

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1987
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMN HEALTHCARE, INC. 2999 OLYMPUS BLVD DALLAS, TX 75019
2b	Employer Identification Number (EIN) 88-0208006
2c	Plan Sponsor's telephone number 858-792-0711
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2026	RON MCGUIRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 23247
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) 15207 6a(2) 20749 6b 249 6c 30864 6d 51862 6e 35 6f 51897 6g(1) 13789 6g(2) 10626 6h 307
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556160-01	1345	01/01/2025	12/31/2025

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	24348367
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	25334714
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c Additions: (1) Contributions deposited during the year	7c(1)	2661960	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	518592	
(4) Transferred from separate account	7c(4)	3792567	
(5) Other (specify below)	7c(5)	3117331	

▶ **LOAN REPAYMENT, FORFEITURES**

(6) Total additions	7c(6)	10090450
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d Total of balance and additions (add lines 7b and 7c(6))	7d	35425164
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5729725	
(2) Administration charge made by carrier	7e(2)	171937	
(3) Transferred to separate account	7e(3)	5175135	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	11076797
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	24348367
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.	D Employer Identification Number (EIN) 88-0208006	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	523234	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WEALTHSPIRE RETIREMENT ADVISORY

120 VANTIS STE 400
ALISO VIEJO CA
ALISO VIEJO, CA 92656-2689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	105355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVINE LOFGREN MORRIS & ENGELBERG L

4180 LA JOLLA VILLAGE DR STE 300
LA JOLLA CA
LA JOLLA, CA 92037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	35970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.		D Employer Identification Number (EIN) 88-0208006
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND CIT CLA		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4097323-471	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7191984
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4126247-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE METLIFE SERIES 25053 CL 0		
b Name of sponsor of entity listed in (a): RELIANCE TRUST CT OR SVF		
c EIN-PN 58-1428634-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2755
a Name of MTIA, CCT, PSA, or 103-12 IE: TIMESSQUARE MID CAP QUAL GR CIT FEE		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 33-2462730-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7869549
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND II FEE CLASS		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4126288-592	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3814674
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND IV FEE CLASS		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7289851-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23998013
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10739330
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3748239	1359997
(2) Participant contributions.....	1b(2)	0	78073
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6604450	6568831
(9) Value of interest in common/collective trusts	1c(9)	48216670	53616305
(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)	333085535	359447015
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	25334714	24348367
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	416989608	445418588

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	416989608	445418588
--	-----------	-----------	-----------

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)	2292501	
(B) Participants	2a(1)(B)	28238293	
(C) Others (including rollovers)	2a(1)(C)	4727781	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		35258575
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)	536313	
(F) Other	2b(1)(F)	518954	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1055267
(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)	9397078	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9397078
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5431833
(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)		47853881
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		98996634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69139405	
(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)		69139405
f Corrective distributions (see instructions)	2f		6563
g Certain deemed distributions of participant loans (see instructions)	2g		757127
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	523234	
(4) IQPA audit fees	2i(4)	35970	
(5) Investment advisory and investment management fees	2i(5)	105355	
(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)		664559
j Total expenses. Add all expense amounts in column (b) and enter total	2j		70567654

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28428980
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LAVINE, LOFGREN, MORRIS AND ENGELBE**

(2) EIN: **33-0690020**

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.)	☒	☐	1717689
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMN HEALTHCARE, INC.		D Employer Identification Number (EIN) 88-0208006
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
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.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% 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 09 / 16 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q704336A.

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

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

For the Year Ended December 31, 2025

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Table of Contents

INDEPENDENT AUDITORS' REPORT	1 – 4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025.....	6
Notes to Financial Statements	7 – 16
SUPPLEMENTAL SCHEDULES:	
Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2025	18
Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2025	19



**LAVINE, LOFGREN, MORRIS
& ENGELBERG, LLP**

**CERTIFIED
PUBLIC
ACCOUNTANTS**

4180	PHONE
LA JOLLA VILLAGE DRIVE	(858) 455-1200
SUITE 300	FAX
LA JOLLA	(858) 455-0898
CALIFORNIA	WEB SITE
92037	www.llme.com

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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of AMN Healthcare 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (an "ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of AMN Healthcare 401(k) Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AMN Healthcare 401(k) Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AMN Healthcare 401(k) Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about AMN Healthcare 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2025 and Schedule H, Part IV, Line 4(i) as of December 31, 2025) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Lavine, Lofgren, Morris & Engelberg, LLP

La Jolla, California
August 5, 2026

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments:		
Mutual funds, at fair value	\$ 359,447,015	\$ 333,085,535
Common/collective investment trusts, at fair value	<u>53,616,305</u>	<u>48,216,670</u>
Total investments at fair value	413,063,320	381,302,205
Fully benefit responsive investment contract - unallocated contract, at contract value	<u>24,348,367</u>	<u>25,334,714</u>
Total investments	<u>437,411,687</u>	<u>406,636,919</u>
Receivables:		
Employer contributions	1,359,997	3,748,239
Participant contributions	78,073	-
Notes receivable from participants	<u>6,568,831</u>	<u>6,604,450</u>
Total receivables	<u>8,006,901</u>	<u>10,352,689</u>
Total assets	445,418,588	416,989,608
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 445,418,588</u></u>	<u><u>\$ 416,989,608</u></u>

See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2025

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation in fair value of mutual funds	\$ 47,853,881
Net realized and unrealized appreciation in fair value of common/collective investment trusts	5,431,833
Interest from guaranteed income fund	518,954
Dividends from mutual funds	<u>9,397,078</u>

Net investment income	<u>63,201,746</u>
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Interest income on notes receivable from participants	<u>536,313</u>
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Contributions:

Participant - current	28,238,293
Participant - rollover	2,292,501
Employer	<u>4,727,781</u>

Total contributions	<u>35,258,575</u>
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Total additions	<u>98,996,634</u>
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Deductions from net assets attributed to:

Benefits paid to participants, including deemed distributions	69,903,095
Administrative expenses	<u>664,559</u>

Total deductions	<u>70,567,654</u>
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Net increase in net assets available for benefits	28,428,980
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Net assets available for benefits:

Beginning of year	<u>416,989,608</u>
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End of year	<u><u>\$ 445,418,588</u></u>
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See accompanying notes to financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 1. DESCRIPTION OF PLAN

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

General

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

Eligibility

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

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

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

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

Contributions – Participants

Eligible employees may elect to contribute up to 75% of pre-tax annual compensation, as defined in the Plan and allowed by the Code. In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the Code. Effective January 1, 2024, the Plan permits participants to contribute after-tax amounts designated as "Roth" contributions.

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

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 1. DESCRIPTION OF PLAN (Continued)

Contributions – Employer

Corporate Participants – Corporate participants are eligible for discretionary matching contributions. For participant contributions made during 2025, the employer match was equal to 50% of participant contributions up to a maximum of 6% of eligible compensation calculated each pay period. Employer contributions for corporate employees are awarded as of June 30 and December 31.

Non-Corporate Participants – Traveler, per diem, interim staff, and service professional participants are eligible for discretionary matching contributions if they actively participated and worked at least 1,000 hours during the year. For 2025, the employer match was equal to 25% of each participant's contribution up to 6% of a participant's eligible compensation calculated each pay period, but awarded annually as of December 31.

As of December 31, 2025, certain 2025 employer contributions had not been contributed to the Plan and/or allocated to participant accounts. In 2026, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$1,359,997, which is net of forfeitures applied in the amount of \$1,935,215.

As of December 31, 2024, certain 2024 employer contributions had not been contributed to the Plan and/or allocated to the participants' accounts. In 2025, these employer contributions were funded to participant accounts through cash contributions from the Company in the amount of \$3,748,239, which is net of forfeitures applied in the amount of \$1,077,490.

Effective June 1, 2022, the Plan was restated to allow for non-elective employer contributions. Such contributions, if any, are in an amount designated by the Company to be allocated to each participant in a manner determined by the employer, and the amount allocated to one participant need not bear any relationship to amounts allocated to any other participants. During 2025, the Company made non-elective employer contributions in the amount of \$4,955.

Notes Receivable from Participants

Employees may borrow from their accounts a minimum of \$1,000 up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one outstanding at any point. Loan terms generally range from one to five years, however can extend to the lesser of ten years or a similar commercial lending period if used to purchase a home. The loans are secured by the participant's account balance and bear interest at the "bank prime rate" plus 1% as reported by the U.S. Federal Reserve on the last business day of a calendar quarter. As of December 31, 2025, interest rates on outstanding loans ranged from 4.25% to 9.50%. Principal and interest are repaid ratably, generally through payroll deductions.

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

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

Vesting

All participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in employer matching contributions if employed upon reaching early retirement age (55), or in the event of death or disability, as defined. Non-corporate employees vest in employer matching contributions based on years of service, with a year of service defined as a Plan year in which an employee works at least 1,000 hours. Non-corporate employees generally vest on a three-year cliff basis.

Corporate employee vesting is based on elapsed time. Effective January 1, 2024, corporate employee vesting is based on years of service, with a year of service defined as a Plan year in which an employee works at least 1,000 hours. Generally, corporate employees vest in employer matching contributions, non-elective contributions, and earnings thereon at a rate of 10% after 1 year, 30% after 2 years, 60% after 3 years, 80% after 4 years, and 100% vested after 5 years of credited service or at age 55, whichever occurs earlier.

Payment of Benefits

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

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

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

The Plan was formally amended in April 2023 to provide for the provisions of the SECURE Act.

The distribution provisions of the SECURE Act were modified by the SECURE 2.0 Act of 2022 (the "SECURE 2.0 Act") (Note 11), such that beginning in 2023, the age a participant must begin taking distributions was raised to 73. If a participant reached the age of 72 during 2023, the participant could defer receiving distributions until April 1, 2025, the latest date that a required minimum distribution may be taken for 2024.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)

If the value of an account for such a participant is greater than \$7,000, the participant may elect to receive benefit payments in a single lump sum, in ad hoc distributions subject to certain limits, or in monthly installments over a specific period not to exceed the participant's assumed life expectancy. If none of the aforementioned elections are made, married participants shall automatically receive benefits in the form of a joint and survivor life annuity; unmarried participants shall automatically receive benefits in the form of a life annuity. However, if a participant's vested account balance is less than \$7,000 but greater than \$1,000, the Plan sponsor may distribute the vested account balance in a single lump sum payment in cash. Also, the Plan distributes separated participants' vested account balances of less than \$1,000.

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

Plan Expenses

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

Forfeitures

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

As of December 31, 2025 and 2024, the forfeited nonvested balance was \$2,131,389 and \$1,251,904, respectively. For the year ended December 31, 2025, \$143,757 of forfeitures was used to pay Plan administrative expenses, \$2,029,310 of forfeitures was used for employer contributions, \$3,024,904 was added to the forfeiture account, and there was \$27,648 in investment earnings.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Recognition of Income and Losses

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements. Contract value is the relevant measure for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 9 for discussion of contract value investments.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued (Note 12).

NOTE 3. PLAN TERMINATION

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

NOTE 4. INCOME TAX STATUS

The Company has adopted a defined contribution pre-approved plan and relies upon the pre-approved plan's opinion letter from the Internal Revenue Service ("IRS"), which states that, in its opinion, the pre-approved plan and related trust are designed in accordance with applicable sections of the Code. The Company has not applied for a determination letter from the IRS specific to the current Plan document. Although the pre-approved plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 4. INCOME TAX STATUS (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 5. INFORMATION CERTIFIED BY THE TRUSTEES/CUSTODIANS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation or depreciation in fair value of investments, dividends, and interest income, including interest income on notes receivable from participants, for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company, the trustees and custodians of the Plan.

NOTE 6. RISKS AND UNCERTAINTIES

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

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 8. FAIR VALUE MEASUREMENTS

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value at December 31, 2025 and 2024.

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

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

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	December 31, 2025			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 359,447,015	\$ -	\$ -	\$ 359,447,015
Total investments in the fair value hierarchy	<u>\$ 359,447,015</u>	<u>\$ -</u>	<u>\$ -</u>	359,447,015
Common/collective investment trusts measured at net asset value ^(a)				<u>53,616,305</u>
Total investments at fair value				<u>\$ 413,063,320</u>
	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 333,085,535	\$ -	\$ -	\$ 333,085,535
Total investments in the fair value hierarchy	<u>\$ 333,085,535</u>	<u>\$ -</u>	<u>\$ -</u>	333,085,535
Common/collective investment trusts measured at net asset value ^(a)				<u>48,216,670</u>
Total investments at fair value				<u>\$ 381,302,205</u>

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

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 8. FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize certain characteristics of the Plan's investment in the common/collective investment trusts (for which fair value is measured using the net asset value per share practical expedient) as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments, and the redemption notice periods are applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (Participant)</u>	<u>Redemption Notice Period (Plan)</u>
As of December 31, 2025				
Great Gray Trust Co. Large Cap Growth Fund IV	\$ 23,998,013	N/A	Daily	5 days *
Great Gray Trust Co. Large Cap Value Fund	10,739,330	N/A	Daily	5 days *
Great Gray Trust Co. TimesSquare Mid Cap Fund	7,869,549	N/A	Daily	5 days *
Great Gray Trust Co. PGIM Total Return Bond Fund	7,191,984	N/A	Daily	5 days *
Great Gray Trust Co. Small Cap Growth Fund II	3,814,674	N/A	Daily	5 days *
Reliance Trust Company MetLife Series 25053	<u>2,755</u>	N/A	Daily	N/A
Total common/collective investment trusts	<u>\$ 53,616,305</u>			

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (Participant)</u>	<u>Notice Period (Plan)</u>
As of December 31, 2024				
Great Gray Trust Co. Large Cap Growth Fund IV	\$ 24,282,745	N/A	Daily	5 days *
Great Gray Trust Co. Large Cap Value Fund	10,426,282	N/A	Daily	5 days *
Great Gray Trust Co. Mid Cap Growth Fund	9,283,207	N/A	Daily	5 days *
Great Gray Trust Co. Small Cap Growth Fund II	4,187,316	N/A	Daily	5 days *
Reliance Trust Company MetLife Series 25053	<u>37,120</u>	N/A	Daily	N/A
Total common/collective investment trusts	<u>\$ 48,216,670</u>			

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

NOTE 9. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

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

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is not considered a guaranteed investment contract as it has no maturity date or penalty for early withdrawal and there are not any known cash flows that could be discounted. The average rate of return on the guaranteed income fund during 2025 was 2.15%.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2025

NOTE 9. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

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

NOTE 10. UNTIMELY PARTICIPANT CONTRIBUTIONS

The Company identified instances in which amounts withheld from employees during 2024 totaling \$1,717,689 were not forwarded to the custodian within the reasonableness timeframe established by the Department of Labor. In February 2025, the Company contributed \$5,308 to the Plan representing lost earnings on these untimely contributions.

NOTE 11. SECURE 2.0 ACT

On December 29, 2022, the SECURE Act 2.0 became law. The purpose of the legislation is to expand access to retirement plans and to help working Americans increase their retirement savings. The SECURE Act 2.0 includes various required and optional provisions that become effective through 2033, certain of which are described below.

- Beginning January 1, 2025, a participant from the ages 60 to 63 can elect catch-up contributions up to the limit of the greater of \$10,000 or 150% of the catch-up contribution limit imposed by the IRS. During 2025, eligible participants could elect to make catch-up contributions up to \$11,250.
- Beginning January 1, 2025, long-term part-time workers (defined as employees who have worked for two consecutive 12 month periods during each of which they have at least 500 hours of service) became eligible to enroll in their employer's retirement plan after two years.
- Beginning January 1, 2026, catch-up contributions will be made on a Roth basis, unless the participant earns \$150,000, as adjusted, or less. This threshold is indexed annually for inflation.
- Beginning in 2033, the age for required minimum distributions will increase from age 73 to 75.

Plan management has not yet determined which of the optional provisions, if any, the Plan will implement. Plan management expects to formally amend the Plan by December 31, 2026.

NOTE 12. SUBSEQUENT EVENT

Effective January 1, 2026, the Plan was amended to permit corporate employees classified as highly-compensated to participate in the Plan. These employees may contribute up to 3% of Plan-eligible compensation.

SUPPLEMENTAL SCHEDULES

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

EIN: 88-0208006
Plan Number: 002

Participant Contributions Transferred Late to the Plan		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51	
Check Here if Late Participant Loan Repayments Are Included: ☒		Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program
\$	119,946	01/31/24	02/13/24	\$ -	\$ 119,946	\$ -
	4,419	02/02/24	02/09/24	-	4,419	-
	81,788	02/02/24	02/14/24	-	81,788	-
	127	02/07/24	03/07/24	-	127	-
	342,701	02/16/24	02/28/24	-	342,701	-
	145,139	02/16/24	03/05/24	-	145,139	-
	492,494	02/23/24	03/05/24	-	492,494	-
	142,103	03/15/24	03/21/24	-	142,103	-
	3,757	03/15/24	03/22/24	-	3,757	-
	321,729	03/15/24	03/22/24	-	321,729	-
	41,435	03/15/24	03/27/24	-	41,435	-
	22,051	04/19/24	04/30/24	-	22,051	-
\$	1,717,689			\$ -	\$ 1,717,689 *	\$ -

* Delinquent contributions were made on the "Date Remitted" as indicated above.
The Company remitted lost earnings in the amount of \$5,308 to the Plan in February 2025.

See accompanying independent auditors' report.

AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2025

EIN: 88-0208006
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ⁽¹⁾	Current Value
*	Empower Annuity Insurance Company	Guaranteed Income Fund	-	\$ 24,348,367
	Mutual Funds:			
	Fidelity Investments	Fidelity 500 Index	-	67,873,521
	BlackRock Investments, LLC	BlackRock LifePath Index 2050 K	-	61,167,825
	BlackRock Investments, LLC	BlackRock LifePath Index 2040 K	-	48,151,182
	BlackRock Investments, LLC	BlackRock LifePath Index 2030 K	-	34,517,475
	BlackRock Investments, LLC	BlackRock LifePath Index 2060 K	-	32,893,995
	BlackRock Investments, LLC	BlackRock LifePath Index 2055 K	-	25,636,493
	BlackRock Investments, LLC	BlackRock LifePath Index 2045 K	-	16,059,742
	BlackRock Investments, LLC	BlackRock LifePath Index Retirement K	-	13,320,472
	Fidelity Investments	Fidelity Small Cap Index	-	11,138,095
	BlackRock Investments, LLC	BlackRock LifePath Index 2035 K	-	9,876,680
	Dodge & Cox	Dodge & Cox International Stock I	-	8,657,784
	Fidelity Investments	Fidelity Mid Cap Index	-	8,049,848
	Massachusetts Financial Services Co.	MFS Mid Cap Value R6	-	7,230,038
	Fidelity Investments	Fidelity International Index	-	5,357,592
	BlackRock Investments, LLC	BlackRock LifePath Index 2065 K	-	3,247,297
	Fidelity Investments	Fidelity U.S. Bond Index	-	3,185,351
	Victory Capital Management Inc.	Victory Sycamore Small Company Opp. I	-	3,083,625
	Common/Collective Investment Trusts:			
	Great Gray Trust Co.	Great Gray Trust Co. Large Cap Growth Fund IV	-	23,998,013
	Great Gray Trust Co.	Great Gray Trust Co. Large Cap Value Fund	-	10,739,330
	Great Gray Trust Co.	Great Gray Trust Co. TimesSquare Mid Cap Fund	-	7,869,549
	Great Gray Trust Co.	Great Gray Trust Co. PGIM Total Return Bond Fund	-	7,191,984
	Great Gray Trust Co.	Great Gray Trust Co. Small Cap Growth Fund II	-	3,814,674
	Reliance Trust Company	MetLife Series 25053	-	2,755
*	Participant Loans	Interest rates range from 4.25% to 9.50%; maturity dates vary	-0-	6,568,831
	Total Investments			\$ 443,980,518

* Represents a party-in-interest.

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

See accompanying independent auditors' report.

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AMN Healthcare 401(k) Retirement Savings Plan
01-JAN-25 to 31-DEC-25

Page 1 of 2

20-JAN-26 22:58:21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ILIRKX			12,144,578.66	13,320,471.93
ILINKX			29,231,017.54	34,517,475.46
ILJJKX			8,200,164.55	9,876,680.53
ILIKKX			37,542,608.63	48,151,181.65
ILJHKX			12,639,946.23	16,059,741.74
ILPKX			44,649,035.64	61,167,825.13
ILJVKX			19,024,087.95	25,636,492.55
ILIZKX			23,835,517.33	32,893,994.89
ILJWKX			2,660,437.70	3,247,296.61
IDODFX			6,212,355.00	8,657,784.39
IFSPSX			4,143,121.58	5,357,592.52
IFSSNX			8,891,212.34	11,138,095.38
ISCGII			3,035,752.71	3,814,673.97
IVSORX			3,332,739.23	3,083,625.23
IFSMDX			6,391,506.39	8,049,847.72
IMVCKX			7,098,282.38	7,230,037.56
ITSMCGN			7,065,429.94	7,869,548.87
IFXAIX			46,520,247.04	67,873,520.69
ILCIVII			18,892,115.96	23,998,013.22
IPTLVII			6,833,484.49	10,739,330.19
IFXNAX			3,183,544.42	3,185,350.55
IP0259A			6,813,148.67	7,191,983.98
IMETSV3			2,638.21	2,755.23
IP1397A			20,302,032.02	22,216,978.17
			338,645,004.61	435,280,298.16
PARTICIPANT LOANS	VARIOUS	4.250-9.500	6,564,172.75	6,568,831.32
FORFEITURES			2,114,460.45	2,131,388.69

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Page 2 of 2

AMN Healthcare 401(k) Retirement Savings Plan
01-JAN-25 to 31-DEC-25

20-JAN-26 22:58:21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1LIRKX BlackRock LifePath Index Retirement K
1LIJKX BlackRock LifePath Index 2035 K
1LIHKX BlackRock LifePath Index 2045 K
1LIVKX BlackRock LifePath Index 2055 K
1LIWKX BlackRock LifePath Index 2065 K
1FSPSX Fidelity International Index
1SCGCI Small Cap Growth Fund II Fee Class I1
1FSMDX Fidelity Mid Cap Index
1TSMCGN TimesSquare Mid Cap Qual Gr CIT Fee CI N
1LCIV1 Large Cap Growth Fund IV Fee Class I1
1FXNAX Fidelity US Bond Index
1METSV3 Reliance MetLife Series 25053 CI 0

1LINKX BlackRock LifePath Index 2030 K
1LIKKX BlackRock LifePath Index 2040 K
1LIPKX BlackRock LifePath Index 2050 K
1LIZKX BlackRock LifePath Index 2060 K
1DODFX Dodge & Cox International Stock - I
1FSSNX Fidelity Small Cap Index
1VSORX Victory Sycamore Small Company Opp R6
1MVCKX MFS Mid Cap Value R6
1FXAIX Fidelity 500 Index
1PTLV1 Large Cap Value I1
1P0259A PGIM Total Return Bond Fund CIT Class LP
1P1397A Guaranteed Income Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year