

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

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%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>01/01/1990</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>90-1001597</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>813-258-0293</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>541214</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1990</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>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1990</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>											
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>											

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.	10/15/2022	JOHN W HARDIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	2998
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)	2877
a(2) Total number of active participants at the end of the plan year		6a(2)	3121
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	161
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	3283
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	514
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 2S 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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	153730	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	109850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGENSTEIN PHIFER & MESSINA, P. A.

59-3029972

(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?
10	NONE	25000	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 59 62 71 72	NONE	3908	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	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	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	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	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	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	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 STE 3330 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	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 22 E 100 S, 3RD FL SALT LAKE CITY, UT 84111	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	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 100 E. PRATT ST. BALTIMORE, MD 21202	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	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 SUITE 400 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:	MORGENSTEIN PHIFER & MESSINA, P.A.
b EIN:	59-3029972
c Position:	ACCOUNTANTS
d Address:	BANK OF AMERICA PLAZA 101 EAST KENNEDY BLVD,SUITE 1480 TAMPA, FL 33602
e Telephone:	813-222-8888

Explanation: COMPANY WAS ACQUIRED AND WILL BE USING PARENT COMPANY'S CURRENT AUDITOR FOR THE 2021 401(K) AUDIT. ADDITIONAL COST SAVINGS COMPARED TO INCUMBENT AUDITOR'S RATE.

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 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PEOPLE, INC.</u>	D Employer Identification Number (EIN) <u>90-1001597</u>	

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 209657	223946
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) 2034275	2293712
(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) 369526	229055
(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) 24312512	27058900
(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	26925970 29805613
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	3469 23212
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3469 23212
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26922501 29782401

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)	552077
	(B) Participants	2a(1)(B)	1832878
	(C) Others (including rollovers).....	2a(1)(C)	20459
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2405414
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2285
	(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)	14666
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	16951
(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)	1226436
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1226436
(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)		2637833
c Other income.....	2c		10483
d Total income. Add all income amounts in column (b) and enter total.....	2d		6297117
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2966312	
(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)		2966312
f Corrective distributions (see instructions).....	2f		25417
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	25000	
(2) Contract administrator fees.....	2i(2)	113758	
(3) Investment advisory and management fees.....	2i(3)	153730	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		292488
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3284217
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3012900
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		153000

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: METZ & ASSOCIATES

(2) EIN: 46-4558541

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?			
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.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333

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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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) 2021 v. 201209		

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, 2021 and 2020



PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Table of Contents
December 31, 2021 and 2020

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Notes to Financial Statements	6
 Supplemental Schedule	
Schedule H, Line 4i Schedule of Assets (Held at End of Year)	11
 Note:	
All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Securities Act of 1974 have been omitted because they are not applicable.	



INDEPENDENT AUDITORS' REPORT

To the Participants in and Administrator of
People, Inc. Multiple Employer 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of People, Inc. Multiple Employer 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of People, Inc. Multiple Employer 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of People, Inc. Multiple Employer 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about People, Inc. Multiple Employer 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of People, Inc. Multiple Employer 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about People, Inc. Multiple Employer 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2020 Financial Statements

The financial statements of the Plan as of December 31, 2020, were audited by predecessor auditors. 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 (ERISA), the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Charles Schwab Trust Bank, the trustee of the Plan. Their report, dated October 8, 2021, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script that reads "Metz & Associates PLLC".

Phoenix, Arizona
October 11, 2022

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 25,856,100	\$ 23,498,863
Money market fund	2,293,712	2,034,275
Common stocks	<u>1,202,800</u>	<u>813,649</u>
Total Investments	29,352,612	26,346,787
Cash	223,946	209,660
Receivables:		
Employer contributions	0	14,207
Participant contributions	37,188	43,843
Notes receivable from participants	<u>229,055</u>	<u>369,526</u>
Total Receivables	<u>266,243</u>	<u>427,576</u>
TOTAL ASSETS	29,842,801	26,984,023
LIABILITIES		
Excess contributions payable	<u>23,212</u>	<u>27,910</u>
TOTAL LIABILITIES	<u>23,212</u>	<u>27,910</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>29,819,589</u></u>	\$ <u><u>26,956,113</u></u>

See accompanying notes to financial statements.

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

ADDITIONS

Investment income:

Net appreciation in fair value of investments	\$ 2,648,316
Interest and dividend income	<u>1,243,387</u>
	3,891,703

Contributions:

Employer	537,870
Participant	1,826,223
Other including rollover	<u>20,459</u>
	<u>2,384,552</u>

TOTAL ADDITIONS	6,276,255
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	2,967,291
Administrative expenses	<u>292,488</u>

TOTAL DEDUCTIONS	<u>3,259,779</u>
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NET INCREASE	3,016,476
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TRANSFERS OF ASSETS FROM THIS PLAN	(153,000)
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NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>26,956,113</u>
END OF YEAR	<u>\$ 29,819,589</u>

See accompanying notes to financial statements.

PEOPLE, INC. MULTIPLE EMPLOYER 401(K)
Notes to Financial Statements
December 31, 2021 and 2020

NOTE A – DESCRIPTION OF PLAN

The following description of the People, Inc. 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.

History – The Plan was formed effective January 1, 1990 by People, Inc. (the “Plan Sponsor”). This Plan is a multiple-employer defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan.

Eligibility – The Plan covers all employees, as defined in the Plan, of adopting employers (the “Employers”) who have completed the age and service requirements selected by the Employer in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs on the first of any month after completing each Employer’s age and service requirements.

Contributions – Each year, participants may contribute up to 90% of pretax annual compensation (as defined in the Plan) up to the limits defined by law. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into the investment options offered by the Plan. The Plan currently offers selected mutual funds, money market funds and common stocks as investment options for participants. The Company contributes matching contributions and profit sharing amount based on a percentage of the amount the participant contributes to the Plan. Contributions are subject to certain limitations as defined by the Plan.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings (losses), and charged with an allocation of administrative expenses, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the adopting employers’ contributions, including earnings is based on years of service and varies among adopting employers.

Payment of Benefits – On termination of service due to reasons other than death, vested interest will be received by the participant as a lump distribution as soon as administratively feasible after employment is terminated. If vested interest is \$5,000 or more the participant may elect installment payments over a specific period of time. Distributions upon death can be elected, by the beneficiary, as lump sum or equal installment payments.

Notes Receivable from Participant – Subject to certain limitations in the plan document, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant’s account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions. As of December 31, 2021, participant loans have rates ranging from 4.00% to 7.00%.

Forfeited Accounts – Any accumulated benefits forfeited during a Plan year due to participant withdrawal prior to full vesting may be applied to reduce employer contributions or to pay administrative expenses which would otherwise be paid by the Plan. Forfeited non-vested accounts totaled \$46,625 and \$43,574 at December 31, 2021 and 2020, respectively. Forfeitures of terminated non-vested account balances allocated to remaining participants at December 31, 2021 totaled \$1,795.

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Notes to Financial Statements
December 31, 2021 and 2020

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See “Note G Fair Value Measurements” for discussion of Fair Value Measurements. In accordance with the policy of stating investments at fair value, the Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Purchase and sales of securities are recorded on a trade-date basis.

Excess Contributions Payable – Amounts payable to participants as of December 31, 2021 and 2020 totaling \$23,212 and \$27,910, respectively, for contributions in excess of amounts allowed by the IRS are recorded as a liability and are included in benefits paid to participants.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain administrative expenses of maintaining the Plan are paid by the Company. Fees related to distribution and administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan's sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of whole or partial plan termination; participants would become fully vested as to the amount credited to their accounts after deductions for estimated liquidation and distribution expenses.

NOTE D – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect participants' account balances as well as the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Notes to Financial Statements
December 31, 2021 and 2020

NOTE E – TAX STATUS

The Plan uses a volume submitter profit sharing plan document sponsored by Bluestar Retirement Services, Inc. and has received an advisory letter dated March 31, 2014 from the Internal Revenue Service which states that the specimen plans' form satisfies the applicable provisions of the Internal Revenue Code. The volume submitter opinion letter has been relied upon by the Plan. The Plan administrator believes the Plan is being operated in compliance with the applicable requirement of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any open tax periods in progress.

NOTE F – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29-CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Bank, the trustee of the Plan, who held the assets and executed investment transactions of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the year ended December 31, 2021 and 2020.

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Mutual funds	\$ 25,856,100	\$ 23,498,863
Money market funds	2,293,712	2,034,275
Common stocks	1,202,800	813,649
Cash	223,946	209,660
Notes receivable from participants	229,055	369,526
Investment income	3,891,703	

NOTE G – FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* (ASC 820), provides the framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 ASC 820 are described as follows:

Level 1 Fair Value Measurements

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, 2021 and 2020

NOTE G – FAIR VALUE MEASUREMENTS (continued)

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the asset or liability
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

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

Level 3 Fair Value Measurements

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Fund – Valued at amortized cost, which approximates fair value. The amortized cost is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity. Securities held by the money market fund are generally high quality and liquid; however, they are reflected as a Level 2 because the inputs used to determine fair value are not quoted prices in an active market.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Total
Mutual funds	\$ 25,856,100	\$ 0	\$ 25,856,100
Money market funds	2,293,712	0	2,293,712
Common stocks	1,202,800	0	1,202,800
Total investments at fair value	<u>\$ 29,352,612</u>	<u>\$ 0</u>	<u>\$ 29,352,612</u>

Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Total
Mutual funds	\$ 23,498,863	\$ 0	\$ 23,498,863
Money market funds	2,034,275	0	2,034,275
Common stocks	813,649	0	813,649
Total investments at fair value	<u>\$ 26,346,787</u>	<u>\$ 0</u>	<u>\$ 26,346,787</u>

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
Notes to Financial Statements
December 31, 2021 and 2020

NOTE G – FAIR VALUE MEASUREMENTS (continued)

Transfers between Levels – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances the transfer is reported at the beginning of the reporting period.

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Trust Bank. Charles Schwab Trust Bank is the custodian as defined by the Plan. These transactions are considered party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on each respective fund. The Plan issues loans to participants. Participant loans are party-in-interest transactions.

NOTE I – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Following is a reconciliation of net assets available for benefits and changes in net assets available for benefits per Form 5500 to the financial statements as of and for the year ended December 31, 2021:

Net assets available for benefits per Form 5500	\$ 29,782,401
Employee contributions for 2021, received in 2022	<u>37,188</u>
Net assets available for benefits per the financial statements	<u>\$ 29,819,589</u>
Change in net assets available for benefits per Form 5500	\$ 2,859,900
Employee contributions for 2020, received in 2021	(43,843)
Employer contributions for 2020, received in 2021	(14,207)
Excess contributions for 2020, distributed in 2021	24,438
Employee contributions for 2021, received in 2022	<u>37,188</u>
Change in net assets available for benefits per the financial statements	<u>\$ 2,863,476</u>

Following is a reconciliation of net assets available for benefits per Form 5500 to the financial statements as of December 31, 2020:

Net assets available for benefits per Form 5500	\$ 26,922,501
Employee contributions for 2020, received in 2021	43,843
Employer contributions for 2020, received in 2021	14,207
Excess contributions for 2020, distributed in 2021	<u>(24,438)</u>
Net assets available for benefits per the financial statements	<u>\$ 26,956,113</u>

NOTE J – SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through October 11, 2022, the date the financial statements were available for issuance.

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Schwab Bank Savings	Money market funds		\$ 2,293,712
	American Fund American Balance Fund R6	Mutual funds		1,017,687
	Blackrock Mid-Cap Growth Equity Institutional	Mutual funds		249,319
	Boston Partners All Cap Value Fund Institutional	Mutual funds		1,037,926
	Eaton Vance High Income Opportunities Fund	Mutual funds		720,365
	Fidelity Advisor Strategic Dividend Income Fund	Mutual funds		36,682
	Fidelity International Capital Appreciation	Mutual funds		860,691
	Fidelity Select Energy Portfolio Fund	Mutual funds		210,055
	Fidelity Select Utilities Growth Fund	Mutual funds		633,727
	Goldman Sachs Income Builder Institutional	Mutual funds		39,436
	JPMorgan Government Bond I	Mutual funds		131,414
	JPMorgan Large Cap Growth R6	Mutual funds		2,934,952
	Pimco Income Fund Institutional Class	Mutual funds		313,991
	Seven Canyons World Innovators Investor	Mutual funds		243,306
	T Rowe Price New Horizons Fund	Mutual funds		1,032,718
	Undiscovered Managers Behavioral Value Fund	Mutual funds		1,169,527
	Vanguard Financials Index Fund Admiral Shares	Mutual funds		508,286
	Vanguard Inflation-Protected Securities Fund Admiral	Mutual funds		680,503
	Vanguard Institutional Target Retirement Income Fund	Mutual funds		130,954
	Vanguard Institutional Target Retirement 2015 Fund	Mutual funds		313,141
	Vanguard Institutional Target Retirement 2020 Fund	Mutual funds		589,752
	Vanguard Institutional Target Retirement 2025 Fund	Mutual funds		1,058,880
	Vanguard Institutional Target Retirement 2030 Fund	Mutual funds		680,543
	Vanguard Institutional Target Retirement 2035 Fund	Mutual funds		1,738,679
	Vanguard Institutional Target Retirement 2040 Fund	Mutual funds		748,092
	Vanguard Institutional Target Retirement 2045 Fund	Mutual funds		587,352
	Vanguard Institutional Target Retirement 2050 Fund	Mutual funds		920,020
	Vanguard Institutional Target Retirement 2055 Fund	Mutual funds		219,255
	Vanguard Institutional Target Retirement 2060 Fund	Mutual funds		123,007
	Vanguard Institutional Target Retirement 2065 Fund	Mutual funds		439
	Vanguard Materials Index Fund Admiral	Mutual funds		328,264
	Vanguard Short Term Corp Bond Index Admiral	Mutual funds		282,735
	Vanguard 500 Index Fund	Mutual funds		1,768,549
	Victory RS Science Tech Fund	Mutual funds		215,289
	Victory Sycamore Established Value Fund	Mutual funds		691,266
	Invesco QQQ Trust	Mutual funds		631,917
	IShares US Real Estate ETF	Mutual funds		330,193

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	SPDR Gold Shares ETF	Mutual funds		926,790
	Vaneck Agribusiness ETF	Mutual funds		649
	Vanguard Health Care ETF	Mutual funds		803,140
	Wisdomtree US LargeCap Dividend ETF	Mutual funds		887,550
	Bitwise Crypto Industry Innovators ETF	Mutual funds		6,303
	Global X US Infrastructure Development ETF	Mutual funds		5,758
	iShares Russell 2000 ETF	Mutual funds		448
	iShares Global Timber & Forestry UCITS ETF	Mutual funds		559
	ProShares UltraPro Short S&P 500	Mutual funds		6,225
	ProShares UltraPro Russell 2000 ETF	Mutual funds		404
	ProShares UltraPro QQQ	Mutual funds		5,940
	Select Sector Industrial SPDR ETF	Mutual funds		5,290
	Select Sector UTI Select SPDR ETF	Mutual funds		7,158
	SPDR Dow Jones Industrial Average ETF	Mutual funds		2,193
	SPDR S&P Biotech ETF	Mutual funds		3,359
	Teucrium Corn ETF	Mutual funds		3,770
	Teucrium Wheat ETV	Mutual funds		1,478
	US Natural Gas Fund	Mutual funds		9,992
	Vanguard Russell 2000	Mutual funds		182
	Airbnb Inc.	Common stocks		2,164
	Alphabet Inc.	Common stocks		118,637
	Amazon Com Inc	Common stocks		143,377
	Appian Corporation	Common stocks		652
	Apple Inc.	Common stocks		75,143
	Arcimoto Inc.	Common stocks		342
	Atlassian Corp PLC	Common stocks		5,338
	Axon Enterprise Inc.	Common stocks		10,519
	Baozun Inc.	Common stocks		1,001
	Barrick Gold Corp	Common stocks		3,800
	Berkshire Hathaway B New	Common stocks		4,485
	Bluebird Bio Inc.	Common stocks		320
	BOSTON OMAHA Corporation	Common stocks		862
	BP PLC	Common stocks		1,997
	Broadcom Limited	Common stocks		3,403
	Brookfield Infrastructure	Common stocks		1,365
	Camping World Holding	Common stocks		1,294
	CF Acquisition Corp	Common stocks		21,660

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Chargepoint Holdings Inc.	Common stocks		3,810
	Cliffs Natural Resources Inc.	Common stocks		2,177
	Coinbase Global Inc.	Common stocks		6,309
	Costco Wholesale Corporation New	Common stocks		5,677
	Crowdstrike Holdings Inc.	Common stocks		1,638
	C3 AI Inc.	Common stocks		281
	Datadog Inc	Common stocks		6,590
	Delta Air Lines Inc.	Common stocks		7,816
	Digital World Acquisition Corp	Common stocks		5,143
	Docusign Inc.	Common stocks		11,576
	Draftkings Inc.	Common stocks		412
	Draganfly Inc	Common stocks		652
	Embark Technology Inc.	Common stocks		3,689
	Etsy Inc.	Common stocks		8,320
	Exicure Inc.	Common stocks		61
	Facebook Inc.	Common stocks		6,727
	Fastly Inc.	Common stocks		1,099
	Fluor Corporation New	Common stocks		25
	Fulgent Genetics Inc.	Common stocks		905
	General Electric Co	Common stocks		1,796
	Guardant Health Inc.	Common stocks		5,401
	Gxo Logistics Inc	Common stocks		1,817
	Hecla Mining Company	Common stocks		2,610
	Home Depot Inc.	Common stocks		23,599
	Hubspot Inc.	Common stocks		21,093
	Iamgold Corporation	Common stocks		2,347
	Insulet Corp	Common stocks		1,330
	Intel Corp	Common stocks		629
	Intuitive Surgical	Common stocks		10,779
	Kraft Heinz Company	Common stocks		6,821
	Lithium Amers Corp	Common stocks		3,640
	Longeveron Inc.	Common stocks		32,589
	Lucid Group Inc.	Common stocks		33,104
	Maquia Capital AC 26	Common stocks		499
	Mastercard Inc.	Common stocks		10,165
	Medaro Mining Corp	Common stocks		1,200
	Mercadolibre Inc	Common stocks		24,271

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

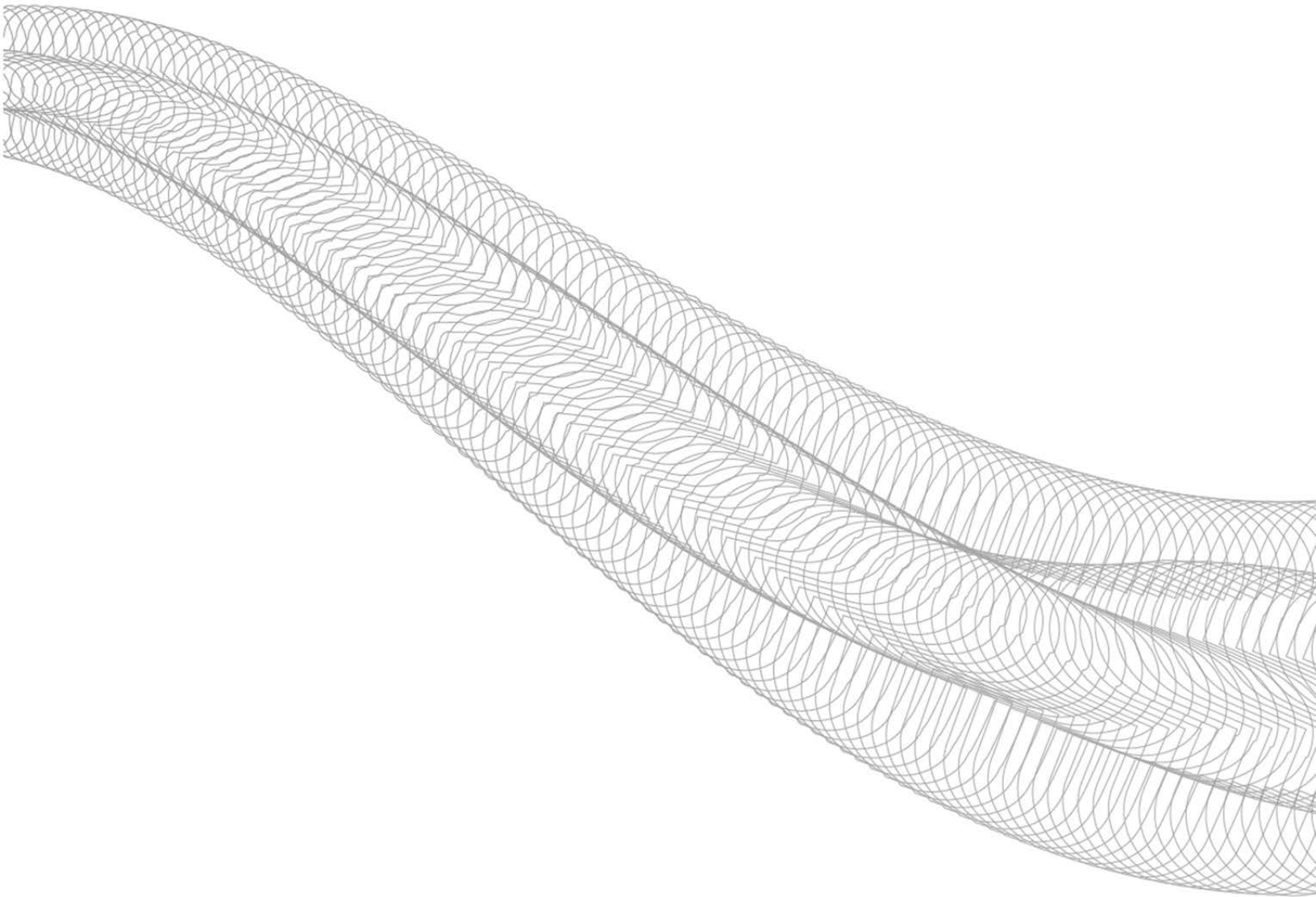
(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Microsoft Corp	Common stocks		133,755
	MongoDB Inc.	Common stocks		33,349
	Naked Wines Plc	Common stocks		911
	Netflix Inc.	Common stocks		4,820
	Nextera Energy Inc.	Common stocks		7,020
	Nike Inc.	Common stocks		13,601
	Nordstrom Inc.	Common stocks		2,262
	Nutanix Inc.	Common stocks		2,931
	Nvidia Corp	Common stocks		26,567
	Palo Alto Networks	Common stocks		9,465
	Paypal Holdings Inc.	Common stocks		1,886
	Penn National Gaming Inc.	Common stocks		519
	Procter & Gamble	Common stocks		1,636
	Range Resources Corp	Common stocks		4,458
	Redfin Corporation	Common stocks		2,150
	Repligen Corp	Common stocks		6,621
	Rivian Automotive Inc.	Common stocks		1,244
	Roblox Corp	Common stocks		1,444
	Roku Inc CL A	Common stocks		3,651
	SSR Mining Inc.	Common stocks		3,983
	SeaChange International Inc.	Common stocks		11,200
	Shockwave Medical Inc.	Common stocks		19,081
	Shopify Inc.	Common stocks		11,019
	Skyworks Solutions Inc.	Common stocks		9,278
	Snap Inc. CL A	Common stocks		4,703
	Spotify Technology	Common stocks		23,403
	Starbucks Corp	Common stocks		10,320
	Stitch Fix Inc.	Common stocks		511
	Teck Resources Ltd CL B	Common stocks		5,044
	Tellurian Investment	Common stocks		6,160
	Tesla Motors Inc.	Common stocks		83,486
	The Trade Desk Inc.	Common stocks		28,133
	Twilio Inc.	Common stocks		20,277
	Upstart Holdings Inc.	Common stocks		1,362
	Upwork Inc.	Common stocks		4,372
	Veeva Systems Inc.	Common stocks		15,073
	Visa Inc.	Common stocks		9,652

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Wal-Mart Stores Inc.	Common stocks		3,985
	Xeris Pharmaceutical	Common stocks		1,612
	Xilinx Inc.	Common stocks		4,094
	XPO Logistics Inc.	Common stocks		1,549
	Yamana Gold Inc	Common stocks		2,954
	Zillow Group Inc.	Common stocks		4,789
	Zoetis Inc.	Common stocks		2,960
	2Seventy Bio Inc.	Common stocks		256
	2U Inc.	Common stocks		921
	Genesis Energy L P	Common stocks		1,377
*	Participant loans	Interest rates from 4.00% to 7.00%	\$0	229,055
				<u>\$ 29,581,667</u>

(a) * A party-in-interest as defined by ERISA

(d) ** Cost is not required for participant directed funds



Phoenix

950 W. Indian School Rd
Phoenix, AZ 85013

Milwaukee

720 N. Milwaukee St.
Suite 300
Milwaukee, WI 53202

New York

175 Varick St.
New York, NY 10014

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):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Henry Bath, LLC	02-0566977	0.10%	\$204,582.50
National Restaurants Mgmt Inc.	13-1964041	1.32%	\$3,924,377.71
Troika Entertainment, LLC	13-4072122	3.16%	\$405,222.82
Synergy Recycling LLC	20-3593831	2.12%	\$144,997.04
Lindon, Inc.	20-4113109	0.66%	\$14,147.92
Community Aging and Retirement Services, Inc. dba CARES	23-7348090	0.31%	\$199,394.56
Reed & Elmquist, P.C.	26-1642838	2.71%	\$1,119,270.24
J. Kristin Shiver LLC dba Back In Balance	26-2290520	0.11%	\$26,092.56
Worklight Productions LLC	26-3139296	3.87%	\$1,344,109.67
Autoglassnow, LLC	26-3557726	2.13%	\$424,708.49
International Aero Services, LLC	33-0758299	0.89%	\$208,720.44
Steele and Loeber Lumber Co.	36-2113056	2.31%	\$486,743.73
Andy Frain Services, Inc.	36-4226069	7.72%	\$747,543.69
Westgate Valley Dental	36-4270734	1.41%	\$493,721.85
Davenport Bowlers, Inc. dba Bowlmor Lanes	42-0207920	0.76%	\$156,453.04
Hunter Modular Construction, Inc.	43-1667167	0.57%	\$95,534.91
Stellar Staffing Solutions LLC	44-4420001	0.03%	\$833.82
RBF Capital Management, Inc.	45-5277485	4.41%	\$261,674.09
Strategic Staffing LLC	46-3640111	1.07%	\$84,536.15
Gratus Services Group	47-1016493	0.60%	\$14,895.54
Kimberly Entertainment, LLC.	47-5443159	0.19%	\$27,848.88
Harmon Brothers Charter Service, Inc.	58-1601928	1.13%	\$31,021.41
Learn.net, Inc.	58-1894810	0.82%	\$743,482.39
Wallace Truck & Equipment Sales, Inc.	58-2598253	0.94%	\$23,135.79
Carl Hankins, Inc.	59-1400178	1.43%	\$666,213.07
Dawning Family Services, Inc.	59-2655523	0.18%	\$0.00
Monarch Country Club Homeowners Association, Inc.	59-2794647	0.10%	\$59,756.58
Construction Technology Group, Inc.	59-2928042	5.26%	\$3,015,119.14
Mark Chatham Masonry, LLC	59-3715810	1.45%	\$115,849.01
Cans To Go, LLC	71-0937718	1.36%	\$59,060.97
Davie Shoring, Inc.	72-1256108	3.29%	\$685,480.40
Shock Squad Inc	74-3098548	0.10%	\$33,525.77
Aging Aircraft Consulting	80-0289899	1.65%	\$727,232.33
2 Day Transportation	82-3617500	2.20%	\$415,635.18
PEO Risk Services, LLC	83-1949440	2.84%	\$582,694.81
Aeon, Inc	83-3110993	1.24%	\$543,563.28
Valentine Vet dba Animal and Bird Hospital of Clearwater	87-3823811	3.47%	\$1,078,619.49
CES Utility Solutions - CA LLC	90-0944911	1.18%	\$28,672.11
People, Inc.	90-1001597	15.12%	\$6,177,322.55
Evertz U.S.A., Inc.	98-0226117	19.82%	\$3,252,125.52
Westchase Orthopaedics, Inc.	00-0000055	0.00%	\$0.00
RNGA Architecture, Inc.	04-3767579	0.00%	\$0.00
Kids Harbor, LLC	04-5471490	0.00%	\$63,523.31
Anastasio and Sons Trucking Company, Inc.	06-1023459	0.00%	\$305,456.77
Connecticut Limousine, LLC	06-1460562	0.00%	\$21,735.83
Research Participants	06-5463841	0.00%	\$0.00
Airbus North America Customer Services, Inc.	13-0574806	0.00%	\$60,710.18
Ide Management Group	20-1106152	0.00%	\$19,417.13
Interventional Center of Georgia, LLC	26-0229227	0.00%	\$14,201.04
Risk Management Underwriters, Inc.	26-2303561	0.00%	\$53,199.74
Healthcare Starz, Inc.	27-0831433	0.00%	\$198,646.73
Payroll Data Processing, Inc.	27-3256106	0.00%	\$0.00
R and G UK Enterprises, Inc. dba Princess Draperies	30-0139643	0.00%	\$42,670.21
Professional Claims Management of IL, Inc.	36-4168509	0.00%	\$66,640.60
Southern Healthcare Services, Inc.	36-4433088	0.00%	\$0.00
Strategic Interventions, Inc.	38-3781067	0.00%	\$0.00
TLX	46-3980232	0.00%	\$0.00
Suburban Franchise Systems, Inc.	58-1868829	0.00%	\$0.00
Independent Resources, Inc.	59-1721810	0.00%	\$16,118.46
Metropolitan Glass Systems	59-2338916	0.00%	\$48,613.96
Allbrite Electric Service, Inc.	59-2634751	0.00%	\$8,465.28
Innovation Vero Beach, Inc.	59-2845541	0.00%	\$0.00
Atlantic Automotive Warehouse, Inc.	59-2931835	0.00%	\$13,563.66
Decision Management Int'l Health Care Group, Inc.	59-3355764	0.00%	\$60,640.55
Staffing Concepts International	59-3446428	0.00%	\$180,703.64
Motely Gin, Inc.	73-0967166	0.00%	\$0.00
Staffing Solutions dba Balance Staffing	77-0451329	0.00%	\$0.00

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**2021****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

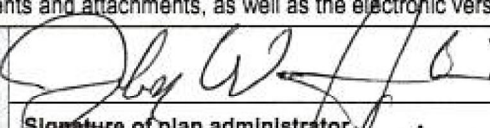
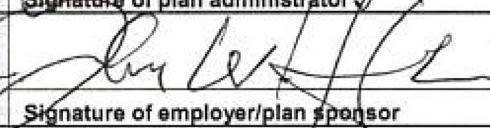
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

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>10/15/2022</u>	JOHN W HARDIN
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	<u>10/15/2022</u>	JOHN W 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 (2021)
v. 201209

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	2,998
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)	2,877
a(2) Total number of active participants at the end of the plan year		6a(2)	3,121
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	161
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3,282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	3,283
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	514
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 2S 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Schwab Bank Savings	Money market funds		\$ 2,293,712
	American Fund American Balance Fund R6	Mutual funds		1,017,687
	Blackrock Mid-Cap Growth Equity Institutional	Mutual funds		249,319
	Boston Partners All Cap Value Fund Institutional	Mutual funds		1,037,926
	Eaton Vance High Income Opportunities Fund	Mutual funds		720,365
	Fidelity Advisor Strategic Dividend Income Fund	Mutual funds		36,682
	Fidelity International Capital Appreciation	Mutual funds		860,691
	Fidelity Select Energy Portfolio Fund	Mutual funds		210,055
	Fidelity Select Utilities Growth Fund	Mutual funds		633,727
	Goldman Sachs Income Builder Institutional	Mutual funds		39,436
	JPMorgan Government Bond I	Mutual funds		131,414
	JPMorgan Large Cap Growth R6	Mutual funds		2,934,952
	Pimco Income Fund Institutional Class	Mutual funds		313,991
	Seven Canyons World Innovators Investor	Mutual funds		243,306
	T Rowe Price New Horizons Fund	Mutual funds		1,032,718
	Undiscovered Managers Behavioral Value Fund	Mutual funds		1,169,527
	Vanguard Financials Index Fund Admiral Shares	Mutual funds		508,286
	Vanguard Inflation-Protected Securities Fund Admiral	Mutual funds		680,503
	Vanguard Institutional Target Retirement Income Fund	Mutual funds		130,954
	Vanguard Institutional Target Retirement 2015 Fund	Mutual funds		313,141
	Vanguard Institutional Target Retirement 2020 Fund	Mutual funds		589,752
	Vanguard Institutional Target Retirement 2025 Fund	Mutual funds		1,058,880
	Vanguard Institutional Target Retirement 2030 Fund	Mutual funds		680,543
	Vanguard Institutional Target Retirement 2035 Fund	Mutual funds		1,738,679
	Vanguard Institutional Target Retirement 2040 Fund	Mutual funds		748,092
	Vanguard Institutional Target Retirement 2045 Fund	Mutual funds		587,352
	Vanguard Institutional Target Retirement 2050 Fund	Mutual funds		920,020
	Vanguard Institutional Target Retirement 2055 Fund	Mutual funds		219,255
	Vanguard Institutional Target Retirement 2060 Fund	Mutual funds		123,007
	Vanguard Institutional Target Retirement 2065 Fund	Mutual funds		439
	Vanguard Materials Index Fund Admiral	Mutual funds		328,264
	Vanguard Short Term Corp Bond Index Admiral	Mutual funds		282,735
	Vanguard 500 Index Fund	Mutual funds		1,768,549
	Victory RS Science Tech Fund	Mutual funds		215,289
	Victory Sycamore Established Value Fund	Mutual funds		691,266
	Invesco QQQ Trust	Mutual funds		631,917
	IShares US Real Estate ETF	Mutual funds		330,193

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	SPDR Gold Shares ETF	Mutual funds		926,790
	Vaneck Agribusiness ETF	Mutual funds		649
	Vanguard Health Care ETF	Mutual funds		803,140
	Wisdomtree US LargeCap Dividend ETF	Mutual funds		887,550
	Bitwise Crypto Industry Innovators ETF	Mutual funds		6,303
	Global X US Infrastructure Development ETF	Mutual funds		5,758
	iShares Russell 2000 ETF	Mutual funds		448
	iShares Global Timber & Forestry UCITS ETF	Mutual funds		559
	ProShares UltraPro Short S&P 500	Mutual funds		6,225
	ProShares UltraPro Russell 2000 ETF	Mutual funds		404
	ProShares UltraPro QQQ	Mutual funds		5,940
	Select Sector Industrial SPDR ETF	Mutual funds		5,290
	Select Sector UTI Select SPDR ETF	Mutual funds		7,158
	SPDR Dow Jones Industrial Average ETF	Mutual funds		2,193
	SPDR S&P Biotech ETF	Mutual funds		3,359
	Teucrium Corn ETF	Mutual funds		3,770
	Teucrium Wheat ETV	Mutual funds		1,478
	US Natural Gas Fund	Mutual funds		9,992
	Vanguard Russell 2000	Mutual funds		182
	Airbnb Inc.	Common stocks		2,164
	Alphabet Inc.	Common stocks		118,637
	Amazon Com Inc	Common stocks		143,377
	Appian Corporation	Common stocks		652
	Apple Inc.	Common stocks		75,143
	Arcimoto Inc.	Common stocks		342
	Atlassian Corp PLC	Common stocks		5,338
	Axon Enterprise Inc.	Common stocks		10,519
	Baozun Inc.	Common stocks		1,001
	Barrick Gold Corp	Common stocks		3,800
	Berkshire Hathaway B New	Common stocks		4,485
	Bluebird Bio Inc.	Common stocks		320
	BOSTON OMAHA Corporation	Common stocks		862
	BP PLC	Common stocks		1,997
	Broadcom Limited	Common stocks		3,403
	Brookfield Infrastructure	Common stocks		1,365
	Camping World Holding	Common stocks		1,294
	CF Acquisition Corp	Common stocks		21,660

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Chargepoint Holdings Inc.	Common stocks		3,810
	Cliffs Natural Resources Inc.	Common stocks		2,177
	Coinbase Global Inc.	Common stocks		6,309
	Costco Wholesale Corporation New	Common stocks		5,677
	Crowdstrike Holdings Inc.	Common stocks		1,638
	C3 AI Inc.	Common stocks		281
	Datadog Inc	Common stocks		6,590
	Delta Air Lines Inc.	Common stocks		7,816
	Digital World Acquisition Corp	Common stocks		5,143
	Docusign Inc.	Common stocks		11,576
	Draftkings Inc.	Common stocks		412
	Draganfly Inc	Common stocks		652
	Embark Technology Inc.	Common stocks		3,689
	Etsy Inc.	Common stocks		8,320
	Exicure Inc.	Common stocks		61
	Facebook Inc.	Common stocks		6,727
	Fastly Inc.	Common stocks		1,099
	Fluor Corporation New	Common stocks		25
	Fulgent Genetics Inc.	Common stocks		905
	General Electric Co	Common stocks		1,796
	Guardant Health Inc.	Common stocks		5,401
	Gxo Logistics Inc	Common stocks		1,817
	Hecla Mining Company	Common stocks		2,610
	Home Depot Inc.	Common stocks		23,599
	Hubspot Inc.	Common stocks		21,093
	Iamgold Corporation	Common stocks		2,347
	Insulet Corp	Common stocks		1,330
	Intel Corp	Common stocks		629
	Intuitive Surgical	Common stocks		10,779
	Kraft Heinz Company	Common stocks		6,821
	Lithium Amers Corp	Common stocks		3,640
	Longeveron Inc.	Common stocks		32,589
	Lucid Group Inc.	Common stocks		33,104
	Maquia Capital AC 26	Common stocks		499
	Mastercard Inc.	Common stocks		10,165
	Medaro Mining Corp	Common stocks		1,200
	Mercadolibre Inc	Common stocks		24,271

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Microsoft Corp	Common stocks		133,755
	MongoDB Inc.	Common stocks		33,349
	Naked Wines Plc	Common stocks		911
	Netflix Inc.	Common stocks		4,820
	Nextera Energy Inc.	Common stocks		7,020
	Nike Inc.	Common stocks		13,601
	Nordstrom Inc.	Common stocks		2,262
	Nutanix Inc.	Common stocks		2,931
	Nvidia Corp	Common stocks		26,567
	Palo Alto Networks	Common stocks		9,465
	Paypal Holdings Inc.	Common stocks		1,886
	Penn National Gaming Inc.	Common stocks		519
	Procter & Gamble	Common stocks		1,636
	Range Resources Corp	Common stocks		4,458
	Redfin Corporation	Common stocks		2,150
	Repligen Corp	Common stocks		6,621
	Rivian Automotive Inc.	Common stocks		1,244
	Roblox Corp	Common stocks		1,444
	Roku Inc CL A	Common stocks		3,651
	SSR Mining Inc.	Common stocks		3,983
	SeaChange International Inc.	Common stocks		11,200
	Shockwave Medical Inc.	Common stocks		19,081
	Shopify Inc.	Common stocks		11,019
	Skyworks Solutions Inc.	Common stocks		9,278
	Snap Inc. CL A	Common stocks		4,703
	Spotify Technology	Common stocks		23,403
	Starbucks Corp	Common stocks		10,320
	Stitch Fix Inc.	Common stocks		511
	Teck Resources Ltd CL B	Common stocks		5,044
	Tellurian Investment	Common stocks		6,160
	Tesla Motors Inc.	Common stocks		83,486
	The Trade Desk Inc.	Common stocks		28,133
	Twilio Inc.	Common stocks		20,277
	Upstart Holdings Inc.	Common stocks		1,362
	Upwork Inc.	Common stocks		4,372
	Veeva Systems Inc.	Common stocks		15,073
	Visa Inc.	Common stocks		9,652

PEOPLE, INC. MULTIPLE EMPLOYER 401(K) PLAN
EIN: 90-1001597 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Wal-Mart Stores Inc.	Common stocks		3,985
	Xeris Pharmaceutical	Common stocks		1,612
	Xilinx Inc.	Common stocks		4,094
	XPO Logistics Inc.	Common stocks		1,549
	Yamana Gold Inc	Common stocks		2,954
	Zillow Group Inc.	Common stocks		4,789
	Zoetis Inc.	Common stocks		2,960
	2Seventy Bio Inc.	Common stocks		256
	2U Inc.	Common stocks		921
	Genesis Energy L P	Common stocks		1,377
*	Participant loans	Interest rates from 4.00% to 7.00%	\$0	229,055
				\$ <u>29,581,667</u>

(a) * A party-in-interest as defined by ERISA

(d) ** Cost is not required for participant directed funds