

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
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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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1990</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>PEOPLE, INC.</u> <u>3501 E. FRONTAGE ROAD</u> <u>SUITE 350</u> <u>TAMPA, FL 33607</u>	2b	Employer Identification Number (EIN) <u>90-1001597</u>
		2c	Plan Sponsor's telephone number <u>813-258-0293</u>
		2d	Business code (see instructions) <u>541214</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2020	JACOB HARDIN
	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

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 2965
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) 2828 6a(2) 2925 6b 0 6c 123 6d 3048 6e 1 6f 3049 6g 492 6h 2
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: 2A 2E 2F 2G 2J 2K 2R 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 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 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 PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLE, INC.	D Employer Identification Number (EIN) 90-1001597	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

RBF CAPITAL MANAGEMENT, INC.

45-5277485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	110302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLUESTAR RETIREMENT SERVICES, INC.

59-3092339

(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?
13 15 37 38 50	NONE	89017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(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?
19 50	NONE	10779	Yes ☒ No ☐	Yes ☐ No ☒	0	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
TD AMERITRADE TRUST CO 20-0937408	19	0
(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.	
TD BANK USA, N.A. 13-3732274	TDATC RECEIVES FEE FROM TD BANK. FORMULA:(PE-BF-SA-I)-RS=TDATC MARKETING FEE (PE = PORTFOLIO EARNINGS, BF = TD BANK FEE, SA = PERIODIC SPECIAL ASSESSMENTS CHARGED BY FDIC, I= INTEREST PAID TO THE PLAN & RS= 35 BPS OF REVENUE SHARING PAID TO THE PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLE, INC.		D Employer Identification Number (EIN) 90-1001597

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	110885	126376
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2211202	3041169
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	459532	417695
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	14391418	18494680
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	445980	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17619017	22079920

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	1202	991
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1202	991

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17617815	22078929
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	665258	
(B) Participants	2a(1)(B)	1706453	
(C) Others (including rollovers)	2a(1)(C)	31505	
(2) Noncash contributions	2a(2)	0	2403216
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14284	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	26955	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41239
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	746728	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		746728
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2975782
c Other income	2c		6156
d Total income. Add all income amounts in column (b) and enter total	2d		6173121

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1815471	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1815471
f Corrective distributions (see instructions)	2f		4203
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	71722	
(3) Investment advisory and management fees	2i(3)	162292	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		234014
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2053688

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4119433
l Transfers of assets:			
(1) To this plan	2l(1)		423418
(2) From this plan	2l(2)		81737

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: MORGENSTEIN PHIFER & MESSINA, P.A.

(2) EIN: 59-3029972

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	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?.....			
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.)	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.)			
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.)	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)
EMPLOYEE BENEFIT PLAN OF SENIORS IN SERVICE OF TAMPA BAY, INC.	59-2422975	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLE, INC.		D Employer Identification Number (EIN) 90-1001597
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): 20-0937408 42-1558009		
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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

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

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

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

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

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

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

- 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 _____

**PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN**

**FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018**

**MORGENSTERN PHIFER & MESSINA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
TAMPA, FLORIDA 33602**

**PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN**

**FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018**

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MORGENSTERN PHIFER & MESSINA, P.A.

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
People, Inc.
Tampa, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of People, Inc. Multiple Employer 401(k) 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 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TD Ameritrade Trust Company and Charles Schwab Bank, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule 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 schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Morgenstern Phifer & Messina, P.A.

Certified Public Accountants

Tampa, Florida
September 3, 2020

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Cash	\$ 126,376	110,885
Investments at fair market value:		
Interest-bearing cash	3,041,169	2,211,202
Common stocks	1,447,807	1,711,672
Mutual funds	17,046,873	13,125,734
Total investments at fair market value	21,535,849	17,048,608
Receivables:		
Employee contributions	61,821	47,677
Employer contributions	176,207	166,711
Notes receivable from participants	417,694	459,532
Total receivables	655,722	673,920
Net assets available for benefits before liabilities	22,317,947	17,833,413
LIABILITIES		
Corrective distributions payable	36,748	5,404
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 22,281,199</u>	<u>\$ 17,828,009</u>

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
ADDITIONS		
Investment income:		
Net appreciation (depreciation) in fair market value	\$ 3,728,667	\$ (1,096,361)
Interest income:		
Loan receivable from participants	26,955	18,080
Other interest	14,283	5,417
Total interest income	41,238	23,497
Contributions:		
Employer	673,791	655,115
Participants	1,685,802	1,512,315
Rollover	31,505	244,754
Total contributions	2,391,098	2,412,184
Transfers of assets from other plans	423,631	3,385,669
Total additions	6,584,634	4,724,989
DEDUCTIONS		
Benefits paid directly to participants	1,753,356	1,384,417
Deemed distribution of loan receivable from participants	60,914	53,208
Administrative fees	234,023	221,788
Transfers of assets to other plans	83,151	555,812
Total deductions	2,131,444	2,215,225
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	4,453,190	2,509,764
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	17,828,009	15,318,245
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	\$ 22,281,199	\$ 17,828,009

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF PLAN

The following description of the People Inc. (“Company”) Multiple Employer 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of the Company with varying eligibility age and service requirements by participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Eligible participants have the option to contribute up to 90% of their annual compensation, subject to certain limits imposed by the Internal Revenue Code, which was \$19,000 and 18,500 for those under age 50 for 2019 and 2018, respectively. For those who are age 50 or over the limits was \$25,000 and \$24,500 for 2019 and 2018, respectively. The Company and participating employers may make discretionary and/or matching contributions for each participant equal to a specified percentage of the participant’s contribution.

Participant Accounts

Each participant’s account is credited with participant’s contributions and allocations of the Company’s and participating employers’ contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account. Upon termination of the customer relationship between the Company and the participating employer, employees of the participating employer have the right to maintain their participant account in the plan.

Forfeited Accounts

The nonvested portion of a terminated participant’s account is used to reduce future employer contributions or pay plan expenses of the Company and participating employers. Forfeitures are allocated to remaining eligible participants as of the last day of the Plan year. Forfeitures totaled \$0 and \$12,304 for the years ended December 31, 2019 and 2018.

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions into various investment options offered by the Plan.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately and fully vested in their own contributions plus actual earnings thereon. Vesting in employer matching contributions varies between employers participating in the plan. Vesting ranges from immediate vesting in the employer matching contributions to a schedule based on years of continuous service, whereby participants are 20% vested after two years of service and vest an additional 20% each year thereafter.

Notes Receivable from Participants

Participants may borrow from their vested balance, up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance. Loan terms range from one to thirty years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service (due to death, total and permanent disability, retirement, financial hardship or termination of employment), a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If a participant's employment terminates as a result of death or disability, the participant's accrued benefit derived from the Company and participating employers' contributions will become fully vested.

Transfers of Assets from Participating Employers

Upon entering into a customer relationship with the Company, assets held under pre-existing defined contribution plans may be transferred to the Plan. Such transfers, which are accounted for as transfers of assets from other plans in the accompanying statements of changes in net assets available for benefits were \$423,631 and \$3,385,669 for the years ended December 31, 2019 and 2018 respectively.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are held by the Plan custodians and are stated at fair market value based on underlying investments in the pooled separate accounts. Net realized and unrealized appreciation is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments. Participant loans are valued at their outstanding balance, which approximated fair value.

Payment of Benefits

Benefits are recorded when paid.

Administrative Services

The Company and participant employers provide certain additional administrative services at no cost to the Plan.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	<u>2019</u>	<u>2018</u>
Cash	\$ 126,376	\$ 110,885
Investments (at fair market value)	\$ 21,535,849	\$ 17,048,608
Investment gain (loss)	\$ 3,728,667	\$ (1,096,361)

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 4 - INVESTMENTS

The following presents investments at December 31, 2019 and 2018 that represent 5% or more of the Plan's net assets.

	<u>2019</u>	<u>2018</u>
American Funds American Balanced	\$ 1,308,616	\$ 1,179,486
Columbia Select Large Cap Growth**	-	1,968,152
Vanguard Index 500	1,133,691	1,014,393
Vanguard Target Retirement 2025*	1,263,829	796,239
Vanguard Target Retirement 2035*	1,128,421	810,055
Vanguard Short Term Corporate Bond*	1,208,874	-
JPMorgan Large Cap Growth*	2,140,608	-
TD Bank Institutional Money Market**	-	2,211,202
Charles Schwab Money Market*	3,041,169	-

* - Represents five percent or more of the Plan's net assets as of December 31, 2019, but not as of December 31, 2018.

** - Represents five percent or more of the Plan's net assets as of December 31, 2018, but not as of December 31, 2019.

During 2019 and 2018 the Plan's Investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2019</u>	<u>2018</u>
Pooled separate accounts, common stock and mutual funds	<u>\$ 3,728,667</u>	<u>\$ (1,096,361)</u>

NOTE 5 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by TD Ameritrade Trust Company and Charles Schwab Bank, trustees of the Plan for the years ended December 31, 2019 and 2018. Recordkeeping services are performed by BlueStar Retirement Services, Inc., for the years ended December 31, 2019 and 2018 and investment advisory council is provided by RBF Capital Management, Inc. These transactions qualify as party-in-interest transactions.

Fees paid by the Plan to these parties-in-interest for the years ended December 31, 2019 and 2018 amounted to \$234,023 and \$221,788, respectively.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 6 - 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 - TAX STATUS

The Plan, through its custodian, has a determination letter dated March 31, 2014 from the Internal Revenue Service stating that the written form of the underlying prototype plan document is qualified under Section 401 (a) of the Internal Revenue Code (the Code) and that any employer adopting this form of the Plan will be considered to have a Plan qualified under Section 401(a) of the Code. Therefore, the sponsor and its council believe that the Plan is currently being operated in compliance with applicable requirements of the Code, and the Plan and Trust are exempt from federal income taxes. As of the balance sheet date, the Company is no longer subject to income tax audits for returns covering tax years prior to 2016.

NOTE 8 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures", provides 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 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 below:

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.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

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 are 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.

The separate accounts with TD Ameritrade Trust Company and Charles Schwab Bank are stated at fair value as reported to the plan by these trust companies, based on the quoted market prices of the underlying common stocks and mutual funds. The unit value of the separate account is calculated by dividing the total value of the assets of the separate account by the number of units in the separate account. For separate accounts that invest exclusively in mutual funds, the total value of the asset of the separate account is based on the net asset value (NAV), or price per share, of the underlying mutual fund. The mutual fund calculates its NAV by dividing the mutual fund's net assets by the mutual fund's outstanding number of shares.

Those separate accounts investing in mutual funds or equity securities are measured using quoted prices in active markets for identical assets ("Level 1" input under FASB ASC 820-10).

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

	<u>2019</u>	<u>2018</u>
Level I		
Cash	\$ 126,376	\$ 110,885
Interest-bearing cash	3,041,169	2,211,202
Common stock	1,447,807	1,711,672
Mutual funds	17,046,873	13,125,734
	<u>\$ 21,662,225</u>	<u>\$ 17,159,493</u>

Transfers are recognized at the end of the reporting period. There were no transfers between Level I and Level II during the years ended December 31, 2019 and 2018.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of investments per the financial statements to the Form 5500 as of December 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$22,281,199	\$17,828,009
Employee receivable	(61,821)	(47,677)
Employer receivable	(176,207)	(166,711)
Other receivable	(990)	(1,210)
Corrective distributions payable	36,748	5,404
Net assets available for benefits per Form 5500	<u>\$22,078,929</u>	<u>\$17,617,815</u>

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (CONTINUED)

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Net increase in net assets available for benefits per the financial statements	\$ 4,453,190	\$ 2,509,764
Change in employee receivable	(14,144)	(14,366)
Change in employer receivable	(9,496)	34,345
Other receivable	220	(1,210)
Change in corrective distributions payable	<u>31,344</u>	<u>4,612</u>
Net increase in net assets available for benefits per Form 5500	<u><u>\$ 4,461,114</u></u>	<u><u>\$ 2,533,145</u></u>

NOTE 10 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 11- SUBSEQUENT EVENT

Subsequent events have been evaluated through September 3, 2020, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2019

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	American Funds American Balanced R6	Mutual Fund		\$ 1,308,616
	Blackrock Mid Cap Growth Equity	"		124,786
	Boston Partners All Cap Value Inst	"		940,922
	Eaton Vance High Income Opportunities	"		569,033
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	Goldman Sachs Income Builder Inst	"		163,278
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	Abbie Inc	Common Stock		4,516
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	Apple Inc	"		27,309
	Atlassian Corp PLC	"		1,685
	Axon Enterprise Inc	"		5,056
	Baidu Inc	"		1,517
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	Berkshire Hathaway Inc	"		5,210
	Bluebird Bio Inc	"		2,808
	Boeing Co	"		1,629
	Citigroup Global Markets Holdings Inc	"		1,728
	Cognizant Technology Solutions Corp	"		3,163
	Docusign Inc	"		6,151
	Eco-Stim Energy Solutions Inc	"		18
	Enbridge Inc	"		2,307
	Etsy Inc	"		1,285
	Facebook Inc	"		4,926
	General Electric Co	"		1,295
	Genesis Energy	"		2,232
	Guardant Health Inc	"		4,220
	Home Depot Inc	"		13,403
	Hubspot Inc	"		4,597
	Insulet Corp	"		1,027
	Interactive Brokers Group Inc	"		2,803
	Intuitive Surgical Inc	"		16,552
	JP Morgan Chase & Co	"		5,576
	Mastercard Inc	"		10,451
	Mercadolibre Inc	"		12,011
	Microsoft Corp	"		59,650
	Mongodb Inc	"		11,187
	Netflix Inc	"		4,206
	Nextera Energy Inc	"		5,112
	Nike Inc	"		9,321
	Novocure Ltd	"		1,011
	Nutanex Inc	"		2,876
	Nvidia Corp	"		6,357
	Palo Alto Networks Inc	"		10,175
	Powershares DB Crude Oil	"		12,863
	Proshares Ultra Silver	"		12,660
	Proshares Ultra VIX Short-Term Futures ETF	"		19,335
	Redfin Corporation	"		2,114

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2019

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Repligen Corp	Common Stock		1,388
	Roku Inc	"		2,812
	Shockwave Medical Inc	"		2,416
	Sketchers USA Inc	"		1,814
	Skyworks Solutions Inc	"		7,764
	Spirit Airlines Inc	"		2,016
	Starbucks Corp	"		8,616
	Stitch Fix Inc	"		2,078
	Tesla Motors Inc	"		5,857
	The Trade Desk Inc	"		9,612
	Twilio Inc	"		7,174
	UltraPro 3x Short Crude Oil ETF	"		5,290
	Upwork Inc	"		1,110
	Velocity Shares 3x Long National Gas ETN	"		5,829
	Veeva Systems Inc	"		8,862
	Visa Inc	"		9,395
	Walmart Stores Inc	"		9,151
	Xilinx Inc	"		1,075
	Xpo Logistics Inc	"		3,905
	Zoetis Inc	"		1,588
	2U Inc	"		1,104
	ETF iShares U.S. Real Estate	"		27,136
	ETF Mkts Vectors Agribusiness Indx	"		615
	ETF PowerShares QQQ Trust Series	"		421,863
	ETF SPDR Gold Shs Trus	"		22,464
	ETF SPDR S&P Regional Banking	"		48,021
	ETF Vanguard Health Care	"		382,343
	Cash	Cash		126,376
*	Charles Schwab Money Market Bank Savings	Interest-Bearing Cash		3,041,169
*	Participant Loans	Maturity from January 2020 to November 2023 with interest rates from 3.0%-7.5%		417,694
				\$ 22,079,919

* Represents party-in-interest to the Plan

Multiple Employer Plan Participating Employer Information

PEOPLE, INC. Multiple Employer 401(k) Plan

Employer Identification Number: 59-3405686

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Anastasio and Sons Trucking Company, Inc.	06-1023459	0.00%
Connecticut Limousine, LLC	06-1460562	0.00%
Henry Bath, LLC	02-0566977	0.75%
RNGA Architecture, Inc.	04-3767579	0.00%
Research Participants	06-5463841	0.00%
Airbus North America Customer Services, Inc.	13-0574806	0.00%
National Restaurants Mgmt Inc.	13-1964041	5.85%
Troika Entertainment, LLC	13-4072122	4.17%
Ide Management Group	20-1106152	0.00%
Synergy Recycling LLC	20-3593831	1.21%
Community Aging and Retirement Services, Inc. dba CARES	23-7348090	0.33%
Interventional Center of Georgia, LLC	26-0229227	0.00%
Reed & Elmquist, P.C.	26-1642838	2.61%
J. Kristin Shiver LLC dba Back In Balance	26-2290520	0.11%
Risk Management Underwriters, Inc.	26-2303561	0.46%
Worklight Productions LLC	26-3139296	6.48%
Autoglassnow, LLC	26-3557726	1.86%
Healthcare Starz, Inc.	27-0831433	0.59%
R and G UK Enterprises, Inc. dba Princess Draperies	30-0139643	0.00%
International Aero Services, LLC	33-0758299	0.18%
Steele and Loeber Lumber Co.	36-2113056	0.00%
Celotex Corporation	36-2535242	0.00%
Professional Claims Management of IL, Inc.	36-4168509	0.00%
Andy Frain Services, Inc.	36-4226069	5.22%
Westgate Valley Dental	36-4270734	1.10%
Southern Healthcare Services, Inc.	36-4433088	0.00%
Strategic Interventions, Inc.	38-3781067	0.18%
Davenport Bowlers, Inc. dba Bowlmor Lanes	42-0207920	0.44%
Hunter Modular Construction, Inc.	43-1667167	0.31%
Kids Harbor, LLC	45-4711490	4.35%
RBF Capital Management, Inc.	45-5277485	2.63%
Kimberly Entertainment, LLC.	47-5443159	0.19%
Suburban Franchise Systems, Inc.	58-1868829	0.00%
Learn.net, Inc.	58-1894810	0.77%
Tampa Wholesale Furniture Company, Inc. dba Design Interiors	59-1287733	0.21%
Carl Hankins, Inc.	59-1400178	1.21%
Independent Resources, Inc.	59-1721810	0.00%
Metropolitan Glass Systems	59-2338916	0.00%
Seniors in Service of Tampa Bay, Inc.	59-2422975	0.40%
Allbrite Electric Service, Inc.	59-2634751	0.00%
Alpha House of Tampa	59-2655523	1.15%
Monarch Country Club Homeowners Association, Inc.	59-2794647	0.24%
Innovation Vero Beach, Inc.	59-2845541	0.00%
Construction Technology Group, Inc.	59-2928042	10.26%
Atlantic Automotive Warehouse, Inc.	59-2931835	0.00%
Animal and Bird Hospital of Clearwater, Inc.	59-3156873	2.93%
Decision Management Int'l Health Care Group, Inc.	59-3355764	0.00%
Staffing Concepts International	59-3446428	0.00%
Mark Chatham Masonry, LLC	59-3715810	0.29%
Davie Shoring, Inc.	72-1256108	2.45%
Motely Gin, Inc.	73-0967166	0.00%
Staffing Solutions dba Balance Staffing	77-0451329	0.00%
Aging Aircraft Consulting	80-0289899	1.97%
Strategic Staffing & Supply	46-3640111	0.00%
2 Day Transportation	82-3617500	1.54%
PEO Risk Services, LLC	83-1949440	2.65%
Aeon, Inc	83-3110993	1.09%
People, Inc.	90-1001597	13.73%

Multiple Employer Plan Participating Employer Information

PEOPLE, INC. Multiple Employer 401(k) Plan

Employer Identification Number: 59-3405686

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Evertz U.S.A., Inc.	98-0226117	20.09%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

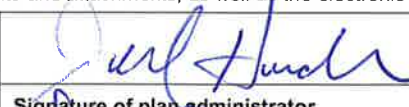
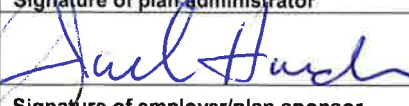
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 PEOPLE, INC. MULTIPLE EMPLOYER 401 (K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1990
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) People, Inc. 3501 E. Frontage Road Suite 350 Tampa FL 33607	2b Employer Identification Number (EIN) 90-1001597
	2c Plan Sponsor's telephone number 813-258-0293
	2d Business code (see instructions) 541214

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

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

SIGN HERE		<u>10/6/20</u>	JACOB HARDIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/6/20</u>	JACOB HARDIN
	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 2,965
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) 2,828
a(2) Total number of active participants at the end of the plan year	6a(2) 2,925
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 123
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,048
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 3,049
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 492
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
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:

2A 2E 2F 2G 2J 2K 2R 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) (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 _____

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2019

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

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	Hubspot Inc	"		4,597
	Insulet Corp	"		1,027
	Interactive Brokers Group Inc	"		2,803
	Intuitive Surgical Inc	"		16,552
	JP Morgan Chase & Co	"		5,576
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	Microsoft Corp	"		59,650
	Mongodb Inc	"		11,187
	Netflix Inc	"		4,206
	Nextera Energy Inc	"		5,112
	Nike Inc	"		9,321
	Novocure Ltd	"		1,011
	Nutanex Inc	"		2,876
	Nvidia Corp	"		6,357
	Palo Alto Networks Inc	"		10,175
	Powershares DB Crude Oil	"		12,863
	Proshares Ultra Silver	"		12,660
	Proshares Ultra VIX Short-Term Futures ETF	"		19,335
	Redfin Corporation	"		2,114

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2019

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Repligen Corp	Common Stock		1,388
	Roku Inc	"		2,812
	Shockwave Medical Inc	"		2,416
	Sketchers USA Inc	"		1,814
	Skyworks Solutions Inc	"		7,764
	Spirit Airlines Inc	"		2,016
	Starbucks Corp	"		8,616
	Stitch Fix Inc	"		2,078
	Tesla Motors Inc	"		5,857
	The Trade Desk Inc	"		9,612
	Twilio Inc	"		7,174
	UltraPro 3x Short Crude Oil ETF	"		5,290
	Upwork Inc	"		1,110
	Velocity Shares 3x Long National Gas ETN	"		5,829
	Veeva Systems Inc	"		8,862
	Visa Inc	"		9,395
	Walmart Stores Inc	"		9,151
	Xilinx Inc	"		1,075
	Xpo Logistics Inc	"		3,905
	Zoetis Inc	"		1,588
	2U Inc	"		1,104
	ETF iShares U.S. Real Estate	"		27,136
	ETF Mkts Vectors Agribusiness Indx	"		615
	ETF PowerShares QQQ Trust Series	"		421,863
	ETF SPDR Gold Shs Trus	"		22,464
	ETF SPDR S&P Regional Banking	"		48,021
	ETF Vanguard Health Care	"		382,343
	Cash	Cash		126,376
*	Charles Schwab Money Market Bank Savings	Interest-Bearing Cash		3,041,169
*	Participant Loans	Maturity from January 2020 to November 2023 with interest rates from 3.0%-7.5%		417,694
				\$ 22,079,919

* Represents party-in-interest to the Plan