

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>88-0208006</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>858-350-3246</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1987</u>		2b Employer Identification Number (EIN) <u>88-0208006</u>		2c Plan Sponsor's telephone number <u>858-350-3246</u>		2d Business code (see instructions) <u>561300</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1987</u>											
2b Employer Identification Number (EIN) <u>88-0208006</u>											
2c Plan Sponsor's telephone number <u>858-350-3246</u>											
2d Business code (see instructions) <u>561300</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMN HEALTHCARE, INC.</u> <u>12400 HIGH BLUFF DRIVE</u> <u>SAN DIEGO, CA 92130-3077</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	RONALD MCGUIRE
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	23009
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)	18320
a(2) Total number of active participants at the end of the plan year		6a(2)	16714
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	5485
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	22204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	22204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	12275
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	408
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: 2E 2F 2G 2J 2T 3H 2S 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	074233	22204	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	22165295
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b	Balance at the end of the previous year	7b	20060087
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c	Additions: (1) Contributions deposited during the year	7c(1)	3913129	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	328917	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	2002201	

▶ **LOAN REPAYMENTS TRANSFERS IN, PLAN ROLLOVER
MISCELLANEOUS IN**

(6) Total additions	7c(6)	6244247
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	26304334
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2237146	
	(2) Administration charge made by carrier.....	7e(2)	5595	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	1896298	

▶ **LOAN INITIATIONS TRANSFERS OUT, FORFEITURES DEBITS
MISCELLANEOUS OUT**

(5) Total deductions	7e(5)	4139039
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	22165295
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

(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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 49 50 64	NONE	132595	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NFP RETIREMENT, INC.

33-0905143

(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	NONE	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVINE, LOFGREN, MORRIS AND ENGELBE

33-0690020

(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?
49	NONE	30085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	0
(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.	
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 PGIM TOTAL RETURN BD Z	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND	15 64	0
(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.	
PRUDENTIAL RETIREMENT INSURANCE AND 06-1050034	10.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 GUARANTEED INCOME FUND	
(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
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(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMN HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>88-0208006</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE CL I2</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4065329-426</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8324991</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH II CL I2</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4126288-592</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5492245</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND CL I1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4126247-549</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13400698</u>
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)

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

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

SCHEDULE H (Form 5500) 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	907	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2442702	7892403
(2) Participant contributions.....	1b(2)	31044	31796
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2801356	3437893
(9) Value of interest in common/collective trusts.....	1c(9)	0	27217934
(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)	214024069	255520014
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20060087	22165295
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	239360165 316265335
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	132656 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	132656 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	239227509 316265335

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	13153738
	(B) Participants	2a(1)(B)	38237471
	(C) Others (including rollovers).....	2a(1)(C)	4250928
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	55642137
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	157634
	(F) Other	2b(1)(F)	328917
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	486551
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2569218
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2569218
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		92107
(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)		36461809
c Other income.....	2c		2933
d Total income. Add all income amounts in column (b) and enter total.....	2d		95254755
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26790937	
(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)		26790937
f Corrective distributions (see instructions).....	2f		310728
g Certain deemed distributions of participant loans (see instructions).....	2g		8525
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	268404	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		268404
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27378594
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		67876161
l Transfers of assets:			
(1) To this plan.....	2l(1)		9161665
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: LAVINE, LOFGREN, MORRIS & ENGELBERG

(2) EIN: 33-0690020

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		281588

	Yes	No	Amount
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	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**AMN HEALTHCARE 401(k)
RETIREMENT SAVINGS PLAN**

**INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS,
AND SUPPLEMENTAL SCHEDULES**

For the Year Ended December 31, 2021

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

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& ENGELBERG, LLP**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
AMN Healthcare 401(k) Retirement Savings Plan
San Diego, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of AMN Healthcare 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the "2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of AMN Healthcare 401(k) Retirement Savings 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern within one year after 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, 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 AMN Healthcare 401(k) Retirement Savings 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 AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2021 and Schedule H, Part IV, Line 4(i) as of December 31, 2021) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented fairly, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of AMN Healthcare 401(k) Retirement Savings Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 21, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Larive, Lofgren, Morris & Engelberg, LLP

La Jolla, California
October 4, 2022

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments:		
Mutual funds, at fair value	\$ 255,520,015	\$ 214,024,069
Common/collective investment trusts, at fair value	<u>27,217,933</u>	<u>-</u>
Total investments, at fair value	282,737,948	214,024,069
Guaranteed income fund - unallocated contract, at contract value	<u>22,165,295</u>	<u>20,060,087</u>
Total investments	<u>304,903,243</u>	<u>234,084,156</u>
Noninterest-bearing cash	<u>-</u>	<u>907</u>
Receivables:		
Employer contributions	7,892,403	2,442,702
Participant contributions	31,796	31,044
Notes receivable from participants	<u>3,437,893</u>	<u>2,801,356</u>
Total receivables	<u>11,362,092</u>	<u>5,275,102</u>
Total assets	316,265,335	239,360,165
LIABILITIES - Corrective distributions payable	<u>-</u>	<u>132,656</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 316,265,335</u>	<u>\$ 239,227,509</u>

See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation in fair value of mutual funds	\$ 36,461,809
Dividends from mutual funds	2,569,218
Net realized and unrealized appreciation in fair value of common/collective investment trusts	92,107
Interest from guaranteed income fund	<u>328,917</u>

Net investment income	<u>39,452,051</u>
-----------------------	-------------------

Interest income on notes receivable from participants	<u>157,634</u>
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Contributions:

Participant - current	38,237,471
Participant - rollover	4,250,928
Employer	<u>13,153,738</u>

Total contributions	<u>55,642,137</u>
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Other income	<u>2,933</u>
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Total additions	<u>95,254,755</u>
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Deductions from net assets attributed to:

Benefits paid to participants	27,101,665
Deemed distributions	8,525
Administrative expenses	<u>268,404</u>

Total deductions	<u>27,378,594</u>
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Net increase prior to transfer of assets from another plan	67,876,161
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Transfer of assets from other plan	<u>9,161,665</u>
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Net increase in net assets available for benefits	77,037,826
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Net assets available for benefits:

Beginning of year	<u>239,227,509</u>
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End of year	<u><u>\$ 316,265,335</u></u>
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See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN

The following description of the AMN Healthcare 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of AMN Healthcare, Inc. and adopting subsidiaries ("AMN" or the "Company"), except, generally, Puerto Rican, leased, and certain highly compensated employees, as well as certain classifications of employees expected to work less than 1,000 hours per year. The Plan is administered by AMN and provides participants with salary deferral options for retirement. The Plan's trustee/custodian is Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company (together, "Prudential"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

Transfer of Assets from Other Plans

On January 29, 2020, AMN completed an acquisition of Stratus Video Holding Company. The Plan merged the assets of the Stratus Video 401(k) Plan and the InDemand Interpreting Services 401(k) Plan and Trust in the total amount of \$9,161,665 during January 2021, which includes transfers of active loans in the amount of \$259,793.

Eligibility

All eligible employees may participate in the Plan upon hire. Effective January 1, 2017, highly-compensated corporate employees may no longer participate in the Plan in the first year such employees are classified as highly-compensated, or in the first year such employees become classified as highly-compensated after more than twelve months of not being classified as highly-compensated. HSG Strike Staff employees are excluded from participation in the Plan for all contributions.

The eligibility for a number of Plan provisions, such as discretionary employer matching contributions and vesting, is different for various following classifications:

Corporate Employees – Employees who work in an operational support mode.

Non-Corporate Employees – Employees assigned to work through a contract with a client either on-site at their facility or remotely.

Contributions – Participants

Eligible employees may elect to contribute up to 75% of pre-tax annual compensation, as defined in the Plan and allowed by the Code. In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the Code.

Effective April 1, 2016, the Plan includes an automatic enrollment deferral feature such that the Company will automatically withhold 1% of a newly hired Corporate Employee's compensation and contribute that amount to the Plan, unless the participant makes a contrary election.

Participants may also contribute amounts representing rollover distributions from other qualified sources.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Contributions – Employer

Corporate Participants – Corporate participants are eligible for discretionary matching contributions. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 50% of each participant's contribution up to 6% of a participant's eligible compensation and 100% of the next 4% of eligible compensation calculated each pay period. The Company suspended employer contributions for the period May 1, 2020 through December 31, 2020. On January 1, 2021, the Company approved a flat discretionary contribution of \$1,500 to all corporate employees who made contributions to the Plan between January 1, 2020 and September 30, 2020. Employer contributions for corporate employees are awarded as of June 30 and December 31. To receive the match, corporate participants must be active participants on the award date.

Non-Corporate Participants – Traveler, per diem, interim staff, and service professional participants are eligible for discretionary matching contributions if they actively participated and worked at least 1,000 hours during the year. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period but awarded annually as of December 31. The Company suspended employer contributions for non-corporate employees for the period May 1, 2020 through December 31, 2020.

Effective January 1, 2021, the Company approved an employer match for corporate participants equal to 100% of each participant's contribution up to 10% of a participant's eligible compensation calculated each pay period, and an employer match for non-corporate participants equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period.

As of December 31, 2021, certain 2021 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2022, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$7,892,403, which is net of forfeitures in the amount of \$626,922.

As of December 31, 2020, certain 2020 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2021, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$2,442,702, which is net of forfeitures in the amount of \$916,747.

Notes Receivable from Participants

Employees may borrow from their accounts a minimum of \$1,000 up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one outstanding at any point. Loan terms generally range from one to five years, however can extend to the lesser of ten years or a similar commercial lending period if used to purchase a home. The loans are secured by the participant's account balance and bear interest at the "bank prime rate" plus 1% as reported by the U.S. Federal Reserve on the last business day of a calendar quarter. As of December 31, 2021, interest rates on outstanding loans ranged from 4.25% to 6.75%. Principal and interest are repaid ratably, generally through payroll deductions.

Effective May 1, 2018, an employee may make a direct rollover of an active loan from a qualified plan of a former employer.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants (Continued)

Effective April 21, 2020, the Plan operationally adopted a provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. The provision allows an eligible participant, as defined, to defer loan payments due on loans outstanding from March 27, 2020 to December 31, 2020 for up to one year.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, if any, and an allocated share of the Plan's earnings or losses. Participant accounts are also charged with an allocation of administrative expenses. Allocations are made in a nondiscriminatory manner which recognizes each participant's account balance, investment selection, and timing of contributions and withdrawals. Individual participant accounts are also charged for any loan and distribution fees incurred by the transacting participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All of the Plan's investments are participant-directed.

Vesting

All participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in employer matching contributions if employed upon reaching early retirement age (55), or in the event of death or disability, as defined. Non-corporate employees vest in employer matching contributions based on years of service, with a year of service is defined as a Plan year in which an employee works at least 1,000 hours. Non-corporate employees generally vest on a three-year cliff basis. As of July 1, 2015, traveler and per diem employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, and are fully vested after 3 years. These participants have been credited with prior service.

As of July 1, 2014, corporate employee vesting is based on elapsed time. Generally, corporate employees vest in employer matching contributions and earnings thereon at a rate of 10% after 1 year, 30% after 2 years, 60% after 3 years, 80% after 4 years, and are generally 100% vested after 5 years of credited service or at age 55, whichever occurs earlier. As of July 1, 2015, vesting of corporate employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, 60% after 3 years, 80% after 4 years, and are fully vested after 5 years.

Payment of Benefits

Participants are entitled to a distribution of their vested benefits in the event of death, disability, retirement, termination of employment, or termination of the Plan. Generally, and unless otherwise elected by the participant, the payment of benefits under the Plan will begin no later than 60 days after the last day of the Plan year in which the participant either attains age 65 or terminates employment, whichever occurs last.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019, which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reached the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

If the value of an account for such a participant is greater than \$5,000, the participant may elect to receive benefit payments in a single lump sum, in ad hoc distributions subject to certain limits, or in monthly installments over a specific period not to exceed the participant's assumed life expectancy. If none of the aforementioned elections are made, married participants shall automatically receive benefits in the form of a joint and survivor life annuity; unmarried participants shall automatically receive benefits in the form of a life annuity. However, if a participant's vested account balance is less than \$5,000 but greater than \$1,000, the Plan sponsor may distribute the vested account balance in a single lump sum payment in cash. Also, the Plan distributes separated participants' vested account balances of less than \$1,000.

Participants may also withdraw their vested funds (elective deferrals and matching contributions) while still employed with the Company upon (i) reaching the age of 59½, or (ii) approval of the Plan administrator and subject to IRS hardship withdrawal rules.

In April 2020, the Plan implemented the following provisions of the CARES Act related to distributions: (i) participants may withdraw up to \$100,000 without a 10% early distribution penalty, (ii) such distributions can be repaid within three years of the date of distribution, and (iii) required minimum distributions were temporarily suspended for 2020.

Plan Expenses

Forfeitures and investment income thereon are used by the Plan to pay Plan administrative expenses on a quarterly basis. Then, 0.11% of the participant's investment return at the end of each quarter is calculated and deducted from investment earnings to offset Plan expenses. At its discretion, AMN may pay any remaining Plan expenses.

Forfeitures

The nonvested balance of a terminated participant's account is forfeited when a distribution of vested benefits is made. For terminated participants who do not elect to receive a distribution of vested benefits, the nonvested balance is forfeited after a five-year break in vesting service has occurred. Forfeitures may be used by AMN to reduce Plan administrative expenses and future employer contributions.

As of December 31, 2021 and 2020, the forfeited nonvested balance was \$576,353 and \$780,696, respectively. For the year ended December 31, 2021, \$30,085 of forfeitures was used to pay Plan administrative expenses, \$1,239,573 of forfeitures was used for employer contributions, \$1,060,625 was added to the forfeiture account, and there was \$4,690 in investment earnings.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Recognition of Income and Losses

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements. Contract value is the relevant measure for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation/depreciation in fair value of mutual funds includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Recently Issued Accounting Standards Update

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 simplifies and improves the disclosure requirements for fair value measurements. Plan management adopted ASU 2018-13 effective January 1, 2020; its adoption did not have a material impact on the Plan's financial statements.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 3. PLAN TERMINATION

Although it has not expressed any intention to do so, AMN has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 4. INCOME TAX STATUS

The Plan, through its adoption of a prototype plan from Prudential, has obtained an opinion letter issued to Prudential from the Internal Revenue Service stating that the prototype plan is qualified under section 401(a) of the Code and that any employer adopting this plan will be considered to have a plan qualified under the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an 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 2018.

NOTE 5. INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation or depreciation in fair value of investments, dividends, interest income, including interest income on notes receivable from participants, and other income for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Prudential, the trustee and custodian of the Plan.

NOTE 6. RISKS AND UNCERTAINTIES

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 7. RELATED PARTY TRANSACTIONS

The Company provides administrative services to the Plan at no cost. Certain Plan investments are shares of investments managed by the trustees/custodians. At its discretion, AMN may pay any remaining Plan expenses. These transactions qualify as exempt party-in-interest transactions.

NOTE 8. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs are directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement of the asset or liability at the measurement date. These inputs represent Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value at December 31, 2021 and 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective investment trusts: Valued at the net asset value of units of the collective trusts. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trusts, the issuer may reserve the right to require a notification period in order to ensure that securities liquidations will be carried out in an orderly business manner.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 255,520,015	\$ -	\$ -	\$ 255,520,015
Total investments at fair value	<u>\$ 255,520,015</u>	<u>\$ -</u>	<u>\$ -</u>	255,520,015
Common/collective investment trusts measured at net asset value ^(a)				<u>27,217,933</u>
Total investments, at fair value				<u>\$ 282,737,948</u>

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 214,024,069	\$ -	\$ -	\$ 214,024,069
Total investments at fair value	<u>\$ 214,024,069</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 214,024,069</u>

^(a) Certain investments (common/collective investment trusts) that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to total investments presented in the accompanying statements of net assets available for benefits.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes certain characteristics of the Plan's investment in the common/collective investment trusts (for which fair value is measured using the net asset value per share practical expedient) as of December 31, 2021. There are no participant redemption restrictions for these investments, and the redemption notice periods are applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (Participant)</u>	<u>Redemption Notice Period (Plan)</u>
Wilmington Trust Retirement & Institutional Services Co. Mid Cap Value Fund	\$ 13,400,697	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Large Cap Value Fund	8,324,991	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Small Cap Growth Fund II	<u>5,492,245</u>	N/A	Daily	5 days *
Total common/collective investment trusts	<u>\$ 27,217,933</u>			

* Advanced written notice of 5 days is required if withdrawal exceeds \$1,000,000 of the assets invested in the fund.

NOTE 9. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan includes a Guaranteed Income Fund, which represents investments in a group annuity insurance contract with Prudential Retirement Insurance & Annuity Company ("Prudential Retirement Insurance"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for financial statement reporting of fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is not considered a guaranteed investment contract as it has no maturity date or penalty for early withdrawal and there are not any known cash flows that could be discounted. The average rate of return on the guaranteed income fund during 2021 was 1.60%.

The Plan's ability to receive amounts due in accordance with the investment contract is dependent on Prudential Retirement Insurance's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Generally there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 10. EXCESS CONTRIBUTIONS DISTRIBUTED TO PARTICIPANTS

To satisfy certain nondiscrimination provisions of the Plan, excess participant contributions were disbursed from the Plan, which have been netted against participant contributions in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020. During 2021, the Plan distributed 2020 excess contributions to the applicable participants in the amount of \$132,656.

NOTE 11. UNTIMELY PARTICIPANT CONTRIBUTIONS

The Company identified instances in which amounts withheld from employees during 2021 totaling \$281,588 were not forwarded to the custodian within the reasonableness timeframe established by the Department of Labor. The Company contributed \$318 and \$26 to the Plan representing lost earnings on these untimely contributions during 2021 and 2022, respectively.

NOTE 12. CARES ACT

In response to the effects of the coronavirus on the economy, in March 2020, Congress passed the CARES Act. The CARES Act provides temporary relief for retirement plan sponsors and participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be implemented operationally prior to formally amending the Plan document. The Plan has implemented certain relief provisions included in the CARES Act as disclosed in the preceding notes to the financial statements. Plan management expects to formally amend the Plan by December 31, 2022.

SUPPLEMENTAL SCHEDULES

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021

EIN: 88-0208006
Plan Number: 002

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included: ☒	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
\$ 275,189	03/26/21	04/09/21	\$ -	\$ 275,189	\$ -	\$ -
391	11/05/21	12/21/21	-	391	-	-
6	11/05/21	12/23/21	-	6	-	-
3,118	12/17/21	01/11/22	3,118	-	-	-
2,884	12/31/21	01/11/22	2,884	-	-	-
\$ 281,588			\$ 6,002 *	\$ 275,586 *	\$ -	\$ -

* Delinquent contributions were made on the "Date Remitted" as indicated above. The Company remitted lost earnings in the amount of \$318 and \$26 to the Plan during 2021 and 2022, respectively.

See accompanying independent auditors' report.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2021

EIN: 88-0208006
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ⁽¹⁾	Current Value
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	-	\$ 22,165,295
	Mutual Funds:			
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050	-	39,976,747
	Principal Global Investors LLC	Principal LargeCap S&P 500 Index Inst.	-	37,892,636
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040	-	36,813,886
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030	-	31,842,312
	Principal Global Investors LLC	Principal LargeCap Growth I R5	-	25,747,106
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020	-	17,753,777
	Principal Global Investors LLC	Principal SmallCap S&P 600 Index Inst.	-	11,694,534
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060	-	9,965,535
*	PGIM Investments LLC	PGIM Total Return Bond Fund R6	-	8,588,648
	Massachusetts Financial Services Co.	MFS Mid Cap Value R4	-	8,217,527
	Dodge & Cox	Dodge & Cox International Stock I	-	7,793,301
	Principal Global Investors LLC	Principal MidCap S&P 400 Index Inst.	-	6,373,397
	Victory Capital Management Inc.	Victory Sycamore Small Company Opp. I	-	3,877,534
	Principal Global Investors LLC	Principal International Equity Index I	-	3,670,231
	BNY Mellon	BNY Mellon Bond Market Index I	-	2,699,116
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010	-	2,613,748
	Common/Collective Investment Trusts:			
	Wilmington Trust Retirement & Institutional Services Co.	Mid Cap Value	-	13,400,697
	Wilmington Trust Retirement & Institutional Services Co.	Large Cap Value	-	8,324,991
	Wilmington Trust Retirement & Institutional Services Co.	Small Cap Growth II	-	5,492,245
*	Participant Loans	Interest rates range from 4.25% to 6.75%; maturity dates vary	-0-	3,437,893
	Total Investments			\$ 308,341,136

* Represents a party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.

**AMN HEALTHCARE 401(k)
RETIREMENT SAVINGS PLAN**

**INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS,
AND SUPPLEMENTAL SCHEDULES**

For the Year Ended December 31, 2021

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
AMN Healthcare 401(k) Retirement Savings Plan
San Diego, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of AMN Healthcare 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the "2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of AMN Healthcare 401(k) Retirement Savings 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern within one year after 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, 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 AMN Healthcare 401(k) Retirement Savings 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 AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2021 and Schedule H, Part IV, Line 4(i) as of December 31, 2021) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented fairly, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of AMN Healthcare 401(k) Retirement Savings Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 21, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Lavine, Lofgren, Morris & Engelberg, LLP

La Jolla, California
October 4, 2022

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments:		
Mutual funds, at fair value	\$ 255,520,015	\$ 214,024,069
Common/collective investment trusts, at fair value	<u>27,217,933</u>	<u>-</u>
Total investments, at fair value	282,737,948	214,024,069
Guaranteed income fund - unallocated contract, at contract value	<u>22,165,295</u>	<u>20,060,087</u>
Total investments	<u>304,903,243</u>	<u>234,084,156</u>
Noninterest-bearing cash	<u>-</u>	<u>907</u>
Receivables:		
Employer contributions	7,892,403	2,442,702
Participant contributions	31,796	31,044
Notes receivable from participants	<u>3,437,893</u>	<u>2,801,356</u>
Total receivables	<u>11,362,092</u>	<u>5,275,102</u>
Total assets	316,265,335	239,360,165
LIABILITIES - Corrective distributions payable	<u>-</u>	<u>132,656</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 316,265,335</u>	<u>\$ 239,227,509</u>

See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation in fair value of mutual funds	\$ 36,461,809
Dividends from mutual funds	2,569,218
Net realized and unrealized appreciation in fair value of common/collective investment trusts	92,107
Interest from guaranteed income fund	<u>328,917</u>

Net investment income	<u>39,452,051</u>
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Interest income on notes receivable from participants	<u>157,634</u>
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Contributions:

Participant - current	38,237,471
Participant - rollover	4,250,928
Employer	<u>13,153,738</u>

Total contributions	<u>55,642,137</u>
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Other income	<u>2,933</u>
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Total additions	<u>95,254,755</u>
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Deductions from net assets attributed to:

Benefits paid to participants	27,101,665
Deemed distributions	8,525
Administrative expenses	<u>268,404</u>

Total deductions	<u>27,378,594</u>
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Net increase prior to transfer of assets from another plan	67,876,161
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Transfer of assets from other plan	<u>9,161,665</u>
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Net increase in net assets available for benefits	77,037,826
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Net assets available for benefits:

Beginning of year	<u>239,227,509</u>
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End of year	<u><u>\$ 316,265,335</u></u>
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See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN

The following description of the AMN Healthcare 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of AMN Healthcare, Inc. and adopting subsidiaries ("AMN" or the "Company"), except, generally, Puerto Rican, leased, and certain highly compensated employees, as well as certain classifications of employees expected to work less than 1,000 hours per year. The Plan is administered by AMN and provides participants with salary deferral options for retirement. The Plan's trustee/custodian is Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company (together, "Prudential"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

Transfer of Assets from Other Plans

On January 29, 2020, AMN completed an acquisition of Stratus Video Holding Company. The Plan merged the assets of the Stratus Video 401(k) Plan and the InDemand Interpreting Services 401(k) Plan and Trust in the total amount of \$9,161,665 during January 2021, which includes transfers of active loans in the amount of \$259,793.

Eligibility

All eligible employees may participate in the Plan upon hire. Effective January 1, 2017, highly-compensated corporate employees may no longer participate in the Plan in the first year such employees are classified as highly-compensated, or in the first year such employees become classified as highly-compensated after more than twelve months of not being classified as highly-compensated. HSG Strike Staff employees are excluded from participation in the Plan for all contributions.

The eligibility for a number of Plan provisions, such as discretionary employer matching contributions and vesting, is different for various following classifications:

Corporate Employees – Employees who work in an operational support mode.

Non-Corporate Employees – Employees assigned to work through a contract with a client either on-site at their facility or remotely.

Contributions – Participants

Eligible employees may elect to contribute up to 75% of pre-tax annual compensation, as defined in the Plan and allowed by the Code. In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the Code.

Effective April 1, 2016, the Plan includes an automatic enrollment deferral feature such that the Company will automatically withhold 1% of a newly hired Corporate Employee's compensation and contribute that amount to the Plan, unless the participant makes a contrary election.

Participants may also contribute amounts representing rollover distributions from other qualified sources.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Contributions – Employer

Corporate Participants – Corporate participants are eligible for discretionary matching contributions. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 50% of each participant's contribution up to 6% of a participant's eligible compensation and 100% of the next 4% of eligible compensation calculated each pay period. The Company suspended employer contributions for the period May 1, 2020 through December 31, 2020. On January 1, 2021, the Company approved a flat discretionary contribution of \$1,500 to all corporate employees who made contributions to the Plan between January 1, 2020 and September 30, 2020. Employer contributions for corporate employees are awarded as of June 30 and December 31. To receive the match, corporate participants must be active participants on the award date.

Non-Corporate Participants – Traveler, per diem, interim staff, and service professional participants are eligible for discretionary matching contributions if they actively participated and worked at least 1,000 hours during the year. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period but awarded annually as of December 31. The Company suspended employer contributions for non-corporate employees for the period May 1, 2020 through December 31, 2020.

Effective January 1, 2021, the Company approved an employer match for corporate participants equal to 100% of each participant's contribution up to 10% of a participant's eligible compensation calculated each pay period, and an employer match for non-corporate participants equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period.

As of December 31, 2021, certain 2021 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2022, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$7,892,403, which is net of forfeitures in the amount of \$626,922.

As of December 31, 2020, certain 2020 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2021, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$2,442,702, which is net of forfeitures in the amount of \$916,747.

Notes Receivable from Participants

Employees may borrow from their accounts a minimum of \$1,000 up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one outstanding at any point. Loan terms generally range from one to five years, however can extend to the lesser of ten years or a similar commercial lending period if used to purchase a home. The loans are secured by the participant's account balance and bear interest at the "bank prime rate" plus 1% as reported by the U.S. Federal Reserve on the last business day of a calendar quarter. As of December 31, 2021, interest rates on outstanding loans ranged from 4.25% to 6.75%. Principal and interest are repaid ratably, generally through payroll deductions.

Effective May 1, 2018, an employee may make a direct rollover of an active loan from a qualified plan of a former employer.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants (Continued)

Effective April 21, 2020, the Plan operationally adopted a provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. The provision allows an eligible participant, as defined, to defer loan payments due on loans outstanding from March 27, 2020 to December 31, 2020 for up to one year.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, if any, and an allocated share of the Plan's earnings or losses. Participant accounts are also charged with an allocation of administrative expenses. Allocations are made in a nondiscriminatory manner which recognizes each participant's account balance, investment selection, and timing of contributions and withdrawals. Individual participant accounts are also charged for any loan and distribution fees incurred by the transacting participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All of the Plan's investments are participant-directed.

Vesting

All participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in employer matching contributions if employed upon reaching early retirement age (55), or in the event of death or disability, as defined. Non-corporate employees vest in employer matching contributions based on years of service, with a year of service is defined as a Plan year in which an employee works at least 1,000 hours. Non-corporate employees generally vest on a three-year cliff basis. As of July 1, 2015, traveler and per diem employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, and are fully vested after 3 years. These participants have been credited with prior service.

As of July 1, 2014, corporate employee vesting is based on elapsed time. Generally, corporate employees vest in employer matching contributions and earnings thereon at a rate of 10% after 1 year, 30% after 2 years, 60% after 3 years, 80% after 4 years, and are generally 100% vested after 5 years of credited service or at age 55, whichever occurs earlier. As of July 1, 2015, vesting of corporate employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, 60% after 3 years, 80% after 4 years, and are fully vested after 5 years.

Payment of Benefits

Participants are entitled to a distribution of their vested benefits in the event of death, disability, retirement, termination of employment, or termination of the Plan. Generally, and unless otherwise elected by the participant, the payment of benefits under the Plan will begin no later than 60 days after the last day of the Plan year in which the participant either attains age 65 or terminates employment, whichever occurs last.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019, which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reached the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

If the value of an account for such a participant is greater than \$5,000, the participant may elect to receive benefit payments in a single lump sum, in ad hoc distributions subject to certain limits, or in monthly installments over a specific period not to exceed the participant's assumed life expectancy. If none of the aforementioned elections are made, married participants shall automatically receive benefits in the form of a joint and survivor life annuity; unmarried participants shall automatically receive benefits in the form of a life annuity. However, if a participant's vested account balance is less than \$5,000 but greater than \$1,000, the Plan sponsor may distribute the vested account balance in a single lump sum payment in cash. Also, the Plan distributes separated participants' vested account balances of less than \$1,000.

Participants may also withdraw their vested funds (elective deferrals and matching contributions) while still employed with the Company upon (i) reaching the age of 59½, or (ii) approval of the Plan administrator and subject to IRS hardship withdrawal rules.

In April 2020, the Plan implemented the following provisions of the CARES Act related to distributions: (i) participants may withdraw up to \$100,000 without a 10% early distribution penalty, (ii) such distributions can be repaid within three years of the date of distribution, and (iii) required minimum distributions were temporarily suspended for 2020.

Plan Expenses

Forfeitures and investment income thereon are used by the Plan to pay Plan administrative expenses on a quarterly basis. Then, 0.11% of the participant's investment return at the end of each quarter is calculated and deducted from investment earnings to offset Plan expenses. At its discretion, AMN may pay any remaining Plan expenses.

Forfeitures

The nonvested balance of a terminated participant's account is forfeited when a distribution of vested benefits is made. For terminated participants who do not elect to receive a distribution of vested benefits, the nonvested balance is forfeited after a five-year break in vesting service has occurred. Forfeitures may be used by AMN to reduce Plan administrative expenses and future employer contributions.

As of December 31, 2021 and 2020, the forfeited nonvested balance was \$576,353 and \$780,696, respectively. For the year ended December 31, 2021, \$30,085 of forfeitures was used to pay Plan administrative expenses, \$1,239,573 of forfeitures was used for employer contributions, \$1,060,625 was added to the forfeiture account, and there was \$4,690 in investment earnings.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Recognition of Income and Losses

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements. Contract value is the relevant measure for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation/depreciation in fair value of mutual funds includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Recently Issued Accounting Standards Update

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 simplifies and improves the disclosure requirements for fair value measurements. Plan management adopted ASU 2018-13 effective January 1, 2020; its adoption did not have a material impact on the Plan's financial statements.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 3. PLAN TERMINATION

Although it has not expressed any intention to do so, AMN has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 4. INCOME TAX STATUS

The Plan, through its adoption of a prototype plan from Prudential, has obtained an opinion letter issued to Prudential from the Internal Revenue Service stating that the prototype plan is qualified under section 401(a) of the Code and that any employer adopting this plan will be considered to have a plan qualified under the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an 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 2018.

NOTE 5. INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation or depreciation in fair value of investments, dividends, interest income, including interest income on notes receivable from participants, and other income for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Prudential, the trustee and custodian of the Plan.

NOTE 6. RISKS AND UNCERTAINTIES

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 7. RELATED PARTY TRANSACTIONS

The Company provides administrative services to the Plan at no cost. Certain Plan investments are shares of investments managed by the trustees/custodians. At its discretion, AMN may pay any remaining Plan expenses. These transactions qualify as exempt party-in-interest transactions.

NOTE 8. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs are directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement of the asset or liability at the measurement date. These inputs represent Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value at December 31, 2021 and 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective investment trusts: Valued at the net asset value of units of the collective trusts. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trusts, the issuer may reserve the right to require a notification period in order to ensure that securities liquidations will be carried out in an orderly business manner.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 255,520,015	\$ -	\$ -	\$ 255,520,015
Total investments at fair value	<u>\$ 255,520,015</u>	<u>\$ -</u>	<u>\$ -</u>	255,520,015
Common/collective investment trusts measured at net asset value ^(a)				<u>27,217,933</u>
Total investments, at fair value				<u>\$ 282,737,948</u>

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 214,024,069	\$ -	\$ -	\$ 214,024,069
Total investments at fair value	<u>\$ 214,024,069</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 214,024,069</u>

^(a) Certain investments (common/collective investment trusts) that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to total investments presented in the accompanying statements of net assets available for benefits.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes certain characteristics of the Plan's investment in the common/collective investment trusts (for which fair value is measured using the net asset value per share practical expedient) as of December 31, 2021. There are no participant redemption restrictions for these investments, and the redemption notice periods are applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (Participant)</u>	<u>Redemption Notice Period (Plan)</u>
Wilmington Trust Retirement & Institutional Services Co. Mid Cap Value Fund	\$ 13,400,697	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Large Cap Value Fund	8,324,991	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Small Cap Growth Fund II	<u>5,492,245</u>	N/A	Daily	5 days *
Total common/collective investment trusts	<u>\$ 27,217,933</u>			

* Advanced written notice of 5 days is required if withdrawal exceeds \$1,000,000 of the assets invested in the fund.

NOTE 9. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan includes a Guaranteed Income Fund, which represents investments in a group annuity insurance contract with Prudential Retirement Insurance & Annuity Company ("Prudential Retirement Insurance"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for financial statement reporting of fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is not considered a guaranteed investment contract as it has no maturity date or penalty for early withdrawal and there are not any known cash flows that could be discounted. The average rate of return on the guaranteed income fund during 2021 was 1.60%.

The Plan's ability to receive amounts due in accordance with the investment contract is dependent on Prudential Retirement Insurance's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Generally there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 10. EXCESS CONTRIBUTIONS DISTRIBUTED TO PARTICIPANTS

To satisfy certain nondiscrimination provisions of the Plan, excess participant contributions were disbursed from the Plan, which have been netted against participant contributions in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020. During 2021, the Plan distributed 2020 excess contributions to the applicable participants in the amount of \$132,656.

NOTE 11. UNTIMELY PARTICIPANT CONTRIBUTIONS

The Company identified instances in which amounts withheld from employees during 2021 totaling \$281,588 were not forwarded to the custodian within the reasonableness timeframe established by the Department of Labor. The Company contributed \$318 and \$26 to the Plan representing lost earnings on these untimely contributions during 2021 and 2022, respectively.

NOTE 12. CARES ACT

In response to the effects of the coronavirus on the economy, in March 2020, Congress passed the CARES Act. The CARES Act provides temporary relief for retirement plan sponsors and participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be implemented operationally prior to formally amending the Plan document. The Plan has implemented certain relief provisions included in the CARES Act as disclosed in the preceding notes to the financial statements. Plan management expects to formally amend the Plan by December 31, 2022.

SUPPLEMENTAL SCHEDULES

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021

EIN: 88-0208006
Plan Number: 002

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51	
Check Here if Late Participant Loan Repayments Are Included: ☒	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program		
\$ 275,189	03/26/21	04/09/21	\$ -	\$ 275,189	\$ -	\$	-
391	11/05/21	12/21/21	-	391	-		-
6	11/05/21	12/23/21	-	6	-		-
3,118	12/17/21	01/11/22	3,118	-	-		-
2,884	12/31/21	01/11/22	2,884	-	-		-
\$ 281,588			\$ 6,002 *	\$ 275,586 *	\$ -	\$	-

* Delinquent contributions were made on the "Date Remitted" as indicated above. The Company remitted lost earnings in the amount of \$318 and \$26 to the Plan during 2021 and 2022, respectively.

See accompanying independent auditors' report.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2021

EIN: 88-0208006
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ⁽¹⁾	Current Value
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	-	\$ 22,165,295
	Mutual Funds:			
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050	-	39,976,747
	Principal Global Investors LLC	Principal LargeCap S&P 500 Index Inst.	-	37,892,636
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040	-	36,813,886
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030	-	31,842,312
	Principal Global Investors LLC	Principal LargeCap Growth I R5	-	25,747,106
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020	-	17,753,777
	Principal Global Investors LLC	Principal SmallCap S&P 600 Index Inst.	-	11,694,534
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060	-	9,965,535
*	PGIM Investments LLC	PGIM Total Return Bond Fund R6	-	8,588,648
	Massachusetts Financial Services Co.	MFS Mid Cap Value R4	-	8,217,527
	Dodge & Cox	Dodge & Cox International Stock I	-	7,793,301
	Principal Global Investors LLC	Principal MidCap S&P 400 Index Inst.	-	6,373,397
	Victory Capital Management Inc.	Victory Sycamore Small Company Opp. I	-	3,877,534
	Principal Global Investors LLC	Principal International Equity Index I	-	3,670,231
	BNY Mellon	BNY Mellon Bond Market Index I	-	2,699,116
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010	-	2,613,748
	Common/Collective Investment Trusts:			
	Wilmington Trust Retirement & Institutional Services Co.	Mid Cap Value	-	13,400,697
	Wilmington Trust Retirement & Institutional Services Co.	Large Cap Value	-	8,324,991
	Wilmington Trust Retirement & Institutional Services Co.	Small Cap Growth II	-	5,492,245
*	Participant Loans	Interest rates range from 4.25% to 6.75%; maturity dates vary	-0-	3,437,893
	Total Investments			\$ 308,341,136

* Represents a party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.

**AMN HEALTHCARE 401(k)
RETIREMENT SAVINGS PLAN**

**INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS,
AND SUPPLEMENTAL SCHEDULES**

For the Year Ended December 31, 2021

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
AMN Healthcare 401(k) Retirement Savings Plan
San Diego, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of AMN Healthcare 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the "2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of AMN Healthcare 401(k) Retirement Savings 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern within one year after 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, 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 AMN Healthcare 401(k) Retirement Savings 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 AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2021 and Schedule H, Part IV, Line 4(i) as of December 31, 2021) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented fairly, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of AMN Healthcare 401(k) Retirement Savings Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 21, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Lavine, Lofgren, Morris & Engelberg, LLP

La Jolla, California
October 4, 2022

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments:		
Mutual funds, at fair value	\$ 255,520,015	\$ 214,024,069
Common/collective investment trusts, at fair value	<u>27,217,933</u>	<u>-</u>
Total investments, at fair value	282,737,948	214,024,069
Guaranteed income fund - unallocated contract, at contract value	<u>22,165,295</u>	<u>20,060,087</u>
Total investments	<u>304,903,243</u>	<u>234,084,156</u>
Noninterest-bearing cash	<u>-</u>	<u>907</u>
Receivables:		
Employer contributions	7,892,403	2,442,702
Participant contributions	31,796	31,044
Notes receivable from participants	<u>3,437,893</u>	<u>2,801,356</u>
Total receivables	<u>11,362,092</u>	<u>5,275,102</u>
Total assets	316,265,335	239,360,165
LIABILITIES - Corrective distributions payable	<u>-</u>	<u>132,656</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 316,265,335</u>	<u>\$ 239,227,509</u>

See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation in fair value of mutual funds	\$ 36,461,809
Dividends from mutual funds	2,569,218
Net realized and unrealized appreciation in fair value of common/collective investment trusts	92,107
Interest from guaranteed income fund	<u>328,917</u>

Net investment income	<u>39,452,051</u>
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Interest income on notes receivable from participants	<u>157,634</u>
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Contributions:

Participant - current	38,237,471
Participant - rollover	4,250,928
Employer	<u>13,153,738</u>

Total contributions	<u>55,642,137</u>
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Other income	<u>2,933</u>
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Total additions	<u>95,254,755</u>
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Deductions from net assets attributed to:

Benefits paid to participants	27,101,665
Deemed distributions	8,525
Administrative expenses	<u>268,404</u>

Total deductions	<u>27,378,594</u>
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Net increase prior to transfer of assets from another plan	67,876,161
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Transfer of assets from other plan	<u>9,161,665</u>
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Net increase in net assets available for benefits	77,037,826
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Net assets available for benefits:

Beginning of year	<u>239,227,509</u>
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End of year	<u><u>\$ 316,265,335</u></u>
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See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN

The following description of the AMN Healthcare 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of AMN Healthcare, Inc. and adopting subsidiaries ("AMN" or the "Company"), except, generally, Puerto Rican, leased, and certain highly compensated employees, as well as certain classifications of employees expected to work less than 1,000 hours per year. The Plan is administered by AMN and provides participants with salary deferral options for retirement. The Plan's trustee/custodian is Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company (together, "Prudential"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

Transfer of Assets from Other Plans

On January 29, 2020, AMN completed an acquisition of Stratus Video Holding Company. The Plan merged the assets of the Stratus Video 401(k) Plan and the InDemand Interpreting Services 401(k) Plan and Trust in the total amount of \$9,161,665 during January 2021, which includes transfers of active loans in the amount of \$259,793.

Eligibility

All eligible employees may participate in the Plan upon hire. Effective January 1, 2017, highly-compensated corporate employees may no longer participate in the Plan in the first year such employees are classified as highly-compensated, or in the first year such employees become classified as highly-compensated after more than twelve months of not being classified as highly-compensated. HSG Strike Staff employees are excluded from participation in the Plan for all contributions.

The eligibility for a number of Plan provisions, such as discretionary employer matching contributions and vesting, is different for various following classifications:

Corporate Employees – Employees who work in an operational support mode.

Non-Corporate Employees – Employees assigned to work through a contract with a client either on-site at their facility or remotely.

Contributions – Participants

Eligible employees may elect to contribute up to 75% of pre-tax annual compensation, as defined in the Plan and allowed by the Code. In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the Code.

Effective April 1, 2016, the Plan includes an automatic enrollment deferral feature such that the Company will automatically withhold 1% of a newly hired Corporate Employee's compensation and contribute that amount to the Plan, unless the participant makes a contrary election.

Participants may also contribute amounts representing rollover distributions from other qualified sources.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Contributions – Employer

Corporate Participants – Corporate participants are eligible for discretionary matching contributions. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 50% of each participant's contribution up to 6% of a participant's eligible compensation and 100% of the next 4% of eligible compensation calculated each pay period. The Company suspended employer contributions for the period May 1, 2020 through December 31, 2020. On January 1, 2021, the Company approved a flat discretionary contribution of \$1,500 to all corporate employees who made contributions to the Plan between January 1, 2020 and September 30, 2020. Employer contributions for corporate employees are awarded as of June 30 and December 31. To receive the match, corporate participants must be active participants on the award date.

Non-Corporate Participants – Traveler, per diem, interim staff, and service professional participants are eligible for discretionary matching contributions if they actively participated and worked at least 1,000 hours during the year. For the period from January 1, 2020 through April 30, 2020, the employer match was equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period but awarded annually as of December 31. The Company suspended employer contributions for non-corporate employees for the period May 1, 2020 through December 31, 2020.

Effective January 1, 2021, the Company approved an employer match for corporate participants equal to 100% of each participant's contribution up to 10% of a participant's eligible compensation calculated each pay period, and an employer match for non-corporate participants equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period.

As of December 31, 2021, certain 2021 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2022, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$7,892,403, which is net of forfeitures in the amount of \$626,922.

As of December 31, 2020, certain 2020 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2021, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$2,442,702, which is net of forfeitures in the amount of \$916,747.

Notes Receivable from Participants

Employees may borrow from their accounts a minimum of \$1,000 up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one outstanding at any point. Loan terms generally range from one to five years, however can extend to the lesser of ten years or a similar commercial lending period if used to purchase a home. The loans are secured by the participant's account balance and bear interest at the "bank prime rate" plus 1% as reported by the U.S. Federal Reserve on the last business day of a calendar quarter. As of December 31, 2021, interest rates on outstanding loans ranged from 4.25% to 6.75%. Principal and interest are repaid ratably, generally through payroll deductions.

Effective May 1, 2018, an employee may make a direct rollover of an active loan from a qualified plan of a former employer.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants (Continued)

Effective April 21, 2020, the Plan operationally adopted a provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. The provision allows an eligible participant, as defined, to defer loan payments due on loans outstanding from March 27, 2020 to December 31, 2020 for up to one year.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, if any, and an allocated share of the Plan's earnings or losses. Participant accounts are also charged with an allocation of administrative expenses. Allocations are made in a nondiscriminatory manner which recognizes each participant's account balance, investment selection, and timing of contributions and withdrawals. Individual participant accounts are also charged for any loan and distribution fees incurred by the transacting participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All of the Plan's investments are participant-directed.

Vesting

All participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in employer matching contributions if employed upon reaching early retirement age (55), or in the event of death or disability, as defined. Non-corporate employees vest in employer matching contributions based on years of service, with a year of service is defined as a Plan year in which an employee works at least 1,000 hours. Non-corporate employees generally vest on a three-year cliff basis. As of July 1, 2015, traveler and per diem employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, and are fully vested after 3 years. These participants have been credited with prior service.

As of July 1, 2014, corporate employee vesting is based on elapsed time. Generally, corporate employees vest in employer matching contributions and earnings thereon at a rate of 10% after 1 year, 30% after 2 years, 60% after 3 years, 80% after 4 years, and are generally 100% vested after 5 years of credited service or at age 55, whichever occurs earlier. As of July 1, 2015, vesting of corporate employees who were participants in the Onward plan vest at a rate of 20% after 1 year, 40% after 2 years, 60% after 3 years, 80% after 4 years, and are fully vested after 5 years.

Payment of Benefits

Participants are entitled to a distribution of their vested benefits in the event of death, disability, retirement, termination of employment, or termination of the Plan. Generally, and unless otherwise elected by the participant, the payment of benefits under the Plan will begin no later than 60 days after the last day of the Plan year in which the participant either attains age 65 or terminates employment, whichever occurs last.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019, which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reached the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

If the value of an account for such a participant is greater than \$5,000, the participant may elect to receive benefit payments in a single lump sum, in ad hoc distributions subject to certain limits, or in monthly installments over a specific period not to exceed the participant's assumed life expectancy. If none of the aforementioned elections are made, married participants shall automatically receive benefits in the form of a joint and survivor life annuity; unmarried participants shall automatically receive benefits in the form of a life annuity. However, if a participant's vested account balance is less than \$5,000 but greater than \$1,000, the Plan sponsor may distribute the vested account balance in a single lump sum payment in cash. Also, the Plan distributes separated participants' vested account balances of less than \$1,000.

Participants may also withdraw their vested funds (elective deferrals and matching contributions) while still employed with the Company upon (i) reaching the age of 59½, or (ii) approval of the Plan administrator and subject to IRS hardship withdrawal rules.

In April 2020, the Plan implemented the following provisions of the CARES Act related to distributions: (i) participants may withdraw up to \$100,000 without a 10% early distribution penalty, (ii) such distributions can be repaid within three years of the date of distribution, and (iii) required minimum distributions were temporarily suspended for 2020.

Plan Expenses

Forfeitures and investment income thereon are used by the Plan to pay Plan administrative expenses on a quarterly basis. Then, 0.11% of the participant's investment return at the end of each quarter is calculated and deducted from investment earnings to offset Plan expenses. At its discretion, AMN may pay any remaining Plan expenses.

Forfeitures

The nonvested balance of a terminated participant's account is forfeited when a distribution of vested benefits is made. For terminated participants who do not elect to receive a distribution of vested benefits, the nonvested balance is forfeited after a five-year break in vesting service has occurred. Forfeitures may be used by AMN to reduce Plan administrative expenses and future employer contributions.

As of December 31, 2021 and 2020, the forfeited nonvested balance was \$576,353 and \$780,696, respectively. For the year ended December 31, 2021, \$30,085 of forfeitures was used to pay Plan administrative expenses, \$1,239,573 of forfeitures was used for employer contributions, \$1,060,625 was added to the forfeiture account, and there was \$4,690 in investment earnings.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Recognition of Income and Losses

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements. Contract value is the relevant measure for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation/depreciation in fair value of mutual funds includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Recently Issued Accounting Standards Update

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 simplifies and improves the disclosure requirements for fair value measurements. Plan management adopted ASU 2018-13 effective January 1, 2020; its adoption did not have a material impact on the Plan's financial statements.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 3. PLAN TERMINATION

Although it has not expressed any intention to do so, AMN has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 4. INCOME TAX STATUS

The Plan, through its adoption of a prototype plan from Prudential, has obtained an opinion letter issued to Prudential from the Internal Revenue Service stating that the prototype plan is qualified under section 401(a) of the Code and that any employer adopting this plan will be considered to have a plan qualified under the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an 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 2018.

NOTE 5. INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation or depreciation in fair value of investments, dividends, interest income, including interest income on notes receivable from participants, and other income for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Prudential, the trustee and custodian of the Plan.

NOTE 6. RISKS AND UNCERTAINTIES

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 7. RELATED PARTY TRANSACTIONS

The Company provides administrative services to the Plan at no cost. Certain Plan investments are shares of investments managed by the trustees/custodians. At its discretion, AMN may pay any remaining Plan expenses. These transactions qualify as exempt party-in-interest transactions.

NOTE 8. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs are directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement of the asset or liability at the measurement date. These inputs represent Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value at December 31, 2021 and 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective investment trusts: Valued at the net asset value of units of the collective trusts. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trusts, the issuer may reserve the right to require a notification period in order to ensure that securities liquidations will be carried out in an orderly business manner.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 255,520,015	\$ -	\$ -	\$ 255,520,015
Total investments at fair value	<u>\$ 255,520,015</u>	<u>\$ -</u>	<u>\$ -</u>	255,520,015
Common/collective investment trusts measured at net asset value ^(a)				<u>27,217,933</u>
Total investments, at fair value				<u>\$ 282,737,948</u>

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 214,024,069	\$ -	\$ -	\$ 214,024,069
Total investments at fair value	<u>\$ 214,024,069</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 214,024,069</u>

^(a) Certain investments (common/collective investment trusts) that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to total investments presented in the accompanying statements of net assets available for benefits.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes certain characteristics of the Plan's investment in the common/collective investment trusts (for which fair value is measured using the net asset value per share practical expedient) as of December 31, 2021. There are no participant redemption restrictions for these investments, and the redemption notice periods are applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (Participant)</u>	<u>Redemption Notice Period (Plan)</u>
Wilmington Trust Retirement & Institutional Services Co. Mid Cap Value Fund	\$ 13,400,697	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Large Cap Value Fund	8,324,991	N/A	Daily	5 days *
Wilmington Trust Retirement & Institutional Services Co. Small Cap Growth Fund II	<u>5,492,245</u>	N/A	Daily	5 days *
Total common/collective investment trusts	<u>\$ 27,217,933</u>			

* Advanced written notice of 5 days is required if withdrawal exceeds \$1,000,000 of the assets invested in the fund.

NOTE 9. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan includes a Guaranteed Income Fund, which represents investments in a group annuity insurance contract with Prudential Retirement Insurance & Annuity Company ("Prudential Retirement Insurance"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for financial statement reporting of fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is not considered a guaranteed investment contract as it has no maturity date or penalty for early withdrawal and there are not any known cash flows that could be discounted. The average rate of return on the guaranteed income fund during 2021 was 1.60%.

The Plan's ability to receive amounts due in accordance with the investment contract is dependent on Prudential Retirement Insurance's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Generally there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021

NOTE 10. EXCESS CONTRIBUTIONS DISTRIBUTED TO PARTICIPANTS

To satisfy certain nondiscrimination provisions of the Plan, excess participant contributions were disbursed from the Plan, which have been netted against participant contributions in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020. During 2021, the Plan distributed 2020 excess contributions to the applicable participants in the amount of \$132,656.

NOTE 11. UNTIMELY PARTICIPANT CONTRIBUTIONS

The Company identified instances in which amounts withheld from employees during 2021 totaling \$281,588 were not forwarded to the custodian within the reasonableness timeframe established by the Department of Labor. The Company contributed \$318 and \$26 to the Plan representing lost earnings on these untimely contributions during 2021 and 2022, respectively.

NOTE 12. CARES ACT

In response to the effects of the coronavirus on the economy, in March 2020, Congress passed the CARES Act. The CARES Act provides temporary relief for retirement plan sponsors and participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be implemented operationally prior to formally amending the Plan document. The Plan has implemented certain relief provisions included in the CARES Act as disclosed in the preceding notes to the financial statements. Plan management expects to formally amend the Plan by December 31, 2022.

SUPPLEMENTAL SCHEDULES

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021

EIN: 88-0208006
Plan Number: 002

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included: ☒	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
\$ 275,189	03/26/21	04/09/21	\$ -	\$ 275,189	\$ -	\$ -
391	11/05/21	12/21/21	-	391	-	-
6	11/05/21	12/23/21	-	6	-	-
3,118	12/17/21	01/11/22	3,118	-	-	-
2,884	12/31/21	01/11/22	2,884	-	-	-
\$ 281,588			\$ 6,002 *	\$ 275,586 *	\$ -	\$ -

* Delinquent contributions were made on the "Date Remitted" as indicated above. The Company remitted lost earnings in the amount of \$318 and \$26 to the Plan during 2021 and 2022, respectively.

See accompanying independent auditors' report.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2021

EIN: 88-0208006
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ⁽¹⁾	Current Value
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	-	\$ 22,165,295
	Mutual Funds:			
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050	-	39,976,747
	Principal Global Investors LLC	Principal LargeCap S&P 500 Index Inst.	-	37,892,636
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040	-	36,813,886
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030	-	31,842,312
	Principal Global Investors LLC	Principal LargeCap Growth I R5	-	25,747,106
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020	-	17,753,777
	Principal Global Investors LLC	Principal SmallCap S&P 600 Index Inst.	-	11,694,534
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060	-	9,965,535
*	PGIM Investments LLC	PGIM Total Return Bond Fund R6	-	8,588,648
	Massachusetts Financial Services Co.	MFS Mid Cap Value R4	-	8,217,527
	Dodge & Cox	Dodge & Cox International Stock I	-	7,793,301
	Principal Global Investors LLC	Principal MidCap S&P 400 Index Inst.	-	6,373,397
	Victory Capital Management Inc.	Victory Sycamore Small Company Opp. I	-	3,877,534
	Principal Global Investors LLC	Principal International Equity Index I	-	3,670,231
	BNY Mellon	BNY Mellon Bond Market Index I	-	2,699,116
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010	-	2,613,748
	Common/Collective Investment Trusts:			
	Wilmington Trust Retirement & Institutional Services Co.	Mid Cap Value	-	13,400,697
	Wilmington Trust Retirement & Institutional Services Co.	Large Cap Value	-	8,324,991
	Wilmington Trust Retirement & Institutional Services Co.	Small Cap Growth II	-	5,492,245
*	Participant Loans	Interest rates range from 4.25% to 6.75%; maturity dates vary	-0-	3,437,893
	Total Investments			\$ 308,341,136

* Represents a party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.