

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HUMAN RESOURCES, INC. FLEXIBLE BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>514</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE S2 HR SOLUTIONS GROUP 1, LLC</u></p> <p><u>3001 EXECUTIVE DRIVE, SUITE 340</u> <u>SAINT PETERSBURG, FL 33762</u></p>	<p>1c Effective date of plan <u>01/01/2024</u></p> <p>2b Employer Identification Number (EIN) <u>45-2568460</u></p> <p>2c Plan Sponsor's telephone number <u>888-780-8807</u></p> <p>2d Business code (see instructions) <u>541214</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DENISE STEFAN
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	197
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	197
	6a(2)	219
	6b	0
	6c	0
	6d	219
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [X] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: HUMAN RESOURCES, INC. FLEXIBLE BENEFITS PLAN
1b Three-digit plan number (PN): 514
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): THE S2 HR SOLUTIONS GROUP 1, LLC
2b Employer Identification Number (EIN): 45-2568460
2c Plan Sponsor's telephone number: 888-780-8807
2d Business code (see instructions): 541214

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Denise Stefan dated 10/13/2025.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

2024 Form 5500 – Attachment for Multiple Employer Plans

2024 Multiple-Employer Plan Participating Employer Information

Name of Plan: Human Resources, Inc. Flexible Benefits Plan

EIN/PN: 45-2568460 / 514

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
Active Minds, Inc.	20-0587172	N/A
Aerospace Medical Association	30-0697646	N/A
Agent Au Pair	94-3407180	N/A
American Academy of Orthotists and Prosthetists Inc	23-7225346	N/A
American College of Nurse-Midwives	74-1685515	N/A
American Society for Nutrition Inc	31-1507752	N/A
American Urogynecologic Society	95-3388558	N/A
AMS Genetics International LLC	27-0851549	N/A
Anne Arundel County Watershed Stewards Academy	27-3502329	N/A
Armstrong Enterprise Communications, Inc	54-1778129	N/A
Arrowine, Inc	62-1218932	N/A
Bayrent LLC	20-4721256	N/A
Big Cities Health Coalition	88-1791197	N/A
Biomedical Engineering Society	36-6212451	N/A
Blinded Veterans Association	53-0214281	N/A
Capitol Anesthesia Associates	47-4138259	N/A
CHADD, INC. (Children & Adults with Attention-Deficit/Hyperactivity Disorder)	59-2817697	N/A
Coalition for Community Solar Access	47-5557479	N/A
Crimsonbridge Foundation, Inc.	47-4376653	N/A
Downtown Visions	51-0362299	N/A
DT Client Services, LLC	45-3325624	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

End Modern Slavery Initiative	47-3594688	N/A
Federal City Council	53-0219643	N/A
Flexible Solutions	20-1626587	N/A
Frank Emmet Real Estate, Inc.	22-1936431	N/A
Greater DC Diaper Bank	27-4276547	N/A
HB Live, Inc.	06-1226517	N/A
Institute for Womens Policy Research	52-1549572	N/A
Intentional Philanthropy	27-2214441	N/A
International Sign Association	54-1888632	N/A
Israel on Campus Coalition	30-0664947	N/A
Live It Learn It	35-2247059	N/A
Luminis Health Gilchrist Lifecare Institute, LLC	87-2174813	N/A
Manufacturers Alliance-MAPI Inc	52-1638678	N/A
Midwestern Governors Association	27-4862860	N/A
Mothership Strategies, LLC	47-2361168	N/A
National Association of Enrolled Agents	23-7183380	N/A
National Women's Health Network, Inc.	52-1081261	N/A
Nat'l Association of Telecommunications Officers and Advisors (NATOA)	52-1938715	N/A
NeighborWorks Capital	84-1542593	N/A
New Beginnings Enhanced Learning Ctr LLC	26-3530491	N/A
Perry Moving Services, LLC	01-0547947	N/A
Professional Community Management, Inc.	52-1704616	N/A
Public Health Accreditation Board	26-0333211	N/A
Quercus, LLC	53-0235379	N/A
Raven Services Corporation	52-0936613	N/A
Renal Physicians Association	23-7350948	N/A
Renzulli Learning, LLC	82-2321338	N/A
Reston Anesthesia Associates Inc	54-1389835	N/A
Rotondo Environmental Solutions, LLC	20-2927806	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

Secure Source International, LLC	27-4135654	N/A
Society for American Archaeology	52-6046203	N/A
Sparacino PLLC	82-0996509	N/A
StoneSprings Anesthesia Associates	47-3406256	N/A
Tamid Israel Investment Group	27-0546893	N/A
Tax Foundation	52-1703065	N/A
Terra Nova Design	52-2084584	N/A
The Israel Institute, Inc.	46-0540994	N/A
The Leapfrog Group	52-2359517	N/A
The Myositis Association	54-1660976	N/A
Tower Facility Management, LLC	27-1729431	N/A
U. S. Water Alliance	26-2112661	N/A
VoteRunLead	46-4285577	N/A
Washington Area Women's Foundation	52-2028612	N/A



October 10, 2025

Public Documents Room
EBSA
Room N-1513
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

To Whom It May Concern:

Please be advised that we have completed the 2024 Form 5500 filing for The S2 HR Solutions Group 1, LLC for the Human Resources, Inc. Flexible Benefits Plan via the EFAST2 On-line Filing System.

The S2 HR Group, LLC is the parent of The S2 HR Solutions Group 1, LLC and other affiliated Professional Employer Organizations (PEOs) licensed by various states. By filing this plan with the designation as a multiple-employer plan, The S2 HR Group, LLC seeks to be in compliance with DOL rules. This filing is neither an admission nor an acknowledgement by The S2 HR Group, LLC that this plan is a MEWA under State or Federal law. Further, The S2 HR Group, LLC is selecting a multiple-employer designation for the plan under protest.

Sincerely,

Denise Stefan