

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 2019 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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 ☐ 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) _____

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>REGIS HR GROUP 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2010</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2010</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-1130355</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>786-272-5305</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	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>	
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.	08/31/2020	CARLOS SALADRIGAS JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/31/2020	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 (2019)
v. 190130

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 3094
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) 2686 6a(2) 2436 6b 0 6c 564 6d 3000 6e 0 6f 3000 6g 1419 6h 13
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
---	---

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)
--------	---

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

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

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

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

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

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

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

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

(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	171665	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	137915	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	28934	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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			
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)	101133	142091
(2) Participant contributions.....	1b(2)	96326	135024
(3) Other.....	1b(3)	6120	9610
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)	762002	754010
(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)	31517075	41129151
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32482656	42169886

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	32482656	42169886
---	-----------	----------	----------

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)	2055803	
(B) Participants	2a(1)(B)	4313375	
(C) Others (including rollovers)	2a(1)(C)	575706	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6944884
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)	41308	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41308
(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)	1224844	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1224844
(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)		5775305
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13986341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2218568	
(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)		2218568
f Corrective distributions (see instructions)	2f		22823
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)	200599	
(3) Investment advisory and management fees	2i(3)	137915	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		338514
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2579905

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11406436
l Transfers of assets:			
(1) To this plan	2l(1)		1913492
(2) From this plan	2l(2)		3632698

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 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 AND DE ARMAS, 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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
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)
SOUTH MIAMI PHARMACY RETIREMENT SAVINGS PLAN	27-0772708	001
ACCUBANKER 401K PLAN	59-2097693	002

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 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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) 2019
v. 190130

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	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) 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): _____
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 _____

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2019 AND 2018

TABLE OF CONTENTS

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits.	4
Notes to Financial Statements.	5-9
Supplemental Schedule*	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year).	10-11

* 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, 2019 and 2018, 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, 2019 and 2018, 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 that reads "Veedi-DeAnna Tarjile".

CERTIFIED PUBLIC ACCOUNTANTS

Coral Gables, Florida
July 27, 2020

REGIS HR GROUP
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value	<u>\$ 41,129,151</u>	<u>\$ 31,517,075</u>
Total investments, at fair value	<u>41,129,151</u>	<u>31,517,075</u>
Receivables:		
Employer contributions	142,091	101,133
Participant contributions and other	144,634	102,446
Notes receivable from participants	<u>754,010</u>	<u>762,002</u>
Total receivables	<u>1,040,735</u>	<u>965,581</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 42,169,886</u></u>	 <u><u>\$ 32,482,656</u></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, 2019 AND 2018**

	2019	2018
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in value of investments	\$ 5,775,305	\$ (3,078,255)
Dividends	1,224,844	1,224,388
Total investment income (loss)	<u>7,000,149</u>	<u>(1,853,867)</u>
Interest income on notes receivable from participants	41,308	27,148
Contributions:		
Employer	2,055,803	1,558,848
Participants	4,313,375	3,290,746
Other including rollovers	575,706	467,568
Total contributions	<u>6,944,884</u>	<u>5,317,162</u>
Total additions	<u>13,986,341</u>	<u>3,490,443</u>
Deductions from net assets attributable to:		
Benefits paid to participants and other	2,218,568	1,376,928
Administrative expenses	338,514	294,743
Corrective distributions	22,823	-
Total deductions	<u>2,579,905</u>	<u>1,671,671</u>
Net increase	11,406,436	1,818,772
Net assets available for benefits		
Beginning of year	32,482,656	32,733,713
Transfer of assets from/to this plan, net (See Note 6)	<u>(1,719,206)</u>	<u>(2,069,829)</u>
End of year	<u>\$ 42,169,886</u>	<u>\$ 32,482,656</u>

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

**REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018**

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, 2019 and 2018 was \$19,000 and \$18,500, 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 2019. 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, 2019 AND 2018**

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, 2019 and 2018, the Plan had notes receivable from participants with principal balances totaling \$754,010 and \$762,002, 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, 2019 AND 2018

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, 2019 and 2018, 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 27, 2020, which is the date the financial statements were available to be issued. See Note 9.

REGIS HR GROUP
401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

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, 2019 and 2018.

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, 2019 AND 2018

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, 2019 and 2018:

Assets at Fair Value as of December 31, 2019				
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	\$ 41,129,151	\$ -	\$ -	\$ 41,129,151
Total	\$ 41,129,151	\$ -	\$ -	\$ 41,129,151

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	\$ 31,517,075	\$ -	\$ -	\$ 31,517,075

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, 2019 and 2018, the Plan had transfers from/to another plan, net totaling \$(1,719,206) and \$(2,069,829), respectively.

NOTE 7 – EXCESS CONTRIBUTION

For the years ended December 31, 2019 and 2018, the Plan had corrective distributions of \$22,823 and \$0, 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, 2019 and 2018, and therefore, these transactions qualify as party-in interest transactions.

NOTE 9 – SUBSEQUENT EVENT

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of the investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

SUPPLEMENTAL SCHEDULE

REGIS HR GROUP**401(K) PLAN****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019 AND 2018**

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	\$	608,161
	American Funds EuroPacific R6	Mutual Fund		1,163,273
	American Funds Growth Fund of America R6	Mutual Fund		1,383,829
	American Funds New World R6	Mutual Fund		1,039,675
	American Global Balanced CL R6	Mutual Fund		51,371
	Davis Financial	Mutual Fund		307,148
*	Fidelity Advisor Technology	Mutual Fund		544,501
*	Fidelity Inst Money Market	Mutual Fund		1,336,847
*	Fidelity Pacific Basin	Mutual Fund		2,317
	Loomis Sayles Bond Instl.	Mutual Fund		396,074
	Oppenheimer Int'l Bond Y	Mutual Fund		705,528
	Oppenheimer Senior Floating Rate Cl Y	Mutual Fund		418,078
	PIMCO Total Return Inst	Mutual Fund		1,696,123
	T. Rowe Price Health Sciences	Mutual Fund		1,683,847
	T. Rowe Price New Era	Mutual Fund		330,010
	T. Rowe Price Real Estate	Mutual Fund		185,066
	Vanguard European Stock Index Admiral	Mutual Fund		217,582
	Vanguard Federal Money Market	Mutual Fund		64,289
	Vanguard FTSE Social Index	Mutual Fund		138,061
	Vanguard High Yield Corporate Admiral	Mutual Fund		355,521
	Vanguard Inflation Protected Securities	Mutual Fund		420,889
	Vanguard Intermediate-Term Bond Index Ad	Mutual Fund		617,955

Continued on page 11

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

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

REGIS HR GROUP**401(K) PLAN****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2019 AND 2018****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	\$ 1,236,134
	Vanguard Life Strategy Conservative	Mutual Fund	1,405,948
	Vanguard Life Strategy Growth	Mutual Fund	2,447,100
	Vanguard Life Strategy Moderate	Mutual Fund	3,452,398
	Vanguard LifeStrategy Income	Mutual Fund	157,365
	Vanguard Mid Cap Index Admiral	Mutual Fund	875,713
	Vanguard Pacific Stock Index Admiral	Mutual Fund	98,773
	Vanguard REIT Index Admiral	Mutual Fund	371,755
	Vanguard Short-Term Federal Admiral	Mutual Fund	17,913
	Vanguard Small Cap Index Admiral	Mutual Fund	586,004
	Vanguard Target Retirement 2015	Mutual Fund	346,695
	Vanguard Target Retirement 2020	Mutual Fund	882,432
	Vanguard Target Retirement 2025	Mutual Fund	1,683,270
	Vanguard Target Retirement 2030	Mutual Fund	1,245,692
	Vanguard Target Retirement 2035	Mutual Fund	1,766,084
	Vanguard Target Retirement 2040	Mutual Fund	1,634,752
	Vanguard Target Retirement 2045	Mutual Fund	1,353,537
	Vanguard Target Retirement 2050	Mutual Fund	1,082,317
	Vanguard Target Retirement 2055	Mutual Fund	617,723
	Vanguard Target Retirement 2060	Mutual Fund	164,942
	Vanguard Target Retirement 2065 Inv	Mutual Fund	10,110
	Vanguard Total Bond Market Index Admiral	Mutual Fund	418,476
	Vanguard Total Int'l Stock Index Admiral	Mutual Fund	1,604,777
	Vanguard Total Stock Market Index Admira	Mutual Fund	3,517,898
	Vanguard Wellesley Income Adm	Mutual Fund	238,190
	Vanguard Wellington Admiral	Mutual Fund	99
	Vanguard Wellington	Mutual Fund	246,909
			\$ 41,129,151
	Notes receivable from participants	4.25% to 6.50%	754,010
			<u>\$ 41,883,161</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.

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
A New Way Professional Services, Inc.	81-3176534	0.01%
Acorn Health of Florida	83-1920666	0.08%
Alpha Charter of Excellence, Inc	85-8015946	0.38%
Artisan Media	20-5979280	0.70%
Atlantic View Partners Ltd. dba Days Inn Oceanside	59-2559633	0.00%
Banking Mortgage Services, B.M.S. Corp	59-2757098	1.23%
Ben Hospitality, Inc. C/O Wyndham Hotel	65-0964413	0.06%
Business Centers of Tampa, Inc.	26-1273123	0.21%
Care Optimize, LLC	61-1776470	0.00%
Caremax Medical Center of Hialeah, LLC	47-3838500	0.45%
CC Devco, LLC	26-4369130	12.68%
Codina Management, LLC	27-1510777	7.64%
Columbus Capital Lending	46-1342618	3.89%
CRP LMC OPCO, LLC	36-4811549	4.78%
Curaleaf Florida, LLC	47-3712491	11.88%
De La Hoz, Perez & Barbeito, PA.	65-0488482	1.74%
DM Accounting Services Inc.	26-3587948	0.64%
Electric Service & Repair Inc.	65-0360559	0.35%
Envirowaste Services Group	65-0829090	1.11%
Epilepsy Foundation of Florida	59-2164525	1.48%
Faulkner Inc of Miami	59-1143969	1.46%
Flor A. Mayoral, M.D., PA	65-0034337	0.84%
Fortune International Equity Corp.	65-1051957	3.13%
FranBiz 601, Inc.	59-3314114	2.62%
Gamba & Herrera P.A.	82-4924681	2.38%
Grand Bay Tower Condominium Association, Inc.	65-0946421	0.42%
Greenhome Automations	30-0709866	0.68%
Hilton Trading Corp	59-2097693	0.13%
Insurance Nation	36-4494465	1.79%
Interactive Blue Communications, LLC	51-0422378	1.35%
International Consulting Group, Inc.	59-1774167	0.31%
Join The Moment Forwarding Corp	30-1046449	0.53%
Lanco & Harris Corp	65-1121594	2.60%
Lombana Law, LLC	82-4965611	0.88%
Loud and Live, Inc.	81-5348919	1.76%
Managed Healthcare Partners, LLC	26-4833015	2.28%
Martinez & Morales, LLC	46-3994077	0.72%
National Health Transport	27-1720808	0.84%
NV2A Group, LLC	81-2849077	8.43%
Phidal Inc	35-2507273	0.49%
Proactel, Inc.	65-0880177	0.20%
Red Line Perfusion LLC	81-3881474	0.89%
Regis HR 1 Inc. / Simplex Professional Services	45-2546484	0.25%
Reveal Vitality	82-3663226	0.53%
Rivas Family Enterprises Inc.	55-0837218	0.59%
Rosy Services Forwarders Corporation	59-2310733	0.10%
Segrera Associates, Inc.	45-1157356	0.95%
Sokolov, Ltd. dba Best Western Atlantic Beach	65-0792838	1.45%
South Miami Pharmacy, Inc. / SMP Pharmacy Solutions, LLC	27-0772708	1.78%
The Padron Group	26-0024967	0.58%
Urban Robot Associates Inc	27-1487920	1.47%
Velox Management Services, LLC	59-2418764	0.06%
Ventura Holding Group, LLC & Control Group Entities	59-2003802	3.50%
Verdeja & De Armas, P.A.	20-4989621	2.17%
VH Pharmacy	59-1306202	1.05%
Zumpano Castro, LLC	20-3002976	1.48%

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
	American Funds	RERGX - American Funds EuroPacifc R6		1,163,272
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,383,829
	American Funds	RGBGX - American Global Balanced CL R6		51,371
	American Funds	RNWGX - American Funds New World R6		1,039,675
	American Funds	RWIGX - American Funds Capital World G & I R6		608,160
	Davis	DVFYX - Davis Financial		307,148
	Fidelity	FATIX - Fidelity Advisor Technology		544,501
	Fidelity	FMPXX - Fidelity Inst Money Market		1,336,847
	Fidelity	FPBFX - Fidelity Pacific Basin		2,317
	FPA	FPACX - FPA Crescent		-
	Loomis Sayles	LSBDX - Loomis Sayles Bond Instl		396,074
	Oppenheimer Funds	OIBYX - Invesco Oppenheimer International Bond Y		705,528
	Oppenheimer Funds	OOSYX - Invesco Oppenheimer Senior Floating Rate		418,078
	PIMCO	PTTRX - PIMCO Total Return Inst		1,696,123
	T Rowe Price	PRHSX - T Rowe Price Health Sciences		1,683,846
	T Rowe Price	PRNEX - T Rowe Price New Era		330,010
	T Rowe Price	TRRBX - T Rowe Price 2020 Retirement Fund		-
	T Rowe Price	TRRCX - T Rowe Price 2030 Retirement Fund		-
	T Rowe Price	TRRDX - T Rowe Price 2040 Retirement Fund		-
	T Rowe Price	TRREX - T Rowe Price Real Estate		185,066
	T Rowe Price	TRRHX - T Rowe Price 2025 Retirement Fund		-
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		420,890
	Vanguard	VASGX - Vanguard Life Strategy Growth		2,447,100
	Vanguard	VASIX - Vanguard LifeStrategy Income		157,365
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		617,955
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		418,476
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		217,582
	Vanguard	VFFVX - Vanguard Target Retirement 2055		617,723
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,082,317
	Vanguard	VFORX - Vanguard Target Retirement 2040		1,634,752
	Vanguard	VFTAX - Vanguard FTSE Social Index Admiral		138,061
	Vanguard	VFTSX - Vanguard FTSE Social Index		-
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		371,755
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		875,713
	Vanguard	VLCAV - Vanguard Large Cap Index Admiral		1,236,134
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		10,111
	Vanguard	VMFXX - Vanguard Federal Money Market		64,289
	Vanguard	VMMXX - Vanguard Money Market Prime		(0)
	Vanguard	VPADX - Vanguard Pacific Stock Index Admiral		98,773
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		1,405,948
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		17,913
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		586,004
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		3,452,398
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,245,692
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		1,604,777
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,353,537
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		3,517,898
	Vanguard	VTSMX - Vanguard Total Stock Market Index		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,766,084
	Vanguard	VTTSX - Vanguard Target Retirement 2060		164,942
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,683,271
	Vanguard	VTWNX - Vanguard Target Retirement 2020		882,432
	Vanguard	VTXVX - Vanguard Target Retirement 2015		346,695
	Vanguard	VWEAX - Vanguard High Yield Corporate Admiral		355,521
	Vanguard	VWELX - Vanguard Wellington		246,909
	Vanguard	VWENX - Vanguard Wellington Admiral		99
	Vanguard	VWIAV - Vanguard Wellesley Income Adm		238,191
	Participant Loans	4.25% to 6.5%		754,010