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 01/01/2019 and ending 12/31/2019

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
ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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)
ARISE VIRTUAL SOLUTIONS INC.

3450 LAKESIDE DRIVE, 6TH FLOOR
MIRAMAR, FL 33027

2b Employer Identification Number (EIN)
98-0151557

2c Plan Sponsor's telephone number
954-392-2727

2d Business code (see instructions)
561420

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.	10/02/2020	ANGELA MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	398
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	**6a(1)**	241
a(2) Total number of active participants at the end of the plan year	**6a(2)**	242
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	160
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	404
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	391
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 2J 2K 2F 2G 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **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 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
ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISE VIRTUAL SOLUTIONS INC.

D Employer Identification Number (EIN)
98-0151557

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)	27715	26819
(2) Participant contributions	1b(2)	39483	34323
(3) Other	1b(3)	143	394
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	338989	756124
(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)	103704	196465
(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)	9326488	11322637
(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	9836522	12336762
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9836522	12336762

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)	338972	
	(B) Participants	2a(1)(B)	1331220	
	(C) Others (including rollovers)	2a(1)(C)	41542	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1711734
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9727	
	(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)	6677	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16404
	(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)	325444	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		325444
	(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)		2069931
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4123513
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1613735	
(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)		1613735
f Corrective distributions (see instructions)	2f		5503
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4035	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4035
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1623273
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2500240
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: MORRISON, BROWN, ARGIZ & FARRA, LLC **(2)** EIN: 01-0720052

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	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		5000000
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			

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

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

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

5c 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
ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISE VIRTUAL SOLUTIONS INC.

D Employer Identification Number (EIN)
98-0151557

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 75-3182674

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**

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_____

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

MBAF
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

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MBAF
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Arise Virtual Solutions Inc. 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Arise Virtual Solutions Inc. 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

Plan 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in NOTE 5, which was certified by the Matrix Trust Company (f/k/a MG Trust Company), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter – Coronavirus

As further discussed in Note 11, the Plan is subject to the current economic and health conditions in the United States, including the coronavirus which was designated as a global pandemic by the World Health Organization on March 11, 2020. Management is currently assessing the impact of these conditions and continues to explore various options to minimize the financial impact, however the ultimate outcome is not known as of the date these financial statements were available to be issued. Our opinion is not modified with respect to this matter.

Other Matter – Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) as of December 31, 2019 and 2018, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis; however, they are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Morrison, Brown, Argiz & Farra

Boca Raton, Florida
September 18, 2020

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2019	2018
ASSETS:		
Investments, at fair value:		
Money market fund	$ 756,124	$ 338,989
Mutual funds	11,322,637	9,326,488
TOTAL INVESTMENTS, AT FAIR VALUE	12,078,761	9,665,477
Receivables:		
Notes receivable from participants	196,465	103,704
Employer contributions	26,819	27,715
Participant contributions	34,323	39,483
Other	394	143
TOTAL RECEIVABLES	258,001	171,045
TOTAL ASSETS	12,336,762	9,836,522
LIABILITIES:		
Corrective distributions payable	55,963	5,503
TOTAL LIABILITIES	55,963	5,503
NET ASSETS AVAILABLE FOR BENEFITS	**$ 12,280,799**	**$ 9,831,019**

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

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2019	2018
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 2,069,931	$ (940,325)
Dividends and interest income	335,171	325,963
TOTAL INVESTMENT INCOME (LOSS)	2,405,102	(614,362)
Interest income on notes receivable from participants	6,677	6,761
Contributions:		
Participants, including rollovers	1,372,762	1,635,102
Employer	338,972	286,265
TOTAL CONTRIBUTIONS	1,711,734	1,921,367
TOTAL ADDITIONS	4,123,513	1,313,766
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,613,735	1,285,396
Corrective distributions	55,963	5,503
Administrative expenses	4,035	3,650
TOTAL DEDUCTIONS	1,673,733	1,294,549
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,449,780	19,217
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	9,831,019	9,811,802
END OF YEAR	**$ 12,280,799**	**$ 9,831,019**

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

1. DESCRIPTION OF PLAN

The following description of the Arise Virtual Solutions Inc. ("the Company") 401(k) Plan (the "Plan") provides only general information. Reference to the Plan agreement should be made for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all eligible employees of the Company or any affiliate who has adopted the Plan. Employees will become eligible to make elective deferral contributions and receive matching contributions and profit sharing contribution on the date they first perform an hour of service as an eligible employee. An eligible employee is not a member of any of the following classes of employees: (1) any employee who is included in a unit of employees covered by a collective bargaining agreement, if retirement benefits were the subject of good faith bargaining, and if the collective bargaining agreement does not provide for participation in the Plan, (2) any employee who is a non-resident alien who received no earned income which constitutes income from services performed within the United States, and (3) any individual who performs customer service representative contract center services and who provides performance facilitator services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The effective date of the original Plan was January 1, 2007.

Contributions

Participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, limited to the maximum deferral limit, as defined in the Internal Revenue Code (“IRC”). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may direct their account balances into various investment options offered by the Plan. The Plan currently offers money market funds and mutual funds as investment options for participants. The Company makes matching contributions to the Plan. The Company contributed 35% of the first 5% of eligible compensation totaling $286,265 for the year ended December 31, 2018. Effective January 1, 2019, matching contributions are based on the Company’s sole discretion for each Plan year. The Company contributed 40% of the first 5% of eligible compensation totaling $338,972 for the year ended December 31, 2019. Additionally, the Company may, at its sole discretion, make a profit-sharing contribution to the Plan for all eligible employees who completed at least 1,000 hours of service during the Plan year and are employed by the Company on the last day of the Plan year. The Company may also make a discretionary non-elective contribution. No profit sharing contributions or non-elective contributions were made for the years ended December 31, 2019 and 2018.

Participant Accounts and Vesting

Each participant’s account is credited with the participant’s contribution, Company contributions, allocations of the Plan’s earnings, and an allocation of administrative expenses. 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.

Participants are immediately vested in their salary deferral contributions, rollover contributions to the Plan, and Company contributions, plus actual earnings or losses thereon.

Payment of Benefits

Upon termination of service due to death, disability, retirement or separation from service, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account or in installments as specified in the Plan. Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with provisions specified in the Plan agreement.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship.

1. DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest rates ranging from 4.25% to 6.50% for the years ended December 31, 2019 and 2018 which is commensurate with local prevailing rates as determined periodically by the trustee. Principal and interest are paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Upon Plan termination, any outstanding notes receivable from participants will be treated as a deemed distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See NOTE 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Withdrawal, loan setup, and loan maintenance fees are paid by the participants. All other administrative expenses are paid by the Company.

Tax Status

The Plan adopted its latest Prototype Non-standardized Profit Sharing Plan with a cash or deferral arrangement, which obtained a favorable Internal Revenue Service ("IRS") determination letter on March 31, 2014 in which the IRS stated that the form of the underlying prototype plan was acceptable under provisions of the IRC and that any employer adopting this form of the plan will be considered to have a plan qualified under the IRC. Although the Plan has been amended since receiving the determination letter, 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

Subsequent Events

The Plan has evaluated subsequent events through September 18, 2020, which is the date the financial statements were available to be issued.

3. INVESTMENTS

During the years ended December 31, 2019 and 2018, the Plan's investments in mutual funds, including gains and losses on investments bought and sold, as well as held during the years, appreciated (depreciated) in value by $2,069,931 and $(940,325), respectively. During the years ended December 31, 2019 and 2018, the Plan's assets earned dividends and interest income totaling $335,171 and $325,963, respectively.

4. FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- Level 2 Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The 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.

Money market fund: Valued at amortized cost, which approximates fair value.

Mutual funds: Valued at the quoted market price of the net asset value of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis as of December 31, 2019:

		Fair Value Measurements at Reporting Date Using:		
Description	Fair Value December 31, 2019	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	$ 756,124	$ 756,124	$ -	$ -
Mutual funds	11,322,637	11,322,637	-	-
	$ 12,078,761	**$ 12,078,761**	**$ -**	**$ -**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis as of December 31, 2018:

		Fair Value Measurements at Reporting Date Using:		
Description	Fair Value December 31, 2018	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	$ 338,989	$ 338,989	$ -	$ -
Mutual funds	9,326,488	9,326,488	-	-
	$ 9,665,477	**$ 9,665,477**	**$ -**	**$ -**

5. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company (f/k/a MG Trust Company), trustee as of and for the years ended December 31, 2019 and 2018, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	December 31, 2019	December 31, 2018
Investments, at fair value:		
Money market fund	$ 756,124	$ 338,989
Mutual funds	11,322,637	9,326,488
Total investments, at fair value	**$ 12,078,761**	**$ 9,665,477**

	For the year ended December 31, 2019	For the year ended December 31, 2018
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 2,069,931	$ (940,325)
Dividends and interest income	335,171	325,963
Total investment income (loss)	**$ 2,405,102**	**$ (614,362)**

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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 accompanying Statements of Net Assets Available for Benefits.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31,:

	2019	2018
Net assets available for benefits per the financial statements	$ 12,280,799	$ 9,831,019
Corrective distributions payable	55,963	5,503
Net assets available for benefits per the Form 5500	**$ 12,336,762**	**$ 9,836,522**

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31,:

	2019	2018
Increase in net assets available for benefits per the financial statements	$ 2,449,780	$ 19,217
Plus: current year corrective distributions payable	55,963	5,503
Less: prior year corrective distributions payable	(5,503)	(11,432)
Increase in net assets available for benefits per the Form 5500	**$ 2,500,240**	**$ 13,288**

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits.

9. CORRECTIVE DISTRIBUTIONS PAYABLE

Corrective distributions were required to be made to certain active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan and totaled $55,963 and $5,503 for the years ended December 31, 2019 and 2018, respectively. The Plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and March 15, 2019, respectively.

10. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company and certain others. Notes receivable from participants are also considered party-in-interest transactions.

11. SUBSEQUENT EVENT – COVID-19

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the "COVID-19 outbreak"). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted on March 27, 2020 in the United States. Due to the recent enactment of this legislation, the Plan is considering whether to adopt the new rules, which eliminate tax penalties on certain early withdrawals and relax certain rules on loans for those affected by COVID-19. As a result of the COVID-19 outbreak, the Plan's investment portfolio incurred initial losses and then recovered the majority of those losses since December 31, 2019. Since the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as the date of the auditors' report.

SUPPLEMENTAL SCHEDULES

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019
EIN # 98-0151557
PLAN # 001

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST **	(e) CURRENT VALUE
Vanguard	Target Retirement 2030 Fund Investor Shares		$ 1,976,502
Vanguard	Target Retirement 2040 Fund Investor Shares		1,855,081
Vanguard	Target Retirement 2050 Fund Investor Shares		1,323,088
Vanguard	Target Retirement 2035 Fund Investor Shares		1,106,515
Vanguard	Prime Money Market Fund		756,124
Vanguard	500 Index Fund Admiral Shares		687,163
Vanguard	U.S. Growth Fund Admiral Shares		467,132
Vanguard	Total Stock Market Index Fund Admiral Shares		462,027
Vanguard	Target Retirement 2020 Fund Investor Shares		399,983
Vanguard	Growth Index Fund Admiral Shares		348,851
Vanguard	Global Equity Fund Investor Shares		290,175
Vanguard	Total Bond Market Index Fund Admiral Shares		173,255
Vanguard	Target Retirement 2045 Fund Investor Shares		165,694
Vanguard	Equity-Income Fund Admiral Shares		160,066
Vanguard	Dividend Appreciation Index Fund Admiral Shares		150,913
Vanguard	Target Retirement 2025 Fund Investor Shares		125,096
Vanguard	Health Care Fund Admiral Shares		116,478
Vanguard	International Value Fund Investor Shares		114,800
Vanguard	Intermediate-Term Bond Index Fund Admiral Shares		113,461
Vanguard	Small-Cap Growth Index Fund Admiral Shares		104,201
Vanguard	Value Index Fund Admiral Shares		92,308
Vanguard	Mid-Cap Growth Index Fund Admiral Shares		90,622
Vanguard	High Dividend Yield Index Fund Admiral		84,807
Vanguard	U.S. Value Fund Investor Shares		75,975
Vanguard	Emerging Markets Stock Index Fund Admiral Shares		75,496
Vanguard	Mid-Cap Index Fund Admiral Shares		67,137
Vanguard	Diversified Equity Fund Investor Shares		66,331
Vanguard	Mid-Cap Value Index Fund Admiral Shares		56,688
Vanguard	Extended Market Index Fund Admiral Shares		56,229
Vanguard	Balanced Index Fund Admiral Shares		55,504
Vanguard	Growth and Income Fund Admiral Shares		47,846
Vanguard	Real Estate Index Fund Admiral Shares		42,818
Vanguard	Energy Fund Admiral Shares		39,815
Vanguard	LifeStrategy Income Fund Investor Shares		39,081
Vanguard	Windsor Fund Admiral Shares		32,243
Vanguard	LifeStrategy Growth Fund Investor Shares		32,151
Vanguard	Mid-Cap Growth Fund Investor Shares		31,690
Vanguard	Short-Term Bond Index Fund Admiral Shares		25,308
Vanguard	Small-Cap Index Fund Admiral Shares		24,196
Vanguard	Global Capital Cycles Fund Investor Shares		23,946
Vanguard	Star Fund Investor Shares		22,138
Vanguard	Inflation-Protected Securities Fund Admiral Shares		21,570

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019
EIN # 98-0151557
PLAN # 001

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST **	(e) CURRENT VALUE
Vanguard	Long-Term Treasury Fund Admiral Shares		15,162
Vanguard	LifeStrategy Conservative Growth Fund Investor Shares		14,819
Vanguard	Large Cap Index Fund Admiral Shares		13,421
Vanguard	Capital Value Fund Investor Shares		10,603
Vanguard	Total International Stock Index Fund Admiral Shares		9,292
Vanguard	Target Retirement 2015 Fund Investor Shares		4,468
Vanguard	Small Cap Value Index Fund Admiral Shares		3,006
Vanguard	European Stock Index Fund Admiral Shares		2,943
Vanguard	Pacific Stock Index Fund Admiral Shares		2,659
Vanguard	Target Retirement Income Fund Investor Shares		1,032
Vanguard	LifeStrategy Moderate Growth Fund Investor Shares		852
	Total Investments		12,078,761
* Notes receivable from participants	Notes receivable from participants, with an interest rate of 4.25% - 6.50% and payments through 2045		196,465
			$ 12,275,226

* Represents a party-in-interest.

** Department of Labor Regulation 2520.103-11 (d) allows the exclusion of participant directed transactions from historical cost entry on the schedule of assets (held at end of year).

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018
EIN # 98-0151557
PLAN # 001

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST **	(e) CURRENT VALUE
Vanguard	Target Retirement 2030 Fund Investor Shares		$ 1,586,354
Vanguard	Target Retirement 2040 Fund Investor Shares		1,471,407
Vanguard	Target Retirement 2050 Fund Investor Shares		896,673
Vanguard	Target Retirement 2035 Fund Investor Shares		825,383
Vanguard	Total Stock Market Index Fund Admiral Shares		555,968
Vanguard	500 Index Fund Admiral Shares		519,053
Vanguard	Prime Money Market Fund		338,989
Vanguard	Target Retirement 2020 Fund Investor Shares		286,604
Vanguard	U.S. Growth Fund Admiral Shares		263,616
Vanguard	Global Equity Fund Investor Shares		231,562
Vanguard	Growth Index Fund Admiral Shares		178,593
Vanguard	Health Care Fund Admiral Shares		148,675
Vanguard	Growth and Income Fund Admiral Shares		143,751
Vanguard	Equity-Income Fund Admiral Shares		141,155
Vanguard	Large Cap Index Fund Admiral Shares		132,914
Vanguard	Mid-Cap Index Fund Admiral Shares		129,060
Vanguard	Morgan Growth Fund Admiral Shares		126,012
Vanguard	Dividend Growth Fund Investor Shares		125,539
Vanguard	Small-Cap Growth Index Fund Admiral Shares		122,859
Vanguard	Intermediate-Term Bond Index Fund Admiral Shares		117,255
Vanguard	Dividend Appreciation Index Fund Investor Shares		108,896
Vanguard	International Value Fund Investor Shares		107,777
Vanguard	Target Retirement 2045 Fund Investor Shares		98,411
Vanguard	Target Retirement 2025 Fund Investor Shares		94,574
Vanguard	U.S. Value Fund Investor Shares		84,094
Vanguard	Mid-Cap Growth Index Fund Admiral Shares		81,812
Vanguard	Value Index Fund Admiral Shares		63,806
Vanguard	High Dividend Yield Index Inv		60,095
Vanguard	Real Estate Index Fund Admiral Shares		49,186
Vanguard	Diversified Equity Fund Investor Shares		48,701
Vanguard	Emerging Markets Stock Index Fund Admiral Shares		46,298
Vanguard	Extended Market Index Fund Admiral Shares		42,326
Vanguard	Energy Fund Admiral Shares		41,216
Vanguard	Mid-Cap Value Index Fund Admiral Shares		41,185
Vanguard	Balanced Index Fund Admiral Shares		38,175
Vanguard	LifeStrategy Income Fund Investor Shares		33,645
Vanguard	Mid-Cap Growth Fund Investor Shares		32,972
Vanguard	Star Fund Investor Shares		31,343
Vanguard	Small Cap Value Index Fund Admiral Shares		30,366
Vanguard	Short-Term Bond Index Fund Admiral Shares		24,786
Vanguard	Windsor Fund Admiral Shares		24,705
Vanguard	LifeStrategy Growth Fund Investor Shares		24,021

ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018
EIN # 98-0151557
PLAN # 001

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST **	(e) CURRENT VALUE
Vanguard	Inflation-Protected Securities Fund Admiral Shares		22,512
Vanguard	Global Capital Cycles Fund Investor Shares		18,687
Vanguard	Long-Term Treasury Fund Admiral Shares		15,740
Vanguard	Small-Cap Index Fund Admiral Shares		13,042
Vanguard	LifeStrategy Conservative Growth Fund Investor Shares		11,466
Vanguard	Target Retirement Income Fund Investor Shares		10,754
Vanguard	Pacific Stock Index Fund Admiral Shares		8,035
Vanguard	Long-Term Bond Index Fund Investor Shares		6,885
Vanguard	Target Retirement 2015 Fund Investor Shares		3,892
Vanguard	European Stock Index Fund Admiral Shares		1,861
Vanguard	Capital Value Fund Investor Shares		1,770
Vanguard	LifeStrategy Moderate Growth Fund Investor Shares		1,006
Vanguard	Short-Term Federal Fund Admiral Shares		15
	Total Investments		9,665,477
* Notes receivable from participants	Notes receivable from participants, with an interest rate of 4.25% - 6.25% and payments through 2047		103,704
			$ 9,769,181

* Represents a party-in-interest.

** Department of Labor Regulation 2520.103-11 (d) allows the exclusion of participant directed transactions from historical cost entry on the schedule of assets (held at end of year).

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2019** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARISE VIRTUAL SOLUTIONS INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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)
ARISE VIRTUAL SOLUTIONS INC.

3450 LAKESIDE DRIVE, 6th Floor

MIRAMAR FL 33027

2b Employer Identification Number (EIN) 98-0151557

2c Plan Sponsor's telephone number 954-392-2727

2d Business code (see instructions) 561420

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	DocuSigned by: Angela Miller 5BAF9D22A88E49A...	10/2/2020	Angela Miller
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address [X] 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**	398
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	**6a(1)**	241
a(2) Total number of active participants at the end of the plan year	**6a(2)**	242
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	160
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	404
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	391
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 2J 2K 2F 2G 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **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)

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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 H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► **Arise Virtual Solutions, Inc. 401(k) Plan**

Employer Identification Number:► 98-0151557

For plan year (beginning/ending):► 1/1/2019 - 12/31/2019 Plan number:► 001

(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
	Loan	4.25% - 6.50%		$196,465.40
	Vanguard 500 Idx Adm	Registered Investment Company		$687,162.91
	Vanguard Balanced Index Adm	Registered Investment Company		$55,503.72
	Vanguard Capital Value	Registered Investment Company		$10,602.54
	Vanguard Diversified Equity	Registered Investment Company		$66,330.52
	Vanguard Div. Appreciation Idx	Registered Investment Company		$150,912.56
	Vanguard Emerging Mkts Stk Adm	Registered Investment Company		$75,495.87
	Vanguard Energy Adm	Registered Investment Company		$39,814.52
	Vanguard Equity Income Adm	Registered Investment Company		$160,066.13
	Vanguard European Stock Index Adm	Registered Investment Company		$2,942.68
	Vanguard Ext. Market Idx Adm	Registered Investment Company		$56,229.20
	Vanguard Global Capital Cycles Investor	Registered Investment Company		$23,945.66
	Vanguard Global Equity	Registered Investment Company		$290,175.24
	Vanguard Growth & Income Adm	Registered Investment Company		$47,846.33
	Vanguard Growth Index Adm	Registered Investment Company		$348,850.57
	Vanguard Health Care Adm	Registered Investment Company		$116,477.51
	Vanguard High Div. Yld Index	Registered Investment Company		$84,806.73
	Vanguard Infla.Protected Sec Adm	Registered Investment Company		$21,570.39
	Vanguard Int'l Value	Registered Investment Company		$114,799.66
	Vanguard Interm-Term Bd Idx Adm	Registered Investment Company		$113,461.32
	Vanguard LT Treasury ADM	Registered Investment Company		$15,162.35
	Vanguard Large Cap Index Adm	Registered Investment Company		$13,420.53
	Vanguard Life Strategy Consv Grth	Registered Investment Company		$14,818.65
	Vanguard Life Strategy Growth	Registered Investment Company		$32,151.02
	Vanguard Life Strategy Income	Registered Investment Company		$39,081.46
	Vanguard Life Strategy Mod. Growth	Registered Investment Company		$856.83
	Vanguard Mid Cap Growth	Registered Investment Company		$31,689.84
	Vanguard Mid Cap Value Admiral	Registered Investment Company		$56,687.57
	Vanguard Mid-Cap Growth Index Admiral	Registered Investment Company		$90,622.05
	Vanguard Mid-Cap Index Adm	Registered Investment Company		$67,136.68
	Vanguard Pacific Stock Index Adm	Registered Investment Company		$2,658.77
	Vanguard Prime Money Market	Money Market Fund		$756,124.41
	Vanguard Real Estate Ind Fund Admi Sh	Registered Investment Company		$42,818.37
	Vanguard Short-Term Bond Idx Adm	Registered Investment Company		$25,307.58
	Vanguard Sm Cap Val Index Adm	Registered Investment Company		$3,005.51
	Vanguard Small Cap Growth Index Adm	Registered Investment Company		$104,201.12
	Vanguard Small Cap Idx Adm	Registered Investment Company		$24,195.62
	Vanguard Star	Registered Investment Company		$22,137.63
	Vanguard Target Retirement 2015	Registered Investment Company		$4,468.41

	Vanguard Target Retirement 2020	Registered Investment Company		$399,982.54
	Vanguard Target Retirement 2025	Registered Investment Company		$125,095.52
	Vanguard Target Retirement 2030	Registered Investment Company		$1,976,502.21
	Vanguard Target Retirement 2035	Registered Investment Company		$1,106,515.03
	Vanguard Target Retirement 2040	Registered Investment Company		$1,855,081.32
	Vanguard Target Retirement 2045	Registered Investment Company		$165,694.05
	Vanguard Target Retirement 2050 Inv	Registered Investment Company		$1,323,087.95
	Vanguard Target Retirement Income	Registered Investment Company		$1,031.82
	Vanguard Total Bond Mk Index Adm	Registered Investment Company		$173,254.76
	Vanguard Total Intl Stk Idx Admiral	Registered Investment Company		$9,292.33
	Vanguard Total Stock Mrkt Idx Adm	Registered Investment Company		$462,027.31
	Vanguard US Growth Adm	Registered Investment Company		$467,132.02
	Vanguard US Value	Registered Investment Company		$75,974.90
	Vanguard Value Idx Adm	Registered Investment Company		$92,308.37
	Vanguard Windsor Adm	Registered Investment Company		$32,243.12