

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div>
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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: <div>☐ a multiemployer plan</div> <div>☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div> <div>☐ a single-employer plan</div> <div>☐ a DFE (specify) _____</div>
B	This return/report is: <div>☐ the first return/report</div> <div>☐ the final return/report</div> <div>☐ an amended return/report</div> <div>☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div>☒ Form 5558</div> <div>☐ automatic extension</div> <div>☐ the DFVC program</div> <div>☐ special extension (enter description)</div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ADVANSTAFF, INC. 401(K) PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1995
2a	Plan sponsor's name (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) ADVANSTAFF, INC. 8925 W RUSSELL ROAD, #100 LAS VEGAS, NV 89148
2b	Employer Identification Number (EIN) 88-0300318
2c	Plan Sponsor's telephone number 702-598-0000
2d	Business code (see instructions) 541214

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/04/2026	LUKE MASSERY
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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 5605																				
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">6a(1)</td> <td style="text-align: right;">4490</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">6368</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">1552</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">7920</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">7920</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">2865</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">5188</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">14</td> </tr> </table>	6a(1)	4490	6a(2)	6368	6b	0	6c	1552	6d	7920	6e	0	6f	7920	6g(1)	2865	6g(2)	5188	6h	14
6a(1)	4490																				
6a(2)	6368																				
6b	0																				
6c	1552																				
6d	7920																				
6e	0																				
6f	7920																				
6g(1)	2865																				
6g(2)	5188																				
6h	14																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan 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 _____
- (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 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 ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSTAFF, INC.	D Employer Identification Number (EIN) 88-0300318	

Part I	Service Provider Information (see instructions)
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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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	613372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	PORTFOLIO MGMT	246179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANSTAFF, INC.

88-0300318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	164375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GOLUB GROUP

1850 GATEWAY DRIVE
SUITE 100
SAN MATEO, CA 94404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	131169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>
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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 ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ADVANSTAFF, INC.	D Employer Identification Number (EIN) 88-0300318	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	RELIANCE TRUST STABLE VALUE EMPLOYE
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b Name of sponsor of entity listed in (a):	RELIANCE TRUST COMPANY
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c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541200
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

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

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

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

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

<div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	<div>A Name of plan</div> <div>ADVANSTAFF, INC. 401(K) PLAN & TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ADVANSTAFF, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>88-0300318</div>	

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)	308308	212757
(2) Participant contributions.....	1b(2)	257918	118401
(3) Other	1b(3)	20458	8915
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)	2026682	2260075
(9) Value of interest in common/collective trusts	1c(9)	528813	541200
(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)	117000734	139887628
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6714900	7501808

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	126857813	150530784

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	126857813	150530784
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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)	5373798	
(B) Participants	2a(1)(B)	14054532	
(C) Others (including rollovers)	2a(1)(C)	1657864	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21086194
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)	173944	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173944
(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)	3101362	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3101362
(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)		2196
(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)		15330159
c Other income	2c		887207
d Total income. Add all income amounts in column (b) and enter total	2d		40581062

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13598121	
(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)		13598121
f Corrective distributions (see instructions)	2f		235224
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	777748	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	377348	
(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)		1155096
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14988441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25592621
l Transfers of assets:			
(1) To this plan	2l(1)		1552071
(2) From this plan	2l(2)		3471721

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KSDT CPA LLP**

(2) EIN: **39-3540233**

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.)	☒	☐	115055
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
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?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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)
BEHAVIORAL HEALTH SOLUTIONS, LLC & PARTICIPATING EMPLOYERS RETIREMENT SAVINGS PLAN	82-3795906	002
THE JUST ONE PROJECT-ADOPTING ER OF THE ADVISOR HR, INC. RETIREMENT SAVING PLAN	47-2456660	001
NEW HOME RESOURCE RETIREMENT SAVINGS PLAN	86-0976752	001

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ADVANSTAFF, INC. 401(K) PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSTAFF, INC.		D Employer Identification Number (EIN) 88-0300318
Part I	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
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): 65-0708495		
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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702352A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 ADVANSTAFF, INC. 401(K) PLAN & TRUST	B Three-digit Plan number (PN)..... ▶	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ADVANSTAFF, INC.	D Administrator's EIN 88-0300318	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

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

Part II	Participating Employer Information.
----------------	--

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

2a Name of Participating Employer 3E, LLC	2b EIN 81-2050568	2c Percentage of Total Contributions for the Plan Year 0.13	2d Aggregate Account Balances Attributable to Participating Employer 221507
2a Name of Participating Employer ACHIEVE PHYSICAL THERAPY	2b EIN 20-1159020	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 104235

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

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

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

**Schedule MEP (2025)
v. 250312**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANSTAFF, INC.	88-0300318	3.06	7784057
ADVANSTAFF, INC. SUSPENSE PLAN	88-0000001	0.00	48086
AGRO FINANCE LLC	47-2844076	0.25	140782
ANDERSON AUDIOLOGY	26-2948435	0.00	585
ANDREW M. CASH, MD, PC DBA DESERT INSTITUTE OF SPINE CARE	20-8772860	0.56	1663081
APEX LINEN HOLDINGS LLC	85-3180642	0.00	3417
ASCEND CPAS & ADVISORS LLC	45-3742084	0.08	37430
ASTRO DIGITAL US INC.	47-2672065	5.13	1138628
AUTOMALL AUTOMOTIVE, LLC DBA TOWBIN DODGE RAM	85-3670202	2.70	2680758

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARTH CORDELL LLC DBA FAVORITE BISTRO	37-1857088	0.68	189400
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BC RESTAURANT LV LLC	83-0879892	0.00	85
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BCIP LLC	83-0880127	0.20	118150
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEHAVIORAL HEALTH SOLUTIONS, LLC	82-3795906	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELL ELECTRICAL SYSTEMS LLC	26-1499477	0.00	47396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOUNTIFUL PROPERTY MGMT	47-2621179	0.19	141239
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUENOS NOCHES LLC	27-0587799	0.15	73981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANYON TRAILS FAMILY PRACTICE	88-0387993	0.00	103221
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAVALIER INC & PARTICIPATING EMPLOYERS	88-0458898	0.37	379194

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLESTON RESIDENTIAL DBA CROSSROADS OF SOUTHERN NV.	81-1315117	0.84	617199
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHATEAU NIGHTCLUB LLC, DBA CHERI	27-2039119	0.31	458019
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIRRUS AVIATION SERVICES	20-2189684	9.69	7360306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLOURS, INC.	88-0237165	0.00	312
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOLCAL LLC	27-0577915	0.00	185210
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COORDINATED LIVING OF SOUTHERN NEVADA	46-1525782	0.00	19469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR. VITA, INC.	45-1796404	0.00	2197
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EGLET LAW GROUP, LLP	46-2057340	1.45	3121438
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EID NEVADA CRITICAL CARE DBA UNITED CRITICAL CARE	27-2374581	3.35	4149676

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE GOLF MANAGEMENT LLC & PARTICIPATING EMPLOYERS	26-3993799	0.46	282949
EMPOWERED MOTORCARS, INC DBA INFINITI OF LAS VEGAS	88-3739934	0.55	114904
FFIT FACTORY USA/SAPPHIRE SOL LLC DBA NIYAMASOL	88-1260339	0.32	68275
FRIENDLY CONSULTING LLC	81-4881475	0.28	458134
GASTROENTEROLOGY ASSOCIATES / AMBULATORY SURGICAL CENTER	88-0212653	0.00	41560
GENERAL VASCULAR / CATHEDRAL ROCK MEDICAL CENTER, LLC	30-0072350	0.05	133656
GERMIN CLINICAL NEUROLOGY WEST A NEVADA PROFESSIONAL CORP	01-0726093	0.80	469529
GLOBAL FOODS, INC.	88-0366562	0.72	1122165
GREGORY BOWMAN, DDS PROF. CORP.	88-0349147	0.01	1307

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GY AGEMNI LLC	35-2495388	0.00	326223
HEALTHIE NEVADA	45-3717117	0.06	30634
HENDERSON MEDICAL BILLING GROUP LLC	84-3881928	0.43	250323
HGR RESTAURANTS LLC	46-5711029	0.14	491587
IDEAL EYECARE	88-0484656	0.34	1241918
INNOVATIVE LABOR SOLUTIONS, INC. DBA INNOVOLT ELECTRIC	88-1256846	0.35	65752
JCORD LLC DBA JCORD CONSTRUCTION SERVICES	47-1194391	1.83	402857
JDR DERMATOLOGY RESEARCH LLC	81-4455293	0.05	79624
JONATHAN F. RICHARDS, DDS, MS, P.L.	26-3087801	0.00	117375

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JRS HOSPITALITY LLC	82-3691191	0.84	785925
KATRO SERVICES, LLC	26-4030420	0.51	1828618
K-BAR ELECTRIC DBA ALL METRO TECH	84-1644980	0.04	26432
KIDS R KIDS #3	88-0476329	0.00	86843
LAS VEGAS COUNTRY CLUB, LLC	82-3339317	0.57	879573
LAS VEGAS GLOBAL ECONOMIC ALLIANCE	88-0070996	0.20	1122638
LAW OFFICE OF BRIAN D. NETTLES, INC.	61-1443110	0.00	537312
LEVEL PROPERTY MANAGEMENT	20-4076762	0.06	92386
LOGISTICAL SOLUTIONS, LLC	26-2369937	0.46	1140024

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYMPHATIC THERAPY, INC.	46-2488051	0.00	29335
MASTERS OF BARRICADES, LLC	46-2869217	1.14	366970
LIVING GRACE HOMES INC	26-3911446	0.02	4732
MED-STRATEGIES, INC.	20-5520367	0.00	38510
MALAMA RMC LLC	82-3730724	0.00	3
MILNE DENTISTRY, INC.	88-0402674	0.00	40238
NEVADA DENTAL PARTNERS PLLC	87-0909656	0.23	104401
NEVADA HEALTH (TANITA) PLLC DBA IS HENDERSON WOMENS CARE	82-1745626	0.35	168763
NEW HOME RESOURCE	86-0976752	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOPAEDIC SOLUTIONS	27-3148970	0.42	1278277
2a Name of Participating Employer OVATION BUSINESS SERVICES & CO-ADOPTING COMPANIES	88-0458603	7.46	10163592
2a Name of Participating Employer OZ HOSPITALITY, LLC	82-2595225	0.24	308834
2a Name of Participating Employer PARAGON MEDICAL MANAGEMENT, LLC	88-0455275	0.05	204116
2a Name of Participating Employer PC RESTAURANT	47-1280848	0.12	402557
2a Name of Participating Employer PECCOLE RANCH COMMUNITY ASSOCIATION	86-0064407	0.10	153095
2a Name of Participating Employer PETER S. CHRISTIANSEN, ESQ, PC DBA CHRISTIANSEN TRIAL LAWYER	88-0497171	0.57	1130662
2a Name of Participating Employer PREMIER MORTGAGE LENDING	27-3995154	0.00	229239
2a Name of Participating Employer PRINCE LAW GROUP	47-3792669	0.05	674537

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RCIC NEVADA, INC. DBA RCI ENGINEERING	26-1731763	0.40	704821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REHABILITATION SPECIALISTS OF HENDERSON, INC.	94-3405629	0.02	330630
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCE ASSOCIATES OF NEVADA, INC.	88-0465132	0.11	206311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCELERATED RE, LLC DBA ACCELERATED MANAGEMENT LLC	81-2035145	0.02	2328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RISE RESIDENTIAL CONSTRUCTION	80-0202771	0.00	6
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANDBAGS, LLC	45-5018469	0.03	57007
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SF PARIS LLC, DBA ALEXAS	27-1364836	0.35	124033
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIENA PEDIATRICS	20-4800214	0.52	610880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BATTLE BORN SPECIALTIES, LLC	83-1376829	1.82	355092

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKLAR WILLIAMS PLLC	57-0332011	0.21	587427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPANISH TRAILS INVESTMENT GROUP LLC	88-1541113	0.25	105792
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEWART, ARCHIBALD & BARNEY, LLP	88-0382649	0.00	270570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUN VALLEY KIDNEY SPECIALIST	20-5168184	0.00	12079
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TELLUS GROUP LLC/WSR GROUNDS LLC	83-1151973	0.83	442364
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE COTTLE FIRM	88-0369078	0.27	412061
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE JUST ONE PROJECT	47-2348577	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAUCHAMP HOLDINGS LLC DBA HOUNDS TOWN - ALLENTOWN	88-2939829	0.01	5020
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THIRTY THREE GROUP LLC	26-4579756	0.00	4448

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS & MACK CO.	88-0292043	2.13	7839841
THOMAS DERMATOLOGY, INC.	26-1814445	4.82	11583655
THREE AMIGOS RESTAURANT GROUP DBA CHAYO MEXICAN KITCHEN	90-0933213	0.20	183147
TITLE IO, LLC	86-2472466	0.02	87224
TPC HR/PAYROLL CONSULTANTS	88-0480656	0.41	1324943
TUDOR C. JIANU, MD A PROFESSIONAL CORP. ARTHRITIS & RHEUMATI	20-2478317	0.00	2844
USA MEASUREMENTS, INC. DBA PRIME USA SCALES	46-4509608	0.06	211292
BRITTANY WILSON DDS LLC	88-2705550	0.01	1639
VEGAS STRONGER	47-2059555	0.29	254135

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIVIDA DERMATOLOGY	27-0773333	3.61	5363272
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAGGONER-GALEA, PC DBA PDCA@ALIANTE	26-4110868	0.45	410314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WASATCH SALES FORCE MANAGEMENT	27-0653454	0.49	929790
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRYARWOOD INC	88-0488842	0.01	1208
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINNER CYCLES, LLC/WINNER MOTORCYCLES, LLC	47-4259328	0.24	290615
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA	26-3147146	16.32	39995817
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XLEAR	87-0660859	1.39	3609916
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZANONI & COMPANY	20-2093880	0.00	25538
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUFUSION WEST HOLLYWOOD & PARTICIPATING EMPLOYERS	84-2341274	0.56	100590

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Part II Participating Employer Information (Continued).

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOUGH TURTLE TURF LLC	84-1878696	0.01	250
2a Name of Participating Employer THE HARRINGTON COMPANY	36-3551125	2.19	6799391
2a Name of Participating Employer SOUTH SHORE INVESTMENT GROUP DBA SOUTH SHORE COUNTRY CLUB	92-0525360	0.34	72260
2a Name of Participating Employer FIRST SECURITY BANK OF NEVADA	20-5785558	1.08	1113890
2a Name of Participating Employer AMT INTEGRATION LLC	93-4330670	0.15	47881
2a Name of Participating Employer CENTURY AUTO PLAZA, INC.	33-4249809	0.00	892
2a Name of Participating Employer CORE ADVISORY PARTNERS & ADOPTING EMPLOYER	82-4935911	0.01	1442
2a Name of Participating Employer DAPPER PROPERTIES & ADOPTING EMPLOYERS	47-2165113	0.03	4908
2a Name of Participating Employer DF DURANGO LLC DBA HADDIES 2	32-0513366	0.07	13512

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DF WEST FLAMINGO LLC DBA HADDIES 1	81-1571836	0.05	8511
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EARL PLASTIC SURGERY, P.C.	32-0188711	0.17	35010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECLIPSE ROUTE OPERATIONS LLC DBA ECL GAMING & PART EMPLOYER	45-4022780	5.45	1142125
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECOMMERCE INNOVATIONS, LLC	20-0052987	0.07	13639
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGE OF TOWN LLC	32-0220020	0.02	2770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELMER S DAVID MD PLLC DBA A LAS VEGAS MEDICAL GROUP	46-1446286	0.38	78597
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPIC WORLDWIDE LLC	90-0962475	0.06	12961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERNEST A. BECKER INVESTMENT CO.	88-6003537	0.03	5637
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GARIN GROUP LAW FIRM PLLC DBA GARIN LAW GROUP	33-2436890	0.04	9257

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLACIER PEAK CONSTRUCTION GROUP LLC	86-3189301	0.22	35051
GOLDEN WEST MANAGEMENT, INC.	20-1352249	0.25	150493
HARMON ENTERPRISES, LNC & ADOPTING EMPLOYER	88-0374601	0.11	21447
HERBALLY GROUNDED LLC & ADOPTING EMPLOYER	65-1227545	0.01	1451
J H DAULAT DO PC DBA MOHAVE DERMATOLOGY	81-4279295	0.61	125519
JENNIFER C. MOORE MSW LCSW INC. DBA FOUNDATIONS COUNSELING	80-0150392	0.07	19132
LE PETIT MARCEL LLC DBA SWEET SIN	82-4407047	0.07	14300
LIBERTY WELLNESS OUTPATIENT COUNSELING CENTER II	87-3212949	0.10	16800
LISA/CARRISON LTD LLC DBA PUTTER'S BAR & GRILL & PART CO'S	88-0341041	0.19	36178

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAIGE HIXSON MD PLLC DBA HENDERSON INTERNAL MEDICINE & SPA	83-3671371	0.03	5967
PULMONOLOGY GROUP LLC	46-2318717	0.01	1297
RED CARPET MOVING, INC.	20-2410790	0.05	10742
RED ROCK CLEANING SERVICES L.L.C.	45-1012425	0.03	4972
ROBERT M. ADAMS, PROFESSIONAL CORP.	88-0408223	0.07	38070
RODNEYKOKANOAPROFESSIONALCORPORATIONDBALAWOFFICEOFRO	20-1433776	0.03	13
SILVER PEAK CONSTRUCTION SERVICES LLC	81-3913951	0.01	1776
SILVER SAGE WELLNESS LLC	46-5415736	0.29	56516
SMARTER EQUIPMENT FINANCE LLC DBA SMARTER FINANCE USA	81-4124876	0.53	1203416

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TELLUS GROUP OPERATIONS, LLC	99-0436425	0.79	1709488
TERRACE FINANCE CORP.	83-4641172	0.07	13225
TIEN Q NGUYEN MD DERMATOLOGY PROF CORP DBA BRIGHT DERM	99-3891229	0.11	21459
TIME 2 TALK LLC	99-2275457	0.02	4408
TITAN PLUMBING LLC	93-2248215	0.13	25403
UBIF PARTNERS LLC DBA UBREAKIFIX & PARTICIPATING EMPLOYERS	86-2445028	0.36	67936
VERNANCE, LLC	99-0440568	0.84	250550

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

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

YEAR ENDED DECEMBER 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustee of the
AdvanStaff, Inc. 401(k) Plan and Trust

Opinion

We have audited the accompanying financial statements of AdvanStaff, Inc. 401(k) Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of AdvanStaff, Inc. 401(k) Plan and Trust as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

INDEPENDENT AUDITOR'S REPORT (Continued)**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink that reads "KSDT CPA LLP". The letters are stylized and slanted to the right.

Boca Raton, Florida
August 14, 2026

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS	<u>\$ 147,930,636</u>	<u>\$ 124,244,447</u>
CONTRIBUTIONS RECEIVABLE:		
Participants	118,401	257,918
Employer	212,757	308,308
Other	<u>8,915</u>	<u>20,458</u>
TOTAL CONTRIBUTIONS RECEIVABLE	<u>340,073</u>	<u>586,684</u>
NOTES RECEIVABLE FROM PARTICIPANTS	<u>2,260,075</u>	<u>2,026,682</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 150,530,784</u></u>	<u><u>\$ 126,857,813</u></u>

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2025

ADDITIONS:

Investment income:

Net appreciation in fair value of investments	\$ 16,219,562
Interest and dividends	<u>3,275,306</u>
Total investment income	<u>19,494,868</u>

Contributions:

Participant	14,054,532
Employer	5,373,798
Rollover	<u>1,657,864</u>
Total contributions	<u>21,086,194</u>

TOTAL ADDITIONS	<u>40,581,062</u>
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DEDUCTIONS:

Benefit payments	13,833,345
Administration fees	<u>1,155,096</u>
TOTAL DEDUCTIONS	<u>14,988,441</u>

NET CHANGE IN NET ASSETS BEFORE TRANSFERS	25,592,621
---	------------

Transfers to this plan	1,552,071
Transfers from this plan	<u>(3,471,721)</u>

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	23,672,971
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NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	<u>126,857,813</u>
---	--------------------

NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 150,530,784</u>
--	-----------------------

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 1. DESCRIPTION OF THE PLAN

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

General

The Plan is a multiple-employer defined contribution plan which was formed effective January 1, 1995, by AdvanStaff, Inc. (the Administrator), which is a professional employer organization (PEO) for the benefit of employees of AdvanStaff, Inc. and its adopting client-employers (the Employers). Each adopting employer operates under a separate adoption agreement. The financial statements present the Plan's assets, liabilities, income, and expenses on a combined basis for all participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

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

Funding

Each year participants may contribute up to 98% of pretax annual or make designated Roth contributions, as defined in the Plan. According to Internal Revenue Service (IRS) rules, the deferral may not exceed \$23,500 in 2025 and \$23,000 in 2024. Participants who attained age 50 by year-end were eligible to make additional catch-up contributions of up to \$7,500, and participants ages 60 through 63 were eligible to make enhanced catch-up contributions of up to \$11,250. Eligible participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

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

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

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

Vesting

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

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

Investment Options

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

Payment of Benefits

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeitures may be used to restore other forfeitures, reduce future employer contributions, reallocate as employer contributions, or to pay Plan expenses. The forfeiture balances available for use were \$38,066 and \$8,567 as of December 31, 2025 and 2024, respectively. During the year ended December 31, 2025, \$169,976 in forfeitures were used to offset employer matching contributions.

Notes Receivable from Participants

Participants may borrow from their accounts from \$1,000 up to a maximum of 50% of their vested account balance or \$50,000 minus the highest outstanding balance of loans in the past 12 months, whichever is less. Loan terms cannot exceed 5 years unless the loan is for the purchase of a primary residence. The maximum loan term for a primary residence is 15 years. The loans are secured by the balance in each participant's account and bear interest at a rate commensurate with local prevailing rates provided by local lending institutions. Loans are only available to Plan participants who are active employees of the Plan Administrator or Employers, therefore, they become payable in full upon termination of employment. Outstanding balance of notes receivable from participants as of December 31, 2025 and 2024 were \$2,260,075 and \$2,026,682, respectively, with interest rates ranging between 4.25% and 10.50% and various maturities through 2034.

Termination

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (see Note 3 for discussion of fair value measurements).

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Concentration of Credit Risk

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

NOTE 3. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the Plan's fair value hierarchy for investments measured at fair value as of December 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 139,887,628	\$ -	\$ -	\$ 139,887,628
Common collective trust fund	-	541,200	-	541,200
Self-directed brokerage accounts	<u>7,501,808</u>	<u>-</u>	<u>-</u>	<u>7,501,808</u>
	<u>\$ 147,389,436</u>	<u>\$ 541,200</u>	<u>\$ -</u>	<u>\$ 147,930,636</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 117,000,734	\$ -	\$ -	\$ 117,000,734
Common collective trust fund	-	528,813	-	528,813
Self-directed brokerage accounts	<u>6,714,900</u>	<u>-</u>	<u>-</u>	<u>6,714,900</u>
	<u>\$ 123,715,634</u>	<u>\$ 528,813</u>	<u>\$ -</u>	<u>\$ 124,244,447</u>

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

Slavic Integrated Administration, Inc. (SIA), the Plan's third-party administrator, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2025 was \$613,372.

Slavic Mutual Funds Management Corporation (SMF), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total advisor fees paid by the Plan for the year ended December 31, 2025 was \$246,179.

AdvanStaff, as Plan Administrator, charges the Plan to cover various administrative expenses, which are remitted quarterly. The total amount of administration fees paid to AdvanStaff during 2025 was \$164,375.

The party-in-interest transactions above are exempt from prohibited transaction rules of ERISA and have been included in the accompanying statement of changes in net assets available for benefits as part of administration fees.

In addition, certain investments held through Fidelity, including assets held in the Fidelity self-directed brokerage account (SDBA), are party-in-interest transactions, however, such transactions are exempt from the prohibited transaction rules of ERISA.

The Plan also holds notes receivable from participants of \$2,260,075 and \$2,026,682 as of December 31, 2025 and 2024, respectively. Participant loans are secured by participants' vested account balances and are considered party-in-interest transactions that are exempt from the prohibited transaction rules of ERISA.

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025

NOTE 5. RISKS AND UNCERTAINTIES

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

NOTE 6. PROHIBITED TRANSACTIONS

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

During 2024, participant deferrals of three payroll files totaling \$115,055 (including loan payments of \$8,703) had not been remitted timely to the Plan. All contributions had been remitted within the 2024 Plan year excluding interest, which were remitted during 2025. These are shown as Corrected Outside VFCP in the Schedule of Delinquent Participant Contributions. No participant contribution remittance delays were identified for 2025. The Schedule of Delinquent Participant Contributions relates solely to 2024 remittances that were corrected during 2025.

NOTE 7. TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 8. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for the Plan through August 14, 2026, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION
YEAR ENDED DECEMBER 31, 2025

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

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

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Mutual Funds:</u>			
	Vanguard	Vanguard Total Stock Market Index Admira	**	\$ 41,393,673
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	17,490,576
	Vanguard	Vanguard Federal Money Market	**	11,544,191
	BlackRock	iShares MSCI EAFE International Index K	**	11,017,804
*	Fidelity investments	Fidelity 500 Index	**	6,367,133
	Vanguard	Vanguard Information Technology Index Ad	**	6,291,141
	Vanguard	Vanguard Consumer Staples Index	**	6,034,086
	Vanguard	Vanguard Growth Index Admiral	**	4,489,723
*	Fidelity investments	Fidelity US Bond Index	**	3,574,893
	Vanguard	Vanguard Mid Cap Index Admiral	**	2,955,205
	Vanguard	Vanguard Target Retirement 2035	**	2,557,116
	Vanguard	Vanguard Target Retirement 2045	**	2,522,355
	Vanguard	Vanguard Global Capital Cycles Fund Investor	**	2,088,987
	Vanguard	Vanguard Small Cap Growth Index Adm	**	1,751,227
	Vanguard	Vanguard Utilities Index Admiral	**	1,702,457
	Dimensional Fund Advisors	DFA U.S. Large Company Portfolio	**	1,653,452
	Vanguard	Vanguard Target Retirement 2030	**	1,229,085
	Vanguard	Vanguard Value Index Admiral	**	1,218,818
	Vanguard	Vanguard Target Retirement 2050	**	1,202,954
	Franklin Templeton Investments	Franklin Utilities R6	**	938,877
	Vanguard	Vanguard Target Retirement 2040	**	916,086
	BlackRock	iShares Total U.S. Stock Market Index K	**	878,500
	Invesco	Invesco Oppenheimer Gold & Special Miner	**	854,912
	Vanguard	Vanguard Small Cap Value Index Adm	**	814,520
	Vanguard	Vanguard Small Cap Index Admiral	**	784,652
	Vanguard	Vanguard Target Retirement 2025	**	663,943
	Prudential	Prudential High Yield Z	**	599,067
	Vanguard	Vanguard Total Bond Market Index Admiral	**	577,558
	Vanguard	Vanguard Target Retirement 2020	**	567,457
	Dimensional Fund Advisors	DFA Real Estate Securities	**	537,639
	Vanguard	Vanguard Short-Term Federal Admiral	**	505,533
*	Fidelity investments	Fidelity Emerging Markets Index	**	465,667
*	Fidelity investments	Fidelity Mid Cap Index	**	422,098
*	Fidelity investments	Fidelity Advisor Emerging Asia I	**	410,538
	Vanguard	Vanguard Materials Index Adm	**	395,639
	Vanguard	Vanguard Energy Index Admiral	**	330,155
	Vanguard	Vanguard Target Retirement 2055	**	303,489
	Subtotal Mutual Funds			<u>\$ 138,051,206</u>

* Party-in-interest as defined by ERISA.

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

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

(Continued)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Mutual Funds (Continued):</u>			
	Subtotal continued from previous page			\$ 138,051,206
	Vanguard	Vanguard Target Retirement 2060	**	279,299
	Vanguard	Vanguard Short-Term Bond Index Admiral	**	176,690
	Nuveen	TIAA-CREF Lifecycle Index 2030 Fund Inst	**	161,964
	Vanguard	Vanguard Short-Term Inf Prot Index Admir	**	161,687
	Vanguard	Vanguard Target Retirement 2065 Inv	**	146,277
	Vanguard	Vanguard Inflation Protected Securities	**	134,991
	Dodge & Cox	Dodge & Cox Stock	**	122,783
	Capital Group	American Small Cap World Fund CL R6	**	84,287
	Vanguard	Vanguard Target Retirement 2070	**	73,174
	Vanguard	Vanguard Mid Cap Value Index Admiral	**	61,080
	Nuveen	TIAA-CREF Lifecycle Index 2035 Fund Inst	**	55,016
	Nuveen	TIAA-CREF Lifecycle Index 2045 Fund Inst	**	49,347
	Capital Group	American Funds EuroPacific R6	**	47,420
	Nuveen	TIAA-CREF Lifecycle Index 2060 Fund Inst	**	46,278
	Nuveen	TIAA-CREF Lifecycle Index 2025 Fund Inst	**	42,528
	Nuveen	TIAA-CREF Lifecycle Index 2050 Fund Inst	**	39,465
	Victory Capital Management Inc.	Victory Intermediate Bond Fund R6	**	39,280
	* Fidelity investments	Fidelity Small Cap Index	**	37,668
	Nuveen	TIAA-CREF Lifecycle Index 2020 Fund Inst	**	37,212
	Nuveen	TIAA-CREF Lifecycle Index 2055 Fund Inst	**	22,976
	Vanguard	Vanguard Target Retirement Income	**	14,557
	Nuveen	TIAA-CREF Lifecycle Index 2040 Fund Inst	**	2,246
	Nuveen	TIAA-CREF Lifecycle Index 2015 Fund Inst	**	197
		Total mutual funds		139,887,628
	<u>Common Collective Trust Fund:</u>			
	New York Life Investments	Reliance NY Life Anchor Series 1 CL 0	**	541,200
	<u>Self-Directed Brokerage Accounts</u>			
	* Fidelity investments	Fidelity SDBA	**	7,501,808
		Total investments		147,930,636
	* Notes receivable from participants	Interest at 4.25% to 10.50% maturities through 2034	-	2,260,075
		Total		\$ 150,190,711

* Party-in-interest as defined by ERISA.

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

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

ADVANSTAFF, INC. 401(k) PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #88-0300318

PLAN NUMBER – 001

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

DECEMBER 31, 2025

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

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

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

ADVANSTAFF, INC. 401(K) PLAN & TRUST

PLAN # 001

EIN # 88-0300318

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BKTSX - BlackRock Total Stock Market Index K		878,500
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		11,017,804
	Dimensional Advisors	DFREX - DFA Real Estate Securities		537,639
	Dimensional Advisors	DFUSX - DFA U.S. Large Company Portfolio		1,653,452
	Dodge & Cox	DODGX - Dodge & Cox Stock		122,783
	Fidelity	FERIX - Fidelity Advisor Emerging Asia I		410,538
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		7,501,808
	Fidelity	FPADX - Fidelity Emerging Markets Index		465,667
	Fidelity	FSMDX - Fidelity Mid Cap Index		422,098
	Fidelity	FSSNX - Fidelity Small Cap Index		37,668
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		938,877
	Fidelity	FXAIX - Fidelity 500 Index Fund		6,367,134
	Fidelity	FXNAX - Fidelity US Bond Index Fund		3,574,893
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		854,912
	Prudential	PHYZX - Prudential High Yield Z		599,067
	Reliance Trust	QEWFG - Reliance Ny Life Anchor Series 1 CI 0		541,200
	American Funds	RERGX - American Funds EuroPacific R6		47,420
	American Funds	RLLGX - American Small Cap World Fund CL R6		84,287
	TIAA-CREF	TLFIX - TIAA-CREF Lifecycle Index 2015 Fund Inst		196
	TIAA-CREF	TLHIX - TIAA-CREF Lifecycle Index 2030 Fund Inst		161,964
	TIAA-CREF	TLLIX - TIAA-CREF Lifecycle Index 2050 Fund Inst		39,465
	TIAA-CREF	TLQIX - TIAA-CREF Lifecycle Index 2025 Fund Inst		42,529
	TIAA-CREF	TLWIX - TIAA-CREF Lifecycle Index 2020 Fund Inst		37,212
	TIAA-CREF	TLXIX - TIAA-CREF Lifecycle Index 2045 Fund Inst		49,347
	TIAA-CREF	TLYIX - TIAA-CREF Lifecycle Index 2035 Fund Inst		55,016
	TIAA-CREF	TLZIX - TIAA-CREF Lifecycle Index 2040 Fund Inst		2,247
	TIAA-CREF	TTIIX - TIAA-CREF Lifecycle Index 2055 Fund Inst		22,976
	TIAA-CREF	TVIIX - TIAA-CREF Lifecycle Index 2060 Fund Inst		46,278
	Victory	URIBX - Victory Intermediate Bond Fund R6		39,280
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		134,991
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		17,490,576
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		176,690
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		577,558
	Vanguard	VCSAX - Vanguard Consumer Staples Index		6,034,086
	Vanguard	VENAX - Vanguard Energy Index Admiral		330,155
	Vanguard	VFFVX - Vanguard Target Retirement 2055		303,489
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,202,954
	Vanguard	VFORX - Vanguard Target Retirement 2040		916,087
	Vanguard	VGPMX - Vanguard Global Capital Cycles Fund Inv		2,088,987
	Vanguard	VIGAX - Vanguard Growth Index Admiral		4,489,723
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,955,205
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		6,291,140
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		146,277
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		11,544,190
	Vanguard	VMIAX - Vanguard Materials Index Adm		395,638
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		61,079
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		1,751,227
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		505,533
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		814,520
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		784,652
	Vanguard	VSVNX - Vanguard Target Retirement 2070		73,174
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		161,687
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,229,085
	Vanguard	VTINX - Vanguard Target Retirement Income		14,557
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,522,354
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		41,393,675
	Vanguard	VTTHX - Vanguard Target Retirement 2035		2,557,116
	Vanguard	VTTX - Vanguard Target Retirement 2060		279,298
	Vanguard	VTTVX - Vanguard Target Retirement 2025		663,943
	Vanguard	VTWNX - Vanguard Target Retirement 2020		567,457
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,702,457
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		1,218,818
	Participant Loans	4.25% - 10.50%		2,260,075