

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1990</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>90-1001597</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>813-258-0293</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	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>	
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.	10/08/2021	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 (2020)
v. 200204

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	3049
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)	2925
a(2) Total number of active participants at the end of the plan year		6a(2)	2877
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	120
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2997
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	2998
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	491
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
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 3B 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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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?
17 26 27 49 51 99	NONE	123913	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?
12 13 15 17 37 38 49 50 64 65 99	NONE	99886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEOPLE INC.

90-1001597

(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?
12 15 37 49 50	NONE	6560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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 37 50 58 59 62 71 72	NONE	431	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB TRUST BANK	19 59	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.	
BLACKROCK 04-6171663	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
EATON VANCE 04-2718215	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
FIDELITY INVESTMENTS 06-1194217	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB TRUST BANK	19 59	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.	
GOLDMAN SACHS 46-5215217	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
JPMORGAN 13-2624428	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
ROBECO INVESTMENT FUNDS 230 PARK AVE NEW YORK, NY 10169	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB TRUST BANK	19 59	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.
SEVEN CANYONS 1290 BROADWAY DENVER, CO 80203	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.
T. ROWE PRICE 52-2264646	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.
VICTORY CAPITAL 4249 EASTON WAY COLUMBUS, OH 43219	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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
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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

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	126376	209657
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3041169	2034275
(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)	417695	369526
(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)	18494680	24312512
(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	22079920 26925970
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	991 3469
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	991 3469
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22078929 26922501

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	631187
	(B) Participants	2a(1)(B)	1668221
	(C) Others (including rollovers).....	2a(1)(C)	7975
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2307383
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9639
	(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)	21096
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	30735
(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)	841757
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	841757
(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)		3696180
c Other income	2c		7197
d Total income. Add all income amounts in column (b) and enter total.....	2d		6883252

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1804755	
(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)		1804755
f Corrective distributions (see instructions)	2f		29408
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)	106446	
(3) Investment advisory and management fees	2i(3)	123913	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		230359
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2064522

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4818730
l Transfers of assets:			
(1) To this plan.....	2l(1)		24842
(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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

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

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

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

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

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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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): 82-3967259		
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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 _____

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

**FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

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

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR’S REPORT	1 - 2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
SUPPLEMENTAL INFORMATION:	
Schedule of Assets (Held at End of Year)	12 - 14

MORGENSTERN PHIFER & MESSINA, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

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FLORIDA INSTITUTE OF
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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, 2020 and 2019, 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 Charles Schwab Bank, the trustee 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 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, 2020 and 2019, that the information provided to the plan administrator by the trustee 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, 2020, 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
October 8, 2021

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Cash	\$ 209,660	\$ 126,376
Investments at fair value:		
Interest-bearing cash	2,034,275	3,041,169
Common stocks	3,143,394	1,447,807
Mutual funds	<u>21,169,118</u>	<u>17,046,873</u>
Total investments at fair value	<u>26,346,787</u>	<u>21,535,849</u>
Receivables:		
Employee contributions	43,843	61,821
Employer contributions	14,207	176,207
Notes receivable from participants	<u>369,526</u>	<u>417,693</u>
Total receivables	<u>427,576</u>	<u>655,721</u>
Total assets available for benefits before liabilities	26,984,023	22,317,946
LIABILITIES		
Corrective distributions payable	<u>27,910</u>	<u>36,747</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,956,113</u></u>	<u><u>\$ 22,281,199</u></u>

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value	\$ 4,545,134	\$ 3,728,667
Interest income:		
Notes receivable from participants	21,096	26,955
Other interest	9,639	14,283
Total interest income	30,735	41,238
Contributions:		
Employer	468,216	673,791
Participants	1,625,787	1,685,802
Rollover	7,975	31,505
Total contributions	2,101,978	2,391,098
Transfers of assets from other plans	24,842	423,631
Total additions	6,702,689	6,584,634
DEDUCTIONS		
Benefits paid directly to participants	1,727,725	1,753,356
Deemed distribution of loan receivable from participants	69,691	60,914
Administrative fees	230,359	234,023
Transfers of assets to other plans	-	83,151
Total deductions	2,027,775	2,131,444
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,674,914	4,453,190
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	22,281,199	17,828,009
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 26,956,113</u>	<u>\$ 22,281,199</u>

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

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 \$19,500 and 19,000 for those under age 50 for 2020 and 2019, respectively. For those who are age 50 or over the limits was \$26,000 and \$25,000 for 2020 and 2019, 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 for the years ended December 31, 2020 and 2019, and no forfeiture amounts were applied in both respective years.

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, 2020 AND 2019

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 \$24,842 and \$423,631 for the years ended December 31, 2020 and 2019, respectively. Conversely, transfers out of the Plan were \$0 and \$83,151 for the years ended December 31, 2020 and 2019, respectively.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

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 principal balance plus any accrued but unpaid interest, 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>2020</u>	<u>2019</u>
Cash	\$ 209,660	\$ 126,376
Investments (at fair value)	\$ 26,346,787	\$ 21,535,849
Net appreciation in fair value	\$ 4,545,134	\$ 3,728,667

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 4 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Bank, trustee of the Plan for the years ended December 31, 2020 and 2019. Recordkeeping services are performed by BlueStar Retirement Services, Inc. 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, 2020 and 2019 amounted to \$230,359 and \$234,023, respectively.

NOTE 5 - 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

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID19) pandemic. The outbreak of COVID19 is affecting communities, business operations, as well as the US economy and financial markets. The full extent to which COVID19 will impact the Company is uncertain at this time and will depend on new information that may emerge concerning COVID19 and the actions to contain and treat its impact and the economic impact on local, regional, national, and international markets.

NOTE 6 - TAX STATUS

The Plan, through its custodian, has an opinion 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 legal counsel 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 7 - 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.

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 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, 2020 AND 2019

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

	<u>2020</u>	<u>2019</u>
Level 1		
Cash	\$ 209,660	\$ 126,376
Interest-bearing cash	2,034,275	3,041,169
Common stock	3,143,394	1,447,807
Mutual funds	21,169,118	17,046,873
	<u>\$ 26,556,447</u>	<u>\$ 21,662,225</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, 2020 and 2019.

NOTE 8 - 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, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits		
per the financial statements	\$ 26,956,113	\$22,281,199
Employee receivable	(43,843)	(61,821)
Employer receivable	(14,207)	(176,207)
Other receivable	(3,472)	(989)
Corrective distributions payable	27,910	36,747
	<u>\$ 26,922,501</u>	<u>\$22,078,929</u>
Net assets available for benefits per Form 5500		

PEOPLE, INC.
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 8 - 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, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Net increase in net assets available for		
benefits per the financial statements	\$ 4,674,914	\$ 4,453,190
Change in employee receivable	17,978	(14,144)
Change in employer receivable	162,000	(9,496)
Other receivable	(2,483)	220
Change in corrective distributions payable	<u>(8,837)</u>	<u>31,344</u>
Net increase in net assets available for		
benefits per Form 5500	<u>\$ 4,843,572</u>	<u>\$ 4,461,114</u>

NOTE 9 - 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 10- SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2021, 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, 2020

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	**	\$ 1,216,475
	Blackrock Mid Cap Growth Equity	"	"	267,225
	Boston Partners All Cap Value Inst	"	"	1,348,706
	Daily SM Cap Bear 3x	"	"	6,870
	Eaton Vance High Income Opportunities	"	"	557,010
	Fidelity Advisor Strategic Div & Inc	"	"	33,504
	Fidelity Intl Capital Appreciation	"	"	898,530
	Fidelity Select Energy	"	"	291,916
	Fidelity Select Utilities	"	"	537,979
	Goldman Sachs Income Builder Inst	"	"	165,877
	JPMorgan Government Bond SI	"	"	321,922
	JPMorgan Large Cap Growth R6	"	"	3,231,948
	PIMCO Income Instl	"	"	46,459
	Proshares UltraPro Short QQQ	"	"	30,360
	Proshares Ultra VIX Short-Term Futures ETF	"	"	2,663
	Seven Canyons World Innovators Fund	"	"	274,641
	Teucrium Corn ETF	"	"	2,337
	T. Rowe Price New Horizons	"	"	1,084,272
	UltraPro Short Dow 30 New	"	"	25,500
	UltraPro Short S&P 500 ETF	"	"	5,920
	Undiscovered Managers Behavioral VL	"	"	473,277
	United States Oil Fund	"	"	3,697
	Vanguard Index 500	"	"	1,673,254
	Vanguard Inflation Protected Securities	"	"	161,091
	Vanguard Short Term Corporate Bond Index	"	"	354,356
	Vanguard Target Retirement 2015	"	"	279,937
	Vanguard Target Retirement 2020	"	"	964,733
	Vanguard Target Retirement 2025	"	"	1,431,302
	Vanguard Target Retirement 2030	"	"	602,761
	Vanguard Target Retirement 2035	"	"	1,446,495
	Vanguard Target Retirement 2040	"	"	611,235
	Vanguard Target Retirement 2045	"	"	660,753
	Vanguard Target Retirement 2050	"	"	771,457
	Vanguard Target Retirement 2055	"	"	139,398
	Vanguard Target Retirement 2060	"	"	64,590
	Vanguard Target Retirement Income Fund	"	"	122,473
	Victory RS Science and Technology Fund Y	"	"	263,776
	Victory Sycamore Established Value Fund	"	"	794,422
	Abbvie Inc	Common Stock	"	3,435
	AbioMed Inc	"	"	4,215
	Advanced Micro Devices	"	"	1,834
	Alphabet Inc	"	"	68,323
	Alteryx Inc	"	"	6,942
	Amazon.com Inc	"	"	113,993
	Apple Inc	"	"	55,274
	Atlassian Corp PLC	"	"	2,806
	Axon Enterprise Inc	"	"	7,719
	Baidu Inc	"	"	2,595
	Baozun Inc	"	"	2,473

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2020

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
	Biodelivery Sci Intl Inc	Common Stock	**	1,260
	Blackline Inc	"	"	2,801
	Bluebird Bio Inc	"	"	1,385
	Broadcom Limited	"	"	2,189
	Cognizant Technology Solutions Corp	"	"	4,238
	Coupa Software Incorporated	"	"	7,117
	DataDog Inc	"	"	3,249
	DocuSign Inc	"	"	18,229
	Electronic Arts	"	"	2,441
	Enbridge Inc	"	"	1,855
	Etsy Inc	"	"	5,337
	Evogene Ltd	"	"	470
	Exicure Inc	"	"	2,655
	Facebook Inc	"	"	5,463
	Fastly Inc	"	"	2,359
	General Electric Co	"	"	1,259
	Genesis Energy	"	"	748
	Guardant Health Inc	"	"	5,928
	Home Depot Inc	"	"	14,279
	Hubspot Inc	"	"	11,100
	Ingles Markets Class A	"	"	427
	Insulet Corp	"	"	1,278
	Interactive Brokers Group Inc	"	"	3,696
	Intuitive Surgical Inc	"	"	8,181
	JP Morgan Chase & Co	"	"	5,259
	Kinsale Capital Group	"	"	6,017
	Mastercard Inc	"	"	9,337
	Mercadolibre Inc	"	"	35,180
	Microsoft Corp	"	"	84,409
	Mongodb Inc	"	"	20,824
	Nano Dimensions LTD	"	"	910
	Netflix Inc	"	"	4,326
	Nextera Energy Inc	"	"	5,692
	Nike Inc	"	"	11,177
	Novocure Ltd	"	"	2,596
	Nutanex Inc	"	"	2,932
	Nvidia Corp	"	"	13,612
	Pacific Ethanol	"	"	272
	Palo Alto Networks Inc	"	"	6,042
	Quidel Corporation	"	"	3,593
	Redfin Corporation	"	"	7,343
	Repligen Corp	"	"	3,641
	Roku Inc	"	"	8,965
	Sabre Corporation	"	"	1,803
	Salesforce Com	"	"	1,780
	Seagan Inc	"	"	1,051
	Shockwave Medical Inc	"	"	7,986
	Shopify Inc	"	"	18,111

PEOPLE, INC. MULTIPLE EMPLOYER 401(k) PLAN
SPONSOR'S EIN: 90-1001597 PLAN NUMBER: 001
DECEMBER 31, 2020

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
	Skyworks Solutions Inc	Common Stock	**	8,420
	Starbucks Corp	"	"	9,073
	Stitch Fix Inc	"	"	1,292
	Teladoc Inc	"	"	2,599
	Tesla Motors Inc	"	"	46,574
	The Trade Desk Inc	"	"	39,249
	Twilio Inc	"	"	22,680
	Upwork Inc	"	"	3,797
	Veeva Systems Inc	"	"	15,518
	Visa Inc	"	"	9,248
	Walmart Stores Inc	"	"	3,910
	Xeris Pharmaceutical	"	"	492
	Xilinx Inc	"	"	2,733
	Xpo Logistics Inc	"	"	2,384
	Zendesk Inc	"	"	1,431
	Zoetis Inc	"	"	1,997
	2U Inc	"	"	1,840
	ETF iShares U.S. Real Estate	"	"	34,580
	ETF Mkts Vectors Agribusiness Indx	"	"	335,905
	ETF PowerShares QQQ Trust Series	"	"	423,483
	ETF SPDR Gold Shs Trus	"	"	111,397
	ETF SPDR S&P Regional Banking	"	"	453,245
	ETF Vanguard Health Care	"	"	505,130
	Wisdomtree LC Dividend Fund	"	"	466,003
	Cash	Cash	"	209,660
*	Charles Schwab Money Market Bank Savings	Interest-Bearing Cash	"	2,034,275
		Maturity from January 2020 to November 2025		
*	Notes Receivable from Participants	with interest rates from 3.0%-7.5%	"	369,526
	Total		\$	26,925,973

* Represents party-in-interest to the Plan

** Cost information not required for participant-directed investments

Multiple Employer Plan Participating Employer Information**People, Inc. Multiple Employer 401(k) Plan**

Employer Identification Number: 90-1001597	Plan Number: 001
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
2 Day Transportation	82-3617500	1.20%
Aeon, Inc.	83-3110993	1.68%
Andy Frain Services, Inc.	36-4226069	6.58%
Aging Aircraft Consulting	80-0289899	2.07%
Airbus North America Customer Services, Inc.	13-0574806	0.00%
Dawning Family Services, Inc.	59-2655523	1.00%
Allbrite Electric Service, Inc.	59-2634751	0.00%
Anastasio and Sons Trucking Company, Inc.	06-1023459	0.00%
Animal and Bird Hospital of Clearwater, Inc.	59-3156873	2.97%
Atlantic Automotive Warehouse, Inc.	59-2931835	0.00%
Autoglassnow, LLC	26-3557726	1.86%
Back In Balance	26-2290520	0.11%
Staffing Solutions dba Balance Staffing	77-0451329	0.00%
Davenport Bowlers, Inc. dba Bowlmor Lanes	42-0207920	0.59%
Cans To Go, LLC	71-0937718	0.50%
Community Aging and Retirement Services, Inc. dba CARES	23-7348090	0.32%
Carl Hankins, Inc.	59-1400178	1.23%
Connecticut Limousine, LLC	06-1460562	0.00%
Construction Technology Group, Inc.	59-2928042	11.31%
Big River Bowling	47-5443159	0.15%
Davie Shoring, Inc.	72-1256108	2.01%
Decision Management Int'l Health Care Group, Inc.	59-3355764	0.00%
Evertz U.S.A., Inc.	98-0226117	20.96%
Harmon Brothers Charter Service, Inc.	58-1601928	0.16%
Henry Bath, LLC	02-0566977	0.42%
Healthcare Starz, Inc.	27-0831433	0.01%
Hunter Modular Construction, Inc.	43-1667167	0.33%
Ide Management Group	20-1106152	0.00%
Independent Resources, Inc.	59-1721810	0.00%
Innovation Vero Beach, Inc.	59-2845541	0.00%
International Aero Services, LLC	33-0758299	0.06%
Interventional Center of Georgia, LLC	26-0229227	0.00%
Kids Harbor, LLC	04-5471490	0.00%
Westgate Valley Dental	36-4270734	1.35%
Learn.net, Inc.	58-1894810	0.85%
Mark Chatham Masonry, LLC	59-3715810	1.14%
Metropolitan Glass Systems	59-2338916	0.00%
Monarch Country Club Homeowners Association, Inc.	59-2794647	0.10%
Motely Gin, Inc.	73-0967166	0.00%
National Restaurants Mgmt Inc	13-1964041	3.26%
Payroll Data Processing, Inc.	27-3256106	0.02%
People Inc.	90-1001597	15.78%

Multiple Employer Plan Participating Employer Information

People, Inc. Multiple Employer 401(k) Plan

Employer Identification Number: 90-1001597	Plan Number: 001
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Professional Claims Management of IL, Inc.	36-4168509	0.00%
R and G UK Enterprises, Inc. dba Princess Draperies	30-0139643	0.00%
RBF Capital Management, Inc.	45-5277485	3.50%
Reed & Elmquist, P.C.	26-1642838	2.87%
Risk Management Underwriters, Inc.	26-2303561	0.09%
PEO Risk Services, LLC	83-1949440	3.54%
RNGA Architecture, Inc.	04-3767579	0.00%
Research Participants	06-5463841	0.00%
Southern Healthcare Services, Inc.	36-4433088	0.00%
Shock Squad	74-3098548	0.00%
Steele and Loeber Lumber Co.	36-2113056	2.19%
Staffing Concepts International	59-3446428	0.00%
Strategic Interventions, Inc.	38-3781067	0.00%
Strategic Staffing & Supply	46-3640111	0.86%
Suburban Franchise Systems, Inc.	58-1868829	0.00%
Synergy Recycling LLC	20-3593831	2.09%
TLX	46-3980232	0.00%
Tampa Wholesale Furniture Company, Inc. dba Design Interiors	59-1287733	0.00%
Troika Entertainment, LLC	13-4072122	3.48%
Work Light Productions LLC	26-3139296	3.36%
Westchase Orthopaedics, Inc.	00-0000055	0.00%

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for: ☐ a multiemployer plan ☐ a single-employer plan B This return/report is: ☐ the first return/report ☐ an amended return/report ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final 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 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">001</td> </tr> <tr> <td style="text-align: center;">1c Effective date of plan</td> <td style="text-align: center;">01/01/1990</td> </tr> <tr> <td style="text-align: center;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">90-1001597</td> </tr> <tr> <td style="text-align: center;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">813-258-0293</td> </tr> <tr> <td style="text-align: center;">2d Business code (see instructions)</td> <td style="text-align: center;">541214</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	01/01/1990	2b Employer Identification Number (EIN)	90-1001597	2c Plan Sponsor's telephone number	813-258-0293	2d Business code (see instructions)	541214
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	01/01/1990										
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	 Signature of plan administrator	<u>10/8/21</u> Date	JACOB HARDIN Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/8/21</u> Date	JACOB HARDIN 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 (2020)
v. 200204

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	3,049
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)	2,925
a(2) Total number of active participants at the end of the plan year		6a(2)	2,877
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	120
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2,997
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	2,998
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	491
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
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 3B 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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:

► People, Inc. Multiple Employer 401(k) Plan

Employer Identification Number: ► 90-1001597

For plan year (beginning/ending): ► 01/01/2020 - 12/31/2020

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
	CHARLES SCHWAB BANK	American FD American		1,216,475
	CHARLES SCHWAB BANK	Blackrock Mid-cap Growth Equity Inst		267,225
	CHARLES SCHWAB BANK	Boston Partners All Cap Val Inst		1,348,705
	CHARLES SCHWAB BANK	Eaton Vance High Income Opport I		557,010
	CHARLES SCHWAB BANK	Fidelity Adv Strategic Div Incm FD I		33,504
	CHARLES SCHWAB BANK	Fidelity Intl Capital Appr FD		898,530
	CHARLES SCHWAB BANK	Fidelity Slct Energy		291,916
	CHARLES SCHWAB BANK	Fidelity Slct Utilities Growth		537,979
	CHARLES SCHWAB BANK	Goldman Sachs Incm Builder Instl		165,877
	CHARLES SCHWAB BANK	JPMorgan Government Bond I		321,921
	CHARLES SCHWAB BANK	JPMorgan Large Cap Growth R6		3,231,948
	CHARLES SCHWAB BANK	PIMCO Incm FD Inst Cl		46,459
	CHARLES SCHWAB BANK	Seven Canyons World Innovators Inv		274,641
	CHARLES SCHWAB BANK	T Rowe Price New Horizons Fund		1,084,272
	CHARLES SCHWAB BANK	Undiscovered Mgrsbehavioral Value C		473,277
	CHARLES SCHWAB BANK	Vanguard Inflation Prot Sec Adm		161,091
	CHARLES SCHWAB BANK	Vanguard Short Trm Corp Bd Idx Admrl		354,356
	CHARLES SCHWAB BANK	Vanguard Target Retirement Incm Inv		122,473
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 FD I		279,937
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 FD I		964,733
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 FD I		1,431,302
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 FD I		602,761
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 FD I		1,446,495
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 FD I		611,235
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 FD I		660,753
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 FD I		771,457
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 FD I		139,398
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 FD I		64,590
	CHARLES SCHWAB BANK	Vanguard Target 500 Indes F		1,673,254
	CHARLES SCHWAB BANK	Victory RS Science Tech Fund Y		263,776
	CHARLES SCHWAB BANK	Victory Sycamore Established Value I		794,422
	CHARLES SCHWAB BANK	Invesco QQQ Trust		423,484
	CHARLES SCHWAB BANK	Ishares US Real Estate ETF		34,580
	CHARLES SCHWAB BANK	Spdr Gold Shares ETF		111,397
	CHARLES SCHWAB BANK	SPR S & P Regional Banking ETF		453,245
	CHARLES SCHWAB BANK	Vaneck Vectors Agribusiness Etf		335,905
	CHARLES SCHWAB BANK	Vanguard Health Care ETF		505,130
	CHARLES SCHWAB BANK	Wisdomtree US Largecap Dividend ETF		466,003
	CHARLES SCHWAB BANK	Schwab Bank Savings		2,034,275
	CHARLES SCHWAB BANK	Charles Schwab Bank PCRA		995,324
	Participant Loans	Various Interest Rates		369,526