

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ADVANSTAFF, INC. 401(K) PLAN & TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 88-0300318
2c Plan Sponsor's telephone number: 702-598-0000
2d Business code (see instructions): 541214

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5125
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3966
	6a(2)	4490
	6b	0
	6c	1115
	6d	5605
	6e	0
	6f	5605
	6g(1)	2759
6g(2)	2865	
6h	14	
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 2K 2T

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSTAFF, INC.	D Employer Identification Number (EIN) 88-0300318	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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?
15 37 38 50	TPA	528425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	PORTFOLIO MGMT	214880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADVANSTAFF, INC.

88-0300318

(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?
14	PLAN ADMINISTRATOR	143934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GOLUB GROUP

1850 GATEWAY DRIVE
SUITE 100
SAN MATEO, CA 94404

(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?
26	ADVISOR	54188	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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:

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

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c EIN-PN

d Entity code

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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSTAFF, INC.	D Employer Identification Number (EIN) 88-0300318

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	376754	308308
(2) Participant contributions	1b(2)	314863	257918
(3) Other	1b(3)	22651	20458
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)	1720390	2026682
(9) Value of interest in common/collective trusts	1c(9)	519368	528813
(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)	94341964	117000734
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5435858	6714900

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	102731848	126857813
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	102731848	126857813

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4325444	
(B) Participants.....	2a(1)(B)	11087434	
(C) Others (including rollovers).....	2a(1)(C)	1362254	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16775132
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)	144347	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		144347
(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)	2810962	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2810962
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18194
(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)		11532326
c Other income	2c		1306787
d Total income. Add all income amounts in column (b) and enter total.....	2d		32587748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11664588	
(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)		11664588
f Corrective distributions (see instructions)	2f		246924
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	672359	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	269068	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		941427
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12852939

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19734809
l Transfers of assets:			
(1) To this plan.....	2l(1)		6374514
(2) From this plan	2l(2)		1983358

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: **KSDT CPA**

(2) EIN: **26-0547877**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	115055
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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)
DRVITA, INC. 401(K) PLAN	45-1796404	001
ADVANCED ORTHOPAEDIC SURGERY CENTER 401(K) PLAN	83-2874360	001
THE LAW OFFICES OF CHRISTIAN M MORRIS PLLC 401(K) PROFIT SHARING PLAN AND TRUST	27-2225569	001

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ADVANSTAFF, INC. 401(K) PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADVANSTAFF, INC.</u>	D Employer Identification Number (EIN) <u>88-0300318</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>65-0708495</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit Plan number (PN)..... ▶	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ADVANSTAFF, INC.	D Administrator's EIN 88-0300318	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer A DEPENDABLE INSURANCE AGENCY	2b EIN 88-0373919	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer ACHIEVE PHYSICAL THERAPY	2b EIN 20-1159020	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 79694

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANSTAFF, INC.	88-0300318	2.97	5596435
ADVANSTAFF, INC. SUSPENSE PLAN	88-0000001	0.00	123138
AGRO FINANCE LLC	47-2844076	0.13	87408
ANDERSON AUDIOLOGY	26-2948435	0.00	576
ANDREW M. CASH, MD, PC DBA DESERT INSTITUTE OF SPINE CARE	20-8772860	0.61	1254457
APEX LINEN HOLDINGS LLC	85-3180642	0.00	3210
ASCEND CPAS & ADVISORS LLC	45-3742084	0.09	32084
ASPEN FINANCIAL SERVICES, LLC	88-0489847	0.00	0
AUTOMALL AUTOMOTIVE, LLC DBA TOWBIN DODGE RAM	85-3670202	3.14	2430173

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARTH CORDELL LLC DBA FAVORITE BISTRO	37-1857088	0.30	51259
BC RESTAURANT LV LLC	83-0879892	0.00	3041
BCIP LLC	83-0880127	0.24	99679
BEHAVIORAL HEALTH SOLUTIONS, LLC	82-3795906	7.21	2432667
BELL ELECTRICAL SYSTEMS LLC	26-1499477	0.00	76442
BOUNTIFUL PROPERTY MGMT	47-2621179	0.24	88889
BUENOS NOCHES LLC	27-0587799	0.13	54266
CANYON TRAILS FAMILY PRACTICE	88-0387993	0.00	94773
CAVALIER INC & PARTICIPATING EMPLOYERS	88-0458898	0.41	278002

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLESTON RESIDENTIAL DBA CROSSROADS OF SOUTHERN NV.	81-1315117	1.04	503341
CHATEAU NIGHTCLUB LLC, DBA CHERI	27-2039119	0.25	341986
CIRRUS AVIATION SERVICES	20-2189684	12.54	5808880
COLOURS, INC.	88-0237165	0.00	299
COOLCAL LLC	27-0577915	0.00	170018
COORDINATED LIVING OF SOUTHERN NEVADA	46-1525782	0.00	16181
DR. VITA, INC.	45-1796404	0.09	2108
EGLLET LAW GROUP, LLP	46-2057340	1.67	2589531
EID NEVADA CRITICAL CARE DBA UNITED CRITICAL CARE	27-2374581	3.64	3196770

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE GOLF MANAGEMENT LLC & PARTICIPATING EMPLOYERS	26-3993799	0.49	212289
EMPOWERED MOTORCARS, INC DBA INFINITI OF LAS VEGAS	88-3739934	0.12	23647
FIRST AMERICAN MARKETING CORP. DBA SHONKWILER PARTNERS	20-1558416	0.00	0
FRIENDLY CONSULTING LLC	81-4881475	0.59	539394
GASTROENTEROLOGY ASSOCIATES / AMBULATORY SURGICAL CENTER	88-0212653	0.00	36219
GENERAL VASCULAR / CATHEDRAL ROCK MEDICAL CENTER, LLC	30-0072350	0.11	130689
GERMIN CLINICAL NEUROLOGY WEST A NEVADA PROFESSIONAL CORP	01-0726093	1.02	361481
GLOBAL FOODS, INC.	88-0366562	1.06	1135307
GREGORY BOWMAN, DDS PROF. CORP.	88-0349147	0.00	187

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GY AGEMNI LLC	35-2495388	0.00	283624
HEALTHIE NEVADA	45-3717117	1.20	680364
HENDERSON MEDICAL BILLING GROUP LLC	84-3881928	0.49	138285
HGR RESTAURANTS LLC	46-5711029	0.17	388268
IDEAL EYECARE	88-0484656	0.38	958980
INNOVATIVE LABOR SOLUTIONS, INC. DBA INNOVOLT ELECTRIC	88-1256846	0.00	35
JCORD LLC DBA JCORD CONSTRUCTION SERVICES	47-1194391	0.49	79327
JDR DERMATOLOGY RESEARCH LLC	81-4455293	0.07	61942
JONATHAN F. RICHARDS, DDS, MS, P.L.	26-3087801	0.46	231879

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JRS HOSPITALITY LLC	82-3691191	1.08	542161
KATRO SERVICES, LLC	26-4030420	0.60	1523550
K-BAR ELECTRIC DBA ALL METRO TECH	84-1644980	0.04	17145
KIDS R KIDS #3	88-0476329	0.00	144734
LAS VEGAS COUNTRY CLUB, LLC	82-3339317	0.81	709207
LAS VEGAS GLOBAL ECONOMIC ALLIANCE	88-0070996	0.74	1024504
LAW OFFICE OF BRIAN D. NETTLES, INC.	61-1443110	0.00	490600
LEVEL PROPERTY MANAGEMENT	20-4076762	0.15	79554
LOGISTICAL SOLUTIONS, LLC	26-2369937	0.46	918033

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYMPHATIC THERAPY, INC.	46-2488051	0.00	25572
MASTERS OF BARRICADES, LLC	46-2869217	0.43	179947
MEDHQ- LAS VEGAS INSTITUTE FOR ADVANCED SURGERY	83-2874360	0.21	0
MED-STRATEGIES, INC.	20-5520367	0.00	34065
MALAMA RMC LLC	82-3730724	0.01	1237
MILNE DENTISTRY, INC.	88-0402674	0.00	45862
NEVADA DENTAL PARTNERS PLLC	87-0909656	0.14	32442
NEVADA HEALTH (TANITA) PLLC DBA IS HENDERSON WOMENS CARE	82-1745626	0.31	97133
NEW HOME RESOURCE	86-0976752	0.20	850346

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOPAEDIC SOLUTIONS	27-3148970	0.54	1121796
OVATION BUSINESS SERVICES & CO-ADOPTING COMPANIES	88-0458603	8.72	8383215
OZ HOSPITALITY, LLC	82-2595225	0.19	326441
PARAGON MEDICAL MANAGEMENT, LLC	88-0455275	0.06	196330
PC RESTAURANT	47-1280848	0.15	319928
PECCOLE RANCH COMMUNITY ASSOCIATION	86-0064407	0.13	115094
PETER S. CHRISTIANSEN, ESQ, PC DBA CHRISTIANSEN TRIAL LAWYER	88-0497171	0.70	919631
PREMIER MORTGAGE LENDING	27-3995154	0.00	201965
PRINCE LAW GROUP	47-3792669	0.40	640432

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RCIC NEVADA, INC. DBA RCI ENGINEERING	26-1731763	0.53	584138
REHABILITATION SPECIALISTS OF HENDERSON, INC.	94-3405629	0.03	310259
RESOURCE ASSOCIATES OF NEVADA, INC.	88-0465132	0.42	200330
RICHARDS AGENCY, LTD	88-0153195	0.11	0
RISE RESIDENTIAL CONSTRUCTION	80-0202771	0.00	5
SANDBAGS, LLC	45-5018469	0.04	75651
SF PARIS LLC, DBA ALEXXAS	27-1364836	0.29	93892
SIENA PEDIATRICS	20-4800214	0.61	512785
FIT FACTORY USA/SAPPHIRE SOL LLC DBA NIYAMASOL	88-1260339	0.09	14698

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SKLAR WILLIAMS PLLC	57-0332011	0.25	923609
SPANISH TRAILS INVESTMENT GROUP LLC	88-1541113	0.25	62408
STEWART, ARCHIBALD & BARNEY, LLP	88-0382649	0.00	245108
SUN VALLEY KIDNEY SPECIALIST	20-5168184	0.00	10543
TELLUS GROUP LLC/WSR GROUNDS LLC	83-1151973	1.61	1833508
THE COTTLE FIRM	88-0369078	0.34	301610
THE JUST ONE PROJECT	47-2348577	0.94	320618
THE LAW OFFICES OF CHRISTIAN M. MORRIS, PLLC	27-2225569	0.00	0
THIRTY THREE GROUP LLC	26-4579756	0.00	3982

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THOMAS & MACK CO.	88-0292043	2.35	7958234
THOMAS DERMATOLOGY, INC.	26-1814445	5.92	9036452
THREE AMIGOS RESTAURANT GROUP DBA CHAYO MEXICAN KITCHEN	90-0933213	0.22	133720
TITLE IO, LLC	86-2472466	0.16	72661
TPC HR/PAYROLL CONSULTANTS	88-0480656	0.46	1270837
TUDOR C. JIANU, MD A PROFESSIONAL CORP. ARTHRITIS & RHEUMATI	20-2478317	0.00	2555
USA MEASUREMENTS, INC. DBA PRIME USA SCALES	46-4509608	0.21	172484
VASCULAR INSTITUTE OF SOUTHERN NV	88-0455545	0.00	0
VEGAS STRONGER	47-2059555	0.18	128405

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIVIDA DERMATOLOGY	27-0773333	3.74	4464808
WAGGONER-GALEA, PC DBA PDCA@ALIANTE	26-4110868	0.54	271081
WASATCH SALES FORCE MANAGEMENT	27-0653454	0.56	747421
WILLIAM R. MCGEE LLC	46-0831104	0.00	0
WINNER CYCLES, LLC/WINNER MOTORCYCLES, LLC	47-4259328	0.29	407722
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA	26-3147146	17.99	34399223
XLEAR	87-0660859	1.70	3012001
ZANONI & COMPANY	20-2093880	0.00	22746
TRUFUSION WEST HOLLYWOOD & PARTICIPATING EMPLOYERS	84-2341274	0.01	1096

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOUGH TURTLE TURF LLC	84-1878696	0.04	5997
THE HARRINGTON COMPANY	36-3551125	2.22	6053073
SOUTH SHORE INVESTMENT GROUP DBA SOUTH SHORE COUNTRY CLUB	92-0525360	0.07	10987
FIRST SECURITY BANK OF NEVADA	20-5785558	0.23	910292
AMT INTEGRATION LLC	93-4330670	0.08	51366

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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

YEAR ENDED DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
AdvanStaff, Inc. 401(k) Plan and Trust

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of AdvanStaff, Inc. 401(k) Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of AdvanStaff, Inc. 401(k) Plan and Trust as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the AdvanStaff, Inc. 401(k) Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the AdvanStaff, Inc. 401(k) Plan and Trust's ability to continue as a going concern for 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.

INDEPENDENT AUDITOR'S REPORT (Continued)**Auditor's Responsibilities for the Audit of the 2024 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the AdvanStaff, Inc. 401(k) Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the AdvanStaff, Inc. 401(k) Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

INDEPENDENT AUDITOR'S REPORT (Continued)

Other Matters

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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

2023 Financial Statements

The financial statements of the AdvanStaff, Inc. 401(k) Plan and Trust as of December 31, 2023, were audited by other auditors whose report dated August 7, 2024 expressed an unmodified opinion on those financial statements.



Weston, Florida
October 8, 2025

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE	\$ 124,244,447	\$ 100,297,190
CONTRIBUTIONS RECEIVABLE:		
Participants	257,918	314,863
Employer	308,308	376,754
Other	<u>20,458</u>	<u>22,651</u>
TOTAL CONTRIBUTIONS RECEIVABLE	586,684	714,268
NOTES RECEIVABLE FROM PARTICIPANTS	<u>2,026,682</u>	<u>1,720,390</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 126,857,813</u>	<u>\$ 102,731,848</u>

The accompanying notes are an integral part of these financial statements.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

Net appreciation in fair value of investments	\$ 12,857,307
Interests and dividends	<u>2,955,309</u>
Total investment income	<u>15,812,616</u>

Contributions:

Participant	11,087,434
Employer	4,325,444
Rollover	<u>1,362,254</u>
Total contributions	<u>16,775,132</u>

TOTAL ADDITIONS 32,587,748

DEDUCTIONS:

Benefit payments	11,911,512
Administration fees	<u>941,427</u>
TOTAL DEDUCTIONS	<u>12,852,939</u>

NET CHANGE IN NET ASSETS BEFORE TRANSFERS 19,734,809

Transfers to this plan	6,374,514
Transfers from this plan	<u>(1,983,358)</u>

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS 24,125,965

NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING 102,731,848

NET ASSETS AVAILABLE FOR BENEFITS - ENDING \$ 126,857,813

The accompanying notes are an integral part of these financial statements.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the AdvanStaff, Inc. 401(k) Plan and Trust (the Plan) provides only general information. For more complete information, participants should refer to the Plan instrument and adoption agreements.

General

The Plan is a multiple-employer defined contribution plan which was formed effective January 1, 1995, by AdvanStaff, Inc. (the Administrator), which is a professional employer organization (PEO). The Administrator and each adopting client-employer of the Administrator (the Employers) have their own adoption agreements to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan covers all employees, as defined in the Plan, of the Administrator and adopting Employers who have completed the age and service requirements selected in the adoption agreement. New employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date they enter the Plan. Participation occurs on the first day any month after completing each employer's age and service requirements.

Funding

Each year participants may contribute up to 98% of pretax annual compensation as defined in the Plan. According to Internal Revenue Service (IRS) rules, the deferral may not exceed \$23,000 in 2024 and \$22,500 in 2023. Participants who have reached at least age 50 may contribute an additional catch-up yearly contribution of \$7,500 during 2024 and 2023. Eligible participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

Discretionary employer matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing non-discrimination testing required by ERISA.

Discretionary employer non-elective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

Additionally, each Employer may make qualified non-elective contributions for the benefit of such participants determined at the discretion of the Employers. In order to share in the allocation of any non-elective contributions, participants are required to be employed by the Administrator or the Employers on the last day of the Plan year.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Plan employer contribution, an allocation of the Plan's earnings or losses, investment fees, and any other administrative expenses paid out of the Plan. Allocations of the Plan's earnings or losses in each investment option and employer contributions are made to the participant's accounts based on the ratio of each participant's current account balance in each investment option to total participant's account balance in the investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their elective contributions, rollover contributions, and any qualified non-elective contribution plus actual earnings thereon. Each adopting Employer selects among three options for vesting employer contributions. Under the first option, employer contributions are 20% vested after two years of service, and 20% for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option is full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Participants become fully vested upon attainment of normal retirement age (65) while being employed by the Administrator or the Employers. Participants also become fully vested on all balances upon death or disability while an employee of the Administrator or the Employers.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the Plan calendar year. See each respective employer's adoption agreement for any variations in the time of service requirement.

Investment Options

Participants may direct contributions to any of the investment options offered by the Plan. The investment options include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments (see Note 3).

Payment of Benefits

The Plan provides for mandatory distributions to participants no longer employed by the Plan Administrator with vested account balances of less than \$5,000 excluding any rollovers. If the terminated participant's vested balance does not exceed \$1,000, it will be distributed directly to the participant in cash. If the terminated participant's vested balance is \$1,000 or higher, but does not exceed \$5,000, the balance will automatically be transferred to an IRA under the participant's name unless the participant completes an election form providing other instructions for this mandatory distribution.

Upon termination of service due to disability or retirement, participants may withdraw from the account a lump-sum cash distribution of the vested value of their account.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeitures may be used to restore other forfeitures, reduce future employer contributions, reallocate as employer contributions, or to pay Plan expenses. The forfeiture balances available for use were \$8,567 and \$6,686 as of December 31, 2024 and 2023, respectively. During the year ended December 31, 2024, \$144,644 in forfeitures were used to offset employer matching contributions.

Notes Receivable from Participants

Participants may borrow from their accounts from \$1,000 up to a maximum of 50% of their vested account balance or \$50,000 minus the highest outstanding balance of loans in the past 12 months, whichever is less. Loan terms would not exceed 5 years unless the loan was for the purchase of a primary residence. The maximum loan term for a primary residence is 15 years. The loans would be secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates provided by local lending institutions. Loans are only available to Plan participants who are active employees of the Plan Administrator or Employers, therefore, they become payable in full upon termination of employment. Participant loans had an outstanding balance for the years ended December 31, 2024 and 2023 of \$2,026,682 and \$1,720,390, respectively, with interest rates ranging between 4.25% and 9.50% and various maturities through 2037.

Termination

Although there is no intent to do so, the Plan document provides for termination of the Plan subject to the provisions of the agreement and ERISA. If the Plan were to be terminated, all account balances would become immediately vested in participants' accounts.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). 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 (see Note 3 for discussion of fair value measurements).

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Concentration of Credit Risk

Financial instruments, which potentially expose the Plan to concentrations of credit risks, as defined by GAAP, consist primarily of contributions receivable and investments. The Plan invests in mutual funds which, inherent in the fair market value determination, include the risk factor of credit worthiness for each individual debt security.

NOTE 3. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value, expands disclosures about fair value measurements, and establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair value summarized as follows:

Level 1: Inputs using the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methods used for assets measured at fair value.

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

Self-directed brokerage accounts: Consist primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Common collective trust fund: Valued at the net asset value (NAV) of units of a bank collective trust at either the readily determined value of the underlying fund or as a practical expedient. The NAV is provided by the custodians. Common collective trusts valued at the readily determined value of the underlying funds are Level 2 investments.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the Plan's fair value hierarchy for investments measured at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 123,715,634	\$ -	\$ -	\$ 123,715,634
Common collective trust fund	-	528,813	-	528,813
	<u>\$ 123,715,634</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 124,244,447</u>

The following table presents the Plan's fair value hierarchy for investments measured at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 99,777,822	\$ -	\$ -	\$ 99,777,822
Common collective trust fund	-	519,368	-	519,368
	<u>\$ 99,777,822</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 100,297,190</u>

NOTE 4. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

Slavic Integrated Administration, Inc. (SIA), the Plan's third-party administrator, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2024 was \$528,425.

Slavic Mutual Funds Management Corporation (SMF), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total advisor fees paid by the Plan for the year ended December 31, 2024 was \$214,880.

The Plan Administrator charges the Plan to cover various Plan administrative expenses. These administrative expenses are remitted to the Administrator through a quarterly fee. The total amount of administrative fees paid during 2024 was \$143,934.

The party-in-interest transactions above are exempt from prohibited transaction rules of ERISA.

NOTE 5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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 the amounts reported in the statement of net assets available for benefits.

NOTE 6. PROHIBITED TRANSACTION

The Department of Labor's (DOL) regulation 29 CFR 2510.3-102 requires that participant contributions be remitted to the Plan on the earliest date on which they can be reasonably segregated from the Company's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction, which must be separately reported to the DOL and may result in penalties to the Plan Administrator.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

NOTE 6. PROHIBITED TRANSACTION (Continued)

During 2024, the participant deferrals of three payroll files totaling \$115,055 (including loan payments of \$8,703) were not remitted timely to the Plan. Subsequent to the due date, but prior to the Plan's year-end, the Administrator remitted the contributions. Correction of interest and investment gain was to be subsequently remitted. These are shown as pending correction in the Schedule of Delinquent Participant Contributions.

NOTE 7. TAX STATUS

The Plan is exempt from Federal income taxes under Internal Revenue Code (IRC) and, therefore, no provision for Federal income taxes has been made. In addition, the Plan is required to operate in conformity with the IRC to maintain the tax-exempt status. The master prototype plan from which the Plan was drafted received a favorable determination from the Internal Revenue Service on June 30, 2020. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed to operate and is currently being operated in compliance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. Management believes that the Plan is no longer subject to such audits for tax periods prior to 2021.

NOTE 8. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for the Plan through October 8, 2025, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION
YEAR ENDED DECEMBER 31, 2024

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Mutual Funds:</u>			
	Vanguard	Vanguard Total Stock Market Index Admira	**	\$ 35,675,323
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	13,718,237
	Vanguard	Vanguard Federal Money Market	**	9,913,878
	BlackRock	iShares MSCI EAFE International Index K	**	8,548,797
	* Fidelity investments	Fidelity SDBA	**	6,714,900
	Vanguard	Vanguard Consumer Staples Index	**	6,614,474
	* Fidelity investments	Fidelity 500 Index	**	5,113,893
	Vanguard	Vanguard Information Technology Index Ad	**	4,713,795
	* Fidelity investments	Fidelity US Bond Index	**	3,302,945
	Vanguard	Vanguard Growth Index Admiral	**	3,251,171
	Vanguard	Vanguard Mid Cap Index Admiral	**	2,451,007
	Vanguard	Vanguard Target Retirement 2035	**	2,071,592
	Vanguard	Vanguard Target Retirement 2045	**	1,832,771
	Vanguard	Vanguard Utilities Index Admiral	**	1,641,527
	Dimensional Fund Advisors	DFA U.S. Large Company Portfolio	**	1,507,327
	Vanguard	Vanguard Small Cap Growth Index Adm	**	1,430,577
	Vanguard	Vanguard Target Retirement 2025	**	1,348,142
	Vanguard	Vanguard Value Index Admiral	**	1,102,527
	Vanguard	Vanguard Target Retirement 2030	**	905,573
	Vanguard	Vanguard Target Retirement 2050	**	859,920
	Vanguard	Vanguard Small Cap Index Admiral	**	838,482
	Franklin Templeton Investments	Franklin Utilities R6	**	764,166
	Vanguard	Vanguard Target Retirement 2040	**	735,920
	PGIM Investments	Prudential High Yield Z	**	705,527
	Vanguard	Vanguard Small Cap Value Index Adm	**	664,572
	BlackRock	iShares Total U.S. Stock Market Index K	**	650,430
	Dimensional Fund Advisors	DFA Real Estate Securities	**	646,148
	Vanguard	Vanguard Short-Term Federal Admiral	**	514,360
	Vanguard	Vanguard Target Retirement 2020	**	506,194
	Vanguard	Vanguard Total Bond Market Index Admiral	**	488,566
	Vanguard	Vanguard Energy Index Admiral	**	439,541
	* Fidelity investments	Fidelity Mid Cap Index	**	426,088
	Invesco	Invesco Oppenheimer Gold & Special Miner	**	398,271
	* Fidelity investments	Fidelity Advisor Emerging Asia I	**	387,611
	Vanguard	Vanguard Materials Index Adm	**	368,879
	* Fidelity investments	Fidelity Emerging Markets Index	**	344,920
	Vanguard	Vanguard Short-Term Inf Prot Index Admir	**	312,415
	Vanguard	Vanguard Target Retirement 2060	**	291,970
	Vanguard	Vanguard Short-Term Bond Index Admiral	**	261,579
	Subtotal Mutual Funds			<u>\$ 122,464,015</u>

The accompanying independent auditor's report should be read with this supplementary schedule.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(Continued)

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Mutual Funds (Continued):</u>			
	Subtotal continued from previous page			\$ 122,464,015
	Vanguard	Vanguard Target Retirement 2055	**	228,865
	Nuveen	TIAA-CREF Lifecycle Index 2030 Fund Inst	**	161,164
	Vanguard	Vanguard Inflation Protected Securities	**	114,081
	Dodge & Cox	Dodge & Cox Stock	**	100,701
	Vanguard	Vanguard Target Retirement 2065 Inv	**	75,834
	Capital Group	American Small Cap World Fund CL R6	**	74,052
	Nuveen	TIAA-CREF Lifecycle Index 2035 Fund Inst	**	63,799
	Nuveen	TIAA-CREF Lifecycle Index 2050 Fund Inst	**	54,184
	Vanguard	Vanguard Target Retirement 2070	**	51,046
	Vanguard	Vanguard Mid Cap Value Index Admiral	**	45,104
	Nuveen	TIAA-CREF Lifecycle Index 2020 Fund Inst	**	44,143
	Nuveen	TIAA-CREF Lifecycle Index 2045 Fund Inst	**	41,338
	Nuveen	TIAA-CREF Lifecycle Index 2025 Fund Inst	**	37,500
	Nuveen	TIAA-CREF Lifecycle Index 2060 Fund Inst	**	37,363
	Victory Capital Management Inc.	Victory Intermediate Bond Fund R6	**	36,612
	* Fidelity investments	Fidelity Small Cap Index	**	33,358
	Nuveen	TIAA-CREF Lifecycle Index 2055 Fund Inst	**	19,482
	Capital Group	American Funds EuroPacific R6	**	12,981
	Vanguard	Vanguard Target Retirement Income	**	11,393
	Nuveen	TIAA-CREF Lifecycle Index 2040 Fund Inst	**	8,346
	Nuveen	TIAA-CREF Lifecycle Index 2015 Fund Inst	**	273
				<u>123,715,634</u>
	<u>Common Collective Trust Fund:</u>			
	New York Life Investments	Reliance NY Life Anchor Series 1 CL 0	**	<u>528,813</u>
		Total investments		124,244,447
	* Notes receivable from participants	Interest at 4.25% to 9.50% maturities through 2037	-	<u>2,026,682</u>
		Total		<u>\$ 126,271,129</u>

* Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments.

The accompanying independent auditor's report should be read with this supplementary schedule.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

	Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	Year
Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Pending Correction in VFCP		
Check here if Late Participant Loan Repayments are included <input checked="" type="checkbox"/>					
\$115,055	-	-	\$115,055	-	2024

The accompanying independent auditor’s report should be read with this supplementary schedule.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

ADVANSTAFF, INC. 401(K) PLAN & TRUST

PLAN # 001

EIN # 88-0300318

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BKTSX - BlackRock Total Stock Market Index K		650,430
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		8,548,798
	Dimensional Advisors	DFREX - DFA Real Estate Securities		646,148
	Dimensional Advisors	DFUSX - DFA U.S. Large Company Portfolio		1,507,327
	Dodge & Cox	DODGX - Dodge & Cox Stock		100,702
	Fidelity	FERIX - Fidelity Advisor Emerging Asia I		387,611
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		6,714,900
	Fidelity	FPADX - Fidelity Emerging Markets Index		344,920
	Fidelity	FSMDX - Fidelity Mid Cap Index		426,088
	Fidelity	FSSNX - Fidelity Small Cap Index		33,358
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		764,166
	Fidelity	FXAIX - Fidelity 500 Index Fund		5,113,894
	Fidelity	FXNAX - Fidelity US Bond Index Fund		3,302,944
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		398,271
	Prudential	PHYZX - Prudential High Yield Z		705,528
	Reliance Trust	QEFWQ - Reliance Ny Life Anchor Series 1 CI 0		528,813
	American Funds	RERGX - American Funds EuroPacific R6		12,982
	American Funds	RLLGX - American Small Cap World Fund CL R6		74,052
	TIAA-CREF	TLFIX - TIAA-CREF Lifecycle Index 2015 Fund Inst		273
	TIAA-CREF	TLHIX - TIAA-CREF Lifecycle Index 2030 Fund Inst		161,164
	TIAA-CREF	TLLIX - TIAA-CREF Lifecycle Index 2050 Fund Inst		54,184
	TIAA-CREF	TLQIX - TIAA-CREF Lifecycle Index 2025 Fund Inst		37,500
	TIAA-CREF	TLWIX - TIAA-CREF Lifecycle Index 2020 Fund Inst		44,143
	TIAA-CREF	TLXIX - TIAA-CREF Lifecycle Index 2045 Fund Inst		41,338
	TIAA-CREF	TLYIX - TIAA-CREF Lifecycle Index 2035 Fund Inst		63,799
	TIAA-CREF	TLZIX - TIAA-CREF Lifecycle Index 2040 Fund Inst		8,347
	TIAA-CREF	TTIIX - TIAA-CREF Lifecycle Index 2055 Fund Inst		19,482
	TIAA-CREF	TVIIX - TIAA-CREF Lifecycle Index 2060 Fund Inst		37,363
	Victory	URIBX - Victory Intermediate Bond Fund R6		36,612
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		114,081
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		13,718,236
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		261,579
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		488,567
	Vanguard	VCSAX - Vanguard Consumer Staples Index		6,614,475
	Vanguard	VENAX - Vanguard Energy Index Admiral		439,541
	Vanguard	VFFVX - Vanguard Target Retirement 2055		228,864
	Vanguard	VFIFX - Vanguard Target Retirement 2050		859,920
	Vanguard	VFORX - Vanguard Target Retirement 2040		735,920
	Vanguard	VIGAX - Vanguard Growth Index Admiral		3,251,172
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,451,008
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		4,713,795
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		75,834
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		9,913,877
	Vanguard	VMIAX - Vanguard Materials Index Adm		368,879
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		45,104
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		1,430,578
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		514,360
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		664,572
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		838,481
	Vanguard	VSVNX - Vanguard Target Retirement 2070		51,046
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		312,415
	Vanguard	VTHRX - Vanguard Target Retirement 2030		905,572
	Vanguard	VTINX - Vanguard Target Retirement Income		11,393
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,832,771
	Vanguard	VT SAX - Vanguard Total Stock Market Index Fund Admiral Shares		35,675,323
	Vanguard	VTTHX - Vanguard Target Retirement 2035		2,071,592
	Vanguard	VTTSX - Vanguard Target Retirement 2060		291,970
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,348,142
	Vanguard	VTWNX - Vanguard Target Retirement 2020		506,194
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,641,526
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		1,102,527
	Participant Loans	4.25% - 9.50%		2,026,682