTRIC	DTE ELECTRIC COMP 1.9% DUE 04-01-2028	141,303	147,070
	DUKE ENERGY PROGRESS	DUKE ENERGY CAROLINAS LLC 4.85% 03-15-2030	187,152	190,463
	DUKE ENERGY PROGRESS	DUKE ENERGY PROGRESS LLC 3.7% 09-01-2028	85,743	89,231
	ENERGY TRANSFER LP	ENERGY TRANSFER LP 5.25% 07-01-2029	170,832	175,332
	FIRSTKEY HOMES	FIRSTKEY HOMES 2.135% DUE 12-17-2038	390,053	399,426
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 5.8% 03-05-2027	69,915	70,542
	FORD MOTOR	FORD MOTOR CREDIT CO LLC 6.05% 03-05-2031	276,228	284,468
	GCAT 2022-INV1	GCAT 2022-INV1 TR 3% DUE 12-25-2051	133,410	133,567
	GENERAL ELECTRIC CO	GENERAL ELECTRIC CO 4.3% 07-29-2030	119,760	120,517
	GENERAL MOTORS	GENERAL MTRS FINL CO INC 2.7% DUE 08-20-2027 REG	106,430	111,572
	GEORGIA POWER CO	GEORGIA POWER CO 4.85% 03-15-2031	333,398	338,083
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.207% 01-28-2031	126,179	128,802
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.218% 04-23-2031	166,044	170,352
	GOLDMAN SACHS	GOLDMAN SACHS GROUP INC 5.727% 04-25-2030	164,009	167,561
	GS MTG BACKED	GS MTG-BACKED SECS TR 2021-PJ5 MTG PASSTHRU CTF CL A-1 2% 10-25-2051	61,185	62,693
	HERTZ VEH FING III	HERTZ VEH FING III 2.33% DUE 06-26-2028	82,406	87,069
	HERTZ VEH FING III	HERTZ VEH FING III 5.41% DUE 12-25-2031	144,970	148,448
	HERTZ VEH FING III	HERTZ VEH FING III LLC 2021-2 RENT CAR AST BKD NT 1.68% 12-27-2027	477,115	504,236
	HONDA AUTO	HONDA AUTO 5.48% DUE 11-18-2026	47,759	47,838
	INVITATION HOMES	INVITATION HOMES 4% DUE 09-17-2041	19,158	19,579
	JP MORGAN	J P MORGAN MTG TR 2021-1 MTG PASS THRU CTF CL A-3 2.5% 06-25-2051	464,144	469,359
	JP MORGAN	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051	141,333	142,871
	JP MORGAN	J P MORGAN MTG TR 2022-6 MTG PASS THRU CTF CL A-2 3.5% 11-25-2052	150,440	153,692
	JP MORGAN	J P MORGAN MTG TR 2024-9 MTG PASS THRU CTF CL A-3 5% 02-25-2055	53,271	54,094
	JP MORGAN	J P MORGAN MTG TR 2025-3 5.61005% 09-25-2055	235,155	236,911
	JP MORGAN	J P MORGAN MTG TR 2025-7MPR MTG BACKED NT CL A-1D 144A 5.324% 02-25-2056	109,656	109,964
	JP MORGAN	J P MORGAN MTG TR 3% DUE 01-25-2052	89,743	90,206
	JP MORGAN	J P MORGAN MTG TR 3% DUE 03-25-2052	338,161	340,809
	JP MORGAN	J P MORGAN MTG TR 3% DUE 04-25-2052	120,342	120,560
	JP MORGAN	J P MORGAN MTG TR 3% DUE 07-25-2052	217,332	217,272
	JP MORGAN	J P MTG TR 2025-5MPR MTG BACKED NT CL A-1D 144A 5.5% 11-25-2055	293,985	298,703
	JET BLUE	JETBLUE AWYS CORP 2020-1 PASS THRU 4.0% 11-15-2025	32,666	33,195
	JP MORGAN	JPMORGAN CHASE & CO 5.012% 01-23-2030	84,807	87,065
	JP MORGAN	JPMORGAN CHASE & CO 5.04% 01-23-2028	165,991	166,725
	JP MORGAN	JPMORGAN CHASE & CO 5.103% 04-22-2031	110,713	113,486
	KRAFT HEINZ	KRAFT HEINZ FOODS CO 5.2%03-15-2032	196,459	199,178
	MELLOW MORTGAGE	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	155,498	161,087
	MORGAN STANLEY	MORGAN STANLEY FLTG RT 6% DUE 12-25-2053	118,896	119,360
	MORGAN STANLEY	MORGAN STANLEY RESDNTL MTG LN TR 6% 06-25-2053	160,367	164,089
	MORGAN STANLEY	MORGAN STANLEY SR NT FIXED / FLTG 5.192%04-17-2031	221,989	226,770
	NEVADA POWER CO	NEVADA PWR CO FIXED 2.4% DUE 05-01-2030	50,137	50,878
	OBX	OBX 2021-INV2 TR FLTG RT 2.5% DUE 10-25-2051	33,688	34,930
	OGE ENERGY	OGE ENERGY CORP 5.45% 05-15-202	157,543	161,072

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 2.393% DUE 12-17-2040	$ 31,375	$ 31,719
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.2% DUE 04-17-2039	13,530	14,031
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.39% DUE 07-17-2042	106,527	109,032
	PROGRESS RESIDENTIAL	PROGRESS RESDNTL 3.4% DUE 02-17-2042	37,374	38,225
	PROGRESS RESIDENTIAL	PROGRESS RESIDENITAL 2024-SFR3 TR SINGLEFAMILY RENT PASSTHRU 3% 06-17-2041	129,704	132,874
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR11 TR MTG PASS THRU CTF CL A 144A 2.283 01-17-2039	197,614	198,408
	PROGRESS RESIDENTIAL	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLEFAMILY RENT PASS 1.427% 07-17-2038	25,491	27,362
	PSMC 2021-2 TRUST	PSMC 2021-2 TR FLTG RT 2.5% DUE 05-25-2051	135,445	139,985
	ALASKA AIR	PVTPL ALASKA AIRLS 2020-1 PASS-THRU TR 4.8% 02-15-2029	44,370	45,846
	AMSR	PVTPL AMSR TRUST SR SFR5 CL C 1.88% 11-17-2037	68,600	69,525
	BRITISH AIR	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036	61,504	64,419
	CHASE MORTGAGE FINANCE CORP	PVTPL CMO CHASE MORTGAGE FINANCE CORP SR 24-8 CL A4A VAR 08-25-2055	35,080	35,657
	HUDSON YARDS	PVTPL CMO HUDSON YARDS SR 25-SPRL CL A FLTG RT 01-13-2030	72,108	72,487
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2021-10 VAR RT DUE 12-25-2051 BEO	26,524	27,421
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-7 SR 22-7 CL 1A2 VAR RT 12-25-2052	303,060	306,661
	JP MORGAN	PVTPL CMO J P MORGAN MTG TR 2022-8 SER 22-8 CL A3 VAR RT DUE 01-25-2053	21,474	21,868
	SEQUOIA	PVTPL CMO SEQUOIA MTG TR 2021-4 25/06/2051 VAR RT DUE 06-25-2051 BEO	42,810	42,713
	TOWD PT MTG	PVTPL CMO TOWD PT MTG TR 2021-SJ2 SER 21-SJ2 CL A1A VAR RT DUE 03-25-2059	27,878	27,296
	COREVEST AMERICAN FINANCE	PVTPL COREVEST AMERN FIN 2019-3 TR SER 19-3 CLS A 2.772% DUE 10-15-2052 BEO	20,627	20,994
	DAYTON POWER & LIGHT CO	PVTPL DAYTON POWER & LIGHT CO 4.55% 08-15-2030	79,926	80,217
	ERAC USA FINANCE	PVTPL ERAC USA FINANCE LLC 4.6% 05-01-2028	231,071	233,102
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR1 TR 1.339%09/17/2025 1.339% DUE 08-17-2037 BEO	44,141	46,887
	FIRSTKEY HOMES	PVTPL FIRSTKEY HOMES 2020-SFR2 TRUST SER20-SFR2 CL A 1.266% 10-19-2037	47,911	50,234
	HERTZ VEH FING III	PVTPL HERTZ VEH FING III LLC SR 23-4A CL A 6.15% 03-25-2030	207,412	209,291
	HERTZ VEHICLE FINANCING	PVTPL HERTZ VEHICLE FINANCING LLC 5.13% 09-25-2031	134,360	136,858
	HOME PARTNERS	PVTPL HOME PARTNERS AMER 2019-1 TR SER 2019-1 CLS A 2.908% 09-17-2039	37,410	39,068
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 20-2 CL A 1.532% 01-17-2041	57,840	63,843
	HOME PARTNERS	PVTPL HOME PARTNERS OF AMERICA TRUST SR 21-2 CL A 1.901% 12-17-2026	71,983	76,661
	HYUNDAI	PVTPL HYUNDAI CAP AMER 1.8% 01-10-2028	108,457	113,186
	JP MORGAN	PVTPL J P MORGAN MTG TR SER 18-5 CL A1 VAR 10-25-2048	23,106	24,289
	JP MORGAN	PVTPL J P MORGAN MTG TRSER 21-15 CL A2 FLTG DUE 06-25-2052 BEO	204,365	204,981
	METROPOLITAN EDISON	PVTPL METROPOLITAN EDISON CO 5.2% 04-01-2028	60,088	61,401
	ROCC TRUST SERVICES	PVTPL ROCC TRUST SER 24-CNTR CL A 5.38834% 11-13-2041	182,379	185,284
	TRICON AMERICAN HOMES	PVTPL TRICON AMERICAN HOMES SER 2019-SFR1 CLS A 2.75% 03-17-2038	106,397	107,125
	UBS GROUP	PVTPL UBS GROUP AG 4.751% DUE 05-12-2028BEO	187,090	191,395
	RIDE 2025-SHARE	RIDE 2025-SHRE VAR RT 5.61885% DUE 02-14-2047	45,000	46,418
	SEQUOIA	SEQUOIA MTG TR 2025-4 MTG PASS THRU CTF CL A-5 5.5% 04-25-2055	169,403	170,802
	SEQUOIA	SEQUOIA MTG TR FLTG RT 2.5% DUE 01-25-2052	142,529	145,020
	SLG OFFICE TRUST	SLG OFFICE TR 2.5854% DUE 07-15-2041	120,555	124,424
	SOUTHERN	SOUTHERN CO 5.5% 03-15-2029	174,360	177,214
	STAR 2022-SFR3	STAR 2022-SFR3 TR FLTG RT 5.33019% DUE 05-17-2039	201,056	202,248
	SYNOPSYS INC	SYNOPSYS INC 5.0% 04-01-2032	165,563	168,330
	TOWD PT MTG	TOWD PT MTG TR 2021-SJ1 MTG PASS THRU CTF CL A1 2.25% 07-25-2068	72,747	69,428
	TOYOTA AUTO	TOYOTA AUTO RECEIVABLES 2025-C OWNER TR SR 25-C CL A2B 06-15-2028	200,000	200,113
	TRICON AMERICAN HOMES	TRICON AMERN HOMES 2020-SFR2 TR 1.482% 11-17-2039	599,724	618,157
	US BANCORP	U S BANCORP 5.083% 05-15-2031	105,147	107,880
	UBS COMMERICAL	UBS COML MTG TR SR 2017-C2 CL ASB 3.264% 08-15-2050	35,803	37,039
	UNITED AIRLINES	UNITED AIRLINES 2019-1A 2.7% 11-01-2033	210,916	224,607
	WELLS FARGO	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK5.15% 04-23-2031	165,934	169,932
	WELLS FARGO	WELLS FARGO COML 2.674% DUE 07-15-2048	98,119	102,559
	WORLD OMNI AUTO	WORLD OMNI AUTO RECEIVABLES TR SER 24-A CL A3 4.86% 03-15-2029	190,858	191,001
			18,640,970	19,020,301
		Hedge Funds		
*	ETON PARK	CF ETON PARK A1 0704 FD	382	830
*	VIKING GLOBAL EQUITY LTD	CF VIKING GLOBAL EQ III LTD CL H/1E	2,347,723	12,000,838
*	SCULPTOR OVERSEAS LTD	SCULPTOR OVERSEAS INSTITUTIONAL FUND LTD.	74	3,861
			2,348,179	12,005,529

RETIREMENT PLAN FOR EMPLOYEES OF REHABILITATION INSTITUTE OF CHICAGO

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
As of August 31, 2025

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

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Partnerships/Joint Venture Interests		
*	DAVIDSON KEMPNER	DAVIDSON KEMPNER INSTL PARTNERS	$ 5,000,000	$ 9,965,716
*	FARALLON	FARALLON CAPITAL INSTL PTRS	5,000,000	8,616,485
*	FARALLON	FARALLON EQUITY PARTNERS LP	2,688,334	15,340,476
*	OAKTREE GLOBAL	OAKTREE GLOBAL CREDIT PLUS FUND FEEDER CAYMAN	35,710,033	37,076,322
*	SAMLYN	SAMLYN ONSHORE FUND	6,500,000	9,462,368
*	SHERIDAN	SHERIDAN SQUARE FUND LP	1,700,000	2,779,327
*	CHILDREN'S	THE CHILDREN'S INVESTMENT FUND (ONSHORE)	5,100,000	8,105,230
*	WCM	WCM FOCUSED INTERNATIONAL GROWTH FUND LP	1,200,000	3,363,561
			62,898,367	94,709,485
			$ 152,083,801	**$ 207,364,681**

*Represents a party-in-interest

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- Incorporation of 0.5% increase in salary scale assumption for increases during 2023 plan year only. No change was made to the long-term assumption.
- A change in the trust expenses included in the target normal cost from $519,774 to $559,047.

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

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Rehabilitation Institute of Chicago
EIN: 36-2256036 PN: 001

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

All current participants are assumed to die according to the 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii). Future disabled participants are assumed to die according to the Revenue Ruling 96-7 mortality table for disability after December 31, 1994.