

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
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)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>REGIS HR GROUP 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2010</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SIMPLEX GROUP, INC.</u> <u>REGIS HR GROUP</u> <u>10625 N KENDALL DRIVE</u> <u>MIAMI, FL 33176</u>	2b	Employer Identification Number (EIN) <u>65-1130355</u>
		2c	Plan Sponsor's telephone number <u>786-272-5305</u>
		2d	Business code (see instructions) <u>541214</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	CARLOS SALADRIGAS JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	ELISE MUNOZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2521
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 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) 2158 6a(2) 2156 6b 0 6c 425 6d 2581 6e 0 6f 2581 6g 1212 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan REGIS HR GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SIMPLEX GROUP, INC.	D Employer Identification Number (EIN) 65-1130355	

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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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	144004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

5TH STREET ADVISORS, LLC

34 FIFTH STREET
STAMFORD, CT 06905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	128091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIS HR GROUP

65-1130355

(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	22648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan REGIS HR GROUP 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SIMPLEX GROUP, INC.	D Employer Identification Number (EIN) 65-1130355	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	36728	101133
(2) Participant contributions	1b(2)	88535	96326
(3) Other.....	1b(3)	5714	6120
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)	513919	762002
(9) Value of interest in common/collective trusts	1c(9)		
(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)	32088817	31517075
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	32733713 32482656
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32733713 32482656

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1558848
	(B) Participants	2a(1)(B)	3290746
	(C) Others (including rollovers)	2a(1)(C)	467568
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5317162
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)	27148
	(F) Other	2b(1)(F)	0
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	27148
(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)	1224388
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1224388
(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)		
(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)		-3078255
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3490443

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1376928	
(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)		1376928
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	166652	
(3) Investment advisory and management fees.....	2i(3)	128091	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		294743
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1671671

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1818772
l Transfers of assets:			
(1) To this plan.....	2l(1)		3903318
(2) From this plan.....	2l(2)		5973147

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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: VERDEJA, DE ARMAS & TRUJILLO, LLP

(2) EIN: 20-4989621

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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)
GRUNENTHAL SERVICES, INC. PLAN	27-5320307	001
PROFESSIONAL BANK RETIREMENT SAVINGS PLAN	26-2155465	002
CONCORDIA CARE 401(K) PLAN	27-3766484	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>REGIS HR GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SIMPLEX GROUP, INC.</u>	D Employer Identification Number (EIN) <u>65-1130355</u>

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): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

**REGIS HR GROUP
401(K) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2018 AND 2017

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* Other schedules required by Section 2520.103-10 of Department of Labor Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Regis HR Group
401(k) Plan
Miami, Florida

We have audited the accompanying financial statements of Regis HR Group 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Regis HR Group 401(k) Plan as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink, reading "VeeDeAnna Toussaint".

CERTIFIED PUBLIC ACCOUNTANTS

Coral Gables, Florida
July 29, 2019

REGIS HR GROUP
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments, at fair value	\$ 31,517,075	\$ 32,088,817
Total investments, at fair value	<u>31,517,075</u>	<u>32,088,817</u>
Receivables:		
Employer contributions	101,133	36,728
Participant contributions and other	102,446	94,249
Notes receivable from participants	762,002	513,919
Total receivables	<u>965,581</u>	<u>644,896</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 32,482,656</u>	 <u>\$ 32,733,713</u>

The accompanying notes are an integral part of this financial statement.

**REGIS HR GROUP
401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

	2018	2017
Additions to net assets attributed to:		
Investment income:		
Dividends	\$ 1,224,388	\$ 952,937
Net appreciation in value of investments	(3,078,255)	3,246,437
Total investment income	(1,853,867)	4,199,374
Interest income on notes receivable from participants	27,148	19,759
Contributions:		
Employer	1,558,848	1,447,190
Participants	3,290,746	2,956,627
Other including rollovers	467,568	1,188,220
Total contributions	5,317,162	5,592,037
Total additions	3,490,443	9,811,170
Deductions from net assets attributable to:		
Corrective distributions	-	50,018
Benefits paid to participants and other	1,376,928	1,116,214
Administrative expenses	294,743	240,704
Total deductions	1,671,671	1,406,936
Net increase	1,818,772	8,404,234
Net assets available for benefits		
Beginning of year	32,733,713	23,060,550
Transfer of assets to/from this plan, net (See Note 6)	(2,069,829)	1,268,929
End of year	<u>\$ 32,482,656</u>	<u>\$ 32,733,713</u>

The accompanying notes are an integral part of this financial statement.

**REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017**

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Regis HR Group 401(k) Plan (the “Plan”) provides only general information. More complete information regarding items such as employee and employer contributions, eligibility, vesting, and benefit provisions, may be found in the Plan agreement. Participants should refer to the Plan agreement for a more complete description of the Plan’s provision, which is available upon request.

General

The Plan is a defined contribution multiple employer plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility Requirements

To become eligible for employee contributions, the participant must be an employee of The Simplex Group, Inc. dba The Regis HR Group (the “Employer”) for a minimum of 3 consecutive months and complete at least 1 hour of service during that period of time. In order to participate in the Plan, employees must be at least 18 years of age. Participants may enter the Plan as an active member on the first day of each month in which they become eligible. In order to receive employer match contributions, employees must be at least 18 years of age and must complete at least 1,000 hours of service during the Plan year. As this is a multiple employer plan, eligibility requirements may also vary by employer.

Contributions

Participants may elect to make voluntary pre-tax contributions of annual compensation including regular salary and wages, overtime pay and commissions through payroll deductions. Such contributions are excluded from the participant’s taxable income for federal income tax purposes until received as a withdrawal or distribution from the Plan. Participants may also elect to make Roth, or post-tax, contributions of annual compensation; however, Roth contributions are not excluded from the participant’s taxable income for that year. All contributions are subject to certain limitations established by the Internal Revenue Service. The maximum pre-tax contribution for the years ended December 31, 2018 and 2017 was \$18,500 and \$18,000, respectively. Additionally, if a participant has attained age 50, the participant is eligible to make an additional catch-up contribution. This age-50 catch-up contribution cannot exceed \$6,000 in 2018. If a participant is an employee of a hospital or home health service agency, health or welfare service agency, church or educational organization, the participant may be eligible to make an additional contribution, called a special catch-up contribution. To be eligible for this special catch-up contribution, you must have completed at least 15 years of service with the employer.

Distributions

Participants may receive an amount equal to the value of their vested interest upon the termination of employment, death, disability or retirement. The form of payment is a lump sum distribution or in installments, or participants may have their account balance transferred to an individual retirement account or other qualified plan.

Rollovers

The Plan accepts rollover contributions from other tax-qualified plans for those participants who choose to invest in the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of the Employer’s contribution and Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017**

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vesting Percentage

Participants of employee contributions are vested immediately in their contributions. The employer matching contributions are vested based on the employees' years of service. As this is a multiple employer plan, vesting percentages vary by employer.

Death and Disability Provisions

Upon death and disability of participants, the accrued benefits will be paid to the beneficiaries as designated by the participants.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions to be vested in one or more of the investment options available to the Plan.

Plan Administrator

The Plan is administered by the Sponsor. The Plan assets are maintained by its trustee, the Plan Administrator.

Contributions

Contributions from employees and the Employer are recorded in the period in which the Employer makes the payroll deductions from participant earnings.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000, up to the lesser of \$50,000 or 50% of the vested account balance and generally due at a maximum of five years. The loans are collateralized by the participant's account balance and bear interest charged at a rate equal to the "prime rate" plus 1%, which remains in effect for the duration of the loan. As of December 31, 2018 and 2017, the Plan had notes receivable from participants with principal balances totaling \$762,002 and \$513,919, respectively, which are included in the accompanying Statements of Net Assets Available for Benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP"). In September 2009, the Financial Accounting Standards Board ("FASB") implemented the Accounting Standards Codification ("ASC") which establishes FASB ASC as the source of authoritative U.S. accounting and reporting standards for nongovernmental entities. Presented below is a summary of significant accounting principles followed in the preparation of the accompanying financial statements.

**REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation of and Income Recognition

At December 31, 2018 and 2017, the Plan's investments were held in registered investment companies and are stated at fair value. The net appreciation/depreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation/depreciation in fair value of investments.

The change in net unrealized appreciation/depreciation of investments held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by Regis HR Group and are excluded from their financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

Risk 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through July 29, 2019, which is the date the financial statements were available to be issued.

**REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017**

NOTE 3 – PLAN EXPENSES

All fees and expenses of the Plan relating to legal, accounting, and other administrative services are paid by the Employer.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

Level 1 – asset value is based on actual quoted prices in active markets for identical securities (mark-to-market).

Level 2 – other significant observable inputs are used to arrive at fair value (including yield, quality, coupon rate, maturity, issue type, quoted prices for similar securities, prepayment speeds, trading characteristics, etc.).

Level 3 – significant unobservable inputs (including management’s own assumptions in determining the fair value of investments).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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.

REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The following table presents fair value measurements at December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018				
Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments, at fair value:				
Mutual funds	\$ 31,517,075	\$ -	\$ -	\$ 31,517,075
Total	<u>\$ 31,517,075</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 31,517,075</u>

Assets at Fair Value as of December 31, 2017				
Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments, at fair value:				
Mutual funds	\$ 32,088,817	\$ -	\$ -	\$ 32,088,817
Total	<u>\$ 32,088,817</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 32,088,817</u>

NOTE 5 – TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated April 17, 2008, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the plan is qualified and the related trust is tax-exempt.

NOTE 6 – TRANSFER OF ASSETS TO/(FROM) THE PLAN

For the years ended December 31, 2018 and 2017, the Plan had transfers from/to another plan, net totaling \$(2,069,829) and \$1,268,929, respectively.

NOTE 7 – EXCESS CONTRIBUTION

For the years ended December 31, 2018 and 2017, the Plan had corrective distributions of \$0 and \$50,018, respectively, for contributions in excess of amounts allowed by the IRS and are included as a reduction of participant contribution on the statement of changes in net assets available for benefits.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in a money market fund managed by Fidelity. Fidelity was the trustee of the Plan during the year ended December 31, 2018 and 2017, and therefore, these transactions qualify as party-in interest transactions.

SUPPLEMENTAL SCHEDULE

REGIS HR GROUP**401(K) PLAN****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2018 AND 2017**

EIN: 65-1130355

Plan Number: 001

*		**		
<u>(a)</u>	<u>(b) Identity of Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	American Funds Capital World G & I R6	Mutual Fund	\$	448,017
	American Funds EuroPacific R6	Mutual Fund		899,303
	American Funds Growth Fund of America R6	Mutual Fund		1,004,567
	American Funds New World R6	Mutual Fund		835,206
	American Global Balanced CL R6	Mutual Fund		22,808
	Davis Financial	Mutual Fund		196,612
*	Fidelity Advisor Technology	Mutual Fund		193,852
*	Fidelity Inst Money Market	Mutual Fund		1,418,540
	FPA Crescent	Mutual Fund		22,201
	Loomis Sayles Bond Instl.	Mutual Fund		399,001
	Oppenheimer Int'l Bond Y	Mutual Fund		646,867
	Oppenheimer Senior Floating Rate CI Y	Mutual Fund		500,181
	PIMCO Total Return Inst	Mutual Fund		1,258,042
	T. Rowe Price 2020 Retirement Fund	Mutual Fund		151,844
	T. Rowe Price 2030 Retirement Fund	Mutual Fund		151,486
	T. Rowe Price 2040 Retirement Fund	Mutual Fund		186,331
	T. Rowe Price Health Sciences	Mutual Fund		1,140,236
	T. Rowe Price New Era	Mutual Fund		285,418
	T. Rowe Price Real Estate	Mutual Fund		103,546
	T.Rowe Price 2025 Retirement Fund	Mutual Fund		186,938
	Vanguard European Stock Index Admiral	Mutual Fund		187,582
	Vanguard Federal Money Market	Mutual Fund		48,974
	Vanguard FTSE Social Index	Mutual Fund		51,266
	Vanguard High Yield Corporate Admiral	Mutual Fund		365,553
	Vanguard Inflation Protected Securities	Mutual Fund		407,299
	Vanguard Intermediate-Term Bond Index Ad	Mutual Fund		503,713

* A party-in-interest, as defined by ERISA.

** Column (d) is blank as all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the Plan Custodian.

REGIS HR GROUP**401(K) PLAN****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2018 AND 2017**

EIN: 65-1130355

Plan Number: 001

		**		
(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Large Cap Index Admiral	Mutual Fund		\$ 833,862
	Vanguard Life Strategy Conservative	Mutual Fund		1,127,487
	Vanguard Life Strategy Growth	Mutual Fund		1,717,007
	Vanguard Life Strategy Moderate	Mutual Fund		2,547,908
	Vanguard LifeStrategy Income	Mutual Fund		117,897
	Vanguard Mid Cap Index Admiral	Mutual Fund		569,315
	Vanguard Pacific Stock Index Admiral	Mutual Fund		80,602
	Vanguard REIT Index Admiral	Mutual Fund		280,432
	Vanguard Short-Term Federal Admiral	Mutual Fund		15,814
	Vanguard Small Cap Index Admiral	Mutual Fund		352,653
	Vanguard Target Retirement 2015	Mutual Fund		270,183
	Vanguard Target Retirement 2020	Mutual Fund		730,482
	Vanguard Target Retirement 2025	Mutual Fund		1,263,869
	Vanguard Target Retirement 2030	Mutual Fund		691,904
	Vanguard Target Retirement 2035	Mutual Fund		1,018,261
	Vanguard Target Retirement 2040	Mutual Fund		1,419,209
	Vanguard Target Retirement 2045	Mutual Fund		843,647
	Vanguard Target Retirement 2050	Mutual Fund		559,158
	Vanguard Target Retirement 2055	Mutual Fund		409,900
	Vanguard Target Retirement 2060	Mutual Fund		85,085
	Vanguard Target Retirement 2065 Inv	Mutual Fund		1,281
	Vanguard Total Bond Market Index Admiral	Mutual Fund		421,206
	Vanguard Total Int'l Stock Index Admiral	Mutual Fund		1,444,605
	Vanguard Total Stock Market Index Admira	Mutual Fund		2,514,961
	Vanguard Wellesley Income Adm	Mutual Fund		270,351
	Vanguard Wellington			314,610
				<u>\$ 31,517,075</u>
	Notes receivable from participants	4.25% to 6.50%		762,002
				<u>\$ 32,279,077</u>

* A party-in-interest, as defined by ERISA.

** Column (d) is blank as all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the Plan Custodian.

Multiple-Employer Plan Participating Employer Information

REGIS HR GROUP 401(K) PLAN Plan # 001		EIN: 65-1130355
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Alpha Charter of Excellence, Inc	85-8015946	0.44%
Atlantic View Partners Ltd. dba Days Inn Oceanside	59-2559633	0.03%
Banking Mortgage Services, B.M.S. Corp	59-2757098	1.65%
Ben Hospitality, Inc. C/O Wyndham Hotel	65-0964413	0.07%
Business Centers of Tampa, Inc.	26-1273123	0.43%
Caremax Medical Center of Hialeah, LLC	47-3838500	0.52%
CC Devco, LLC	26-4369130	14.42%
Codina Management, LLC	27-1510777	6.83%
Columbus Capital Lending	46-1342618	5.66%
Concordia Healthcare Corp./Concordia Care Inc./Concordia Hea	38-3825853	0.32%
CRP LMC OPCO, LLC	36-4811549	4.38%
Curaleaf Florida, LLC	47-3712491	0.15%
De La Hoz, Perez & Barbeito, PA.	65-0488482	1.39%
DM Accounting Services Inc.	26-3587948	0.71%
Epilepsy Foundation of Florida	59-2164525	1.87%
Faulkner Inc of Miami	59-1143969	1.75%
Flor A. Mayoral, M.D., PA	65-0034337	0.71%
Fortune International Equity Corp.	65-1051957	3.41%
FranBiz 601, Inc.	59-3314114	3.34%
Gamba & Herrera P.A.	65-0584168	1.00%
Gamba & Lombana, P.A.	65-0584168	0.79%
Grand Bay Tower Condominium Association, Inc.	65-0946421	0.93%
Greenhome Automations	30-0709866	0.85%
Grunenthal Latin America	27-5320307	0.28%
Hilton Trading Corp	59-2097693	2.46%
Insurance Nation	36-4494465	1.57%
Interactive Blue Communications, LLC	51-0422378	1.28%
International Consulting Group, Inc.	51-0422378	0.51%
Join The Moment Forwarding Corp	30-1046449	0.38%
Lanco & Harris Corp	65-1121594	3.31%
Lombana Law, LLC	82-4965611	0.57%
Loud and Live, Inc.	81-5348919	0.85%
Managed Healthcare Partners, LLC	26-4833015	2.87%
Manatee Cardiovascular Wellness Institute	47-3120901	1.22%
Martinez & Morales, LLC	46-3994077	0.86%
National Health Transport	27-1720808	1.20%
NV2A Group, LLC	81-2849077	6.26%
Phidal Inc	35-2507273	0.71%
Pinnacle Advertising & Marketing Group/Boca Voice	27-3088654	0.05%
Proactel, Inc.	65-0880177	0.41%
Professional Bank/Professional Holding Company	26-2155465	0.42%
Red Line Perfusion LLC	81-3881474	0.77%
Rivas Family Enterprises Inc.	55-0837218	0.76%
Rosy Services Forwarders Corporation	59-2310733	0.13%
Segrera Associates, Inc.	45-1157356	0.90%
Sokolov, Ltd. dba Best Western Atlantic Beach	65-0792838	1.87%
South Miami Pharmacy, Inc.	27-0772708	7.02%
The Padron Group	26-0024967	0.62%
The Simplex Group, Inc. dba Regis Group	45-2546484	1.52%
Urban Robot Associates Inc	27-1487920	1.65%
Ventura Holding Group, LLC & Control Group Entities	59-2003802	1.66%
Verdeja & De Armas, P.A.	20-4989621	2.76%
VH Pharmacy	59-1306202	1.41%
World Evolve/ We Behave	45-3541414	0.05%
Zumpano Castro, LLC	20-3002976	2.01%

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

REGIS HR GROUP 401(K) PLAN

PLAN # 001

EIN: 65-1130355

(a)	(b) Identity of issue, 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
	Davis	DVFX - Davis Financial		196,612
	Fidelity	FATIX - Fidelity Advisor Technology		193,852
	Fidelity	FMPXX - Fidelity Inst Money Market		1,418,540
	FPA	FPACX - FPA Crescent		22,202
	Loomis Sayles	LSBDX - Loomis Sayles Bond Instl		399,001
	Oppenheimer Funds	OIBYX - Oppenheimer Int'l Bond Y		646,867
	Oppenheimer Funds	OOSYX - Oppenheimer Senior Floating Rate Cl Y		500,181
	T Rowe Price	PRHSX - T Rowe Price Health Sciences		1,140,236
	T Rowe Price	PRNEX - T Rowe Price New Era		285,418
	PIMCO	PTTRX - PIMCO Total Return Inst		1,258,042
	American Funds	RERGX - American Funds EuroPacifc R6		899,303
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,004,566
	American Funds	RGBGX - American Global Balanced CL R6		22,808
	American Funds	RNWX - American Funds New World R6		835,206
	American Funds	RWIGX - American Funds Capital World G & I R6		448,016
	T Rowe Price	TRRBX - T Rowe Price 2020 Retirement Fund		151,844
	T Rowe Price	TRRCX - T Rowe Price 2030 Retirement Fund		151,486
	T Rowe Price	TRRDY - T Rowe Price 2040 Retirement Fund		186,331
	T Rowe Price	TRREX - T Rowe Price Real Estate		103,546
	T Rowe Price	TRRHX - T Rowe Price 2025 Retirement Fund		186,938
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		407,299
	Vanguard	VASGX - Vanguard Life Strategy Growth		1,717,007
	Vanguard	VASIX - Vanguard LifeStrategy Income		117,897
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		503,713
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		421,206
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		187,582
	Vanguard	VFFVX - Vanguard Target Retirement 2055		409,900
	Vanguard	VFIFX - Vanguard Target Retirement 2050		559,158
	Vanguard	VFORX - Vanguard Target Retirement 2040		1,419,209
	Vanguard	VFTSX - Vanguard FTSE Social Index		51,266
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		280,432
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		569,315
	Vanguard	VLCAX - Vanguard Large Cap Index Admiral		833,862
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		1,281
	Vanguard	VMFXX - Vanguard Federal Money Market		48,974
	Vanguard	VPADX - Vanguard Pacific Stock Index Admiral		80,602
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		1,127,488
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		15,814
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		352,653
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		2,547,907
	Vanguard	VTHRX - Vanguard Target Retirement 2030		691,905
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		1,444,605
	Vanguard	VTIVX - Vanguard Target Retirement 2045		843,649
	Vanguard	VTMAX - Vanguard Total Stock Market Index Admira		2,514,961
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,018,261
	Vanguard	VTTX - Vanguard Target Retirement 2060		85,085
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,263,869
	Vanguard	VTWNX - Vanguard Target Retirement 2020		730,482
	Vanguard	VTXVX - Vanguard Target Retirement 2015		270,183
	Vanguard	VWEAX - Vanguard High Yield Corporate Admiral		365,553
	Vanguard	VWELX - Vanguard Wellington		314,610
	Vanguard	VWIAAX - Vanguard Wellesley Income Adm		270,351
	Participant Loans	4.25% to 6.5%		762,002