### 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 6047(e), 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012  A This return/report is for:    a multipencemployer plan;   a multipencemployer plan; or   a single-employer plan; or   a bFE (specify)     a pFE (specify)     a multipencemployer plan; or   a pFE (specify)     a pFE (specify)   a pFE (specify)     a pFE	A This return/report is for:  a multiemployer plan;  a multiple-employer plan; or  a DFE (specify)  be This return/report is:  the first return/report;  an amended return/report;  an abort plan return/report;  an amended return/report;  an abort plan return/report;  an amended return/report;  an amended return/report;  an amended return/report;  a short plan return/report;  an abort plan return/report;  a short plan return/report;  a short plan return/report;  a short plan return/report;  a short plan return/repor	Part I	Annual Report Identifi							
B This return/report is:	B This return/report is:  the first return/report; an amended return/report; b 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; b pecial extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan PEOPLES BANK SALARY INVESTMENT & PROFIT SHARING PLAN  1b Three-digit plan number (PN) number (PN) number (PN) number (PN) younder (PN) younder (PN) younder (PN) younder (EIN) 91-1190346  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PEOPLES BANCORP  2b Employer Identification Number (EIN) 91-1190346  2c Sponsor's telephone number 3100 WOBURN STREET BELLINGHAM, WA 98226  2c Sponsor's telephone number 360-715-4247  2d Business code (see instructions) 522110  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.	For cale	ndar plan year 2012 or fiscal plan				/2012			
B This return/report is: the first return/report; the final return/report; a short plan year return/report (less than 12 months).  C If the plan is a collectively-bargained plan, check here	B This return/report is:	<b>A</b> This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or				
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I lieu with authorized/valiu electronic signature.	HERE		Filed with authorized/valid electr	onic signature.	07/08/2013	MICHELLE BARRETT				
HERE		HERE			Date		ual signing as plan administrator			
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SIGN Filed with authorized/valid electronic signature. 07/08/2013 MICHELLE BARRETT	SIGN		Filed with authorized/valid electr	onic signature.	07/08/2013	MICHELLE BARRETT				
	THEO WILL AUTOLIZED/VALID ELECTIONIC SIGNATURE.	HERE	Signature of employer/plan s	ponsor	Date	Enter name of individual	signing as	employer or plan sponsor		
Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	HERE HERE WITH AUTHORIZED/VALID GRECUTOTIC SIGNATURE. WHO HELLE DARKETT									
Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	HERE HERE	SIGN								
SIGN	HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor	HERE	Signature of DFE		Date	Enter name of individual	signing as	DFE		
SIGN HERE	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor HERE	Preparei	's name (including firm name, if a	applicable) and address; include r	oom or suite number			telephone number		
SIGN HERE Signature of DFE Date Description District Enter name of individual signing as DFE Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number	Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor  Signature of DFE  Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)  Preparer's telephone number						(optional)			
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HERE			HERE HERE WITH AUTHORIZED/VALID ELECTRONIC SIGNATURE.							
	THEO WILL AUTOLIZED/VALID ELECTIONIC SIGNATURE.	IILKL	Signature of employer/plan s	ponsor	Date	Enter name of individual	signing as	employer or plan sponsor		
Signature of employer/plan sponsor  Date   Finter name of individual signing as employer or plan sponsor	HERE HERE WITH AUTHORIZED/VALID GRECUTOTIC SIGNATURE. WHO HELLE DARKETT							zp.o.jo. o. p.an oponion		
Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	HERE HERE WITH AUTHORIZED/VALID GRECUTOTIC SIGNATURE. WHO HELLE DARKETT									
SIGN	HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor									
SIGN HERE Signature of DFE Date Enter name of individual signing as DFE	HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor  SIGN HERE Signature of DFE Date Enter name of individual signing as DFE	Preparei	's name (including firm name, if a	ipplicable) and address; include r	oom or suite numbe			telephone number		
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Form 5500 (2012) Page **2** 

		Same as	Plan Spo	onsor Address		inistrator's EIN 190346	
PE	OPLES BANCORP	3c Administrator's telephone					
	00 WOBURN STREET LLINGHAM, WA 98226	numl	ber 360-715-4247				
4	If the name and/or EIN of the plan sponsor has changed since the last return	/report file	d for this	s plan, enter the name,	4b EIN		
	EIN and the plan number from the last return/report:	•		•	_		
а	Sponsor's name				4c PN		
5	Total number of participants at the beginning of the plan year				5	426	
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines	6a, 6b	, <b>6c</b> , and <b>6d</b> ).			
а	Active participants				. 6a	380	
b	Retired or separated participants receiving benefits				6b	0	
С	Other retired or separated participants entitled to future benefits	. 6c	71				
d	d Subtotal. Add lines 6a, 6b, and 6c					451	
_	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits				0.0	0	
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive bene	etits		. 6e	0	
f	Total. Add lines 6d and 6e				. 6f	451	
g	Number of participants with account balances as of the end of the plan year						
	complete this item)				. 6g	361	
h	Number of participants that terminated employment during the plan year with				. 6h	15	
7	less than 100% vested  Enter the total number of employers obligated to contribute to the plan (only		. 7	10			
8a	8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:						
	2E 2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	les from th	e List of	Plan Characteristics Code	s in the ins	structions:	
9a	Plan funding arrangement (check all that apply)	9h Plai	n henefit	t arrangement (check all tha	at annly)		
	(1) Insurance	(1)		Insurance			
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3)	insurance	contracts	
	(3) Trust	(3)	X	Trust			
	(4) General assets of the sponsor	(4)		General assets of the s			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, a	nd, whei	re indicated, enter the num	ber attache	ed. (See instructions)	
а	Pension Schedules	b Ge	neral So	chedules			
	(1) R (Retirement Plan Information)	(1)	X	<b>H</b> (Financial Inforr	mation)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	П	I (Financial Inform	nation – Sn	nall Plan)	
	Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Infor	rmation)		
	actuary	(4)	X	C (Service Provide	er Informat	ion)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)		<b>D</b> (DFE/Participati	ing Plan Inf	formation)	
	Information) - signed by the plan actuary	(6)		<b>G</b> (Financial Trans	saction Sch	nedules)	
	<u> </u>	.,	<u> </u>	· · · · · · · · · · · · · · · · · · ·			

## 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 12/31/2012
A Name of plan PEOPLES BANK SALARY INVESTMENT & PROFIT SHARING PLAN	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLES BANCORP	D Employer Identification Number (EIN) 91-1190346
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the inform or more in total compensation (i.e., money or anything else of monetary value) in complan during the plan year. If a person received <b>only</b> eligible indirect compensation answer line 1 but are not required to include that person when completing the remains	onnection with services rendered to the plan or the person's position with for which the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compa Check "Yes" or "No" to indicate whether you are excluding a person from the remain indirect compensation for which the plan received the required disclosures (see instructions).	inder of this Part because they received only eligible
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed	
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
FID. INV. INST. OPS. CO.	
04-2647786	
(b) Enter name and EIN or address of person who provide	ed you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
(a) this ham and the state of person the provide	a year aleasea. ee on ongiselo manoot oomponoation

Schedule C (Form 5500) 2012	Pa	age <b>2-</b> 1	
(b) Enter name and FIN or a	address of person who provided vo	ou disclosures on eligible indirect co	mpensation
(1) -110			
(b) Enter name and EIN or a	address of person who provided yo	ou disclosures on eligible indirect co	mpensation
	<u></u>	<del>-</del>	<u>·</u>
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided yo	u disclosures on eligible indirect cor	mpensation
(h) =			
(D) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided vo	ou disclosures on eligible indirect co	mpensation
(1) -110			
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation

Page <b>3 -</b> 1
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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		(	a) Enter name and EIN or	address (see instructions)		
FIDELITY I	NVESTMENTS INSTI					
04-2647786	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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?	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?
64 37 65 60	RECORDKEEPER	14448	Yes X No	Yes X No	0	Yes X No
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employer	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	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)	Relationship to employer, employer 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?	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

Page	3	-	2
<sup>2</sup> age	3	-	2

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).							
			(a) Enter name and EIN or	address (see instructions)			
			,				
(b) Service Code(s)	Relationship to employer, employer 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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0		
			Yes No	Yes No		Yes No	
			(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0		
			Yes No	Yes No		Yes No	
<u> </u>		(	(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	Relationship to employer, employer 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?	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.

many chines do necada to report increquired information for edicine country.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
ALZGI NFJ DIV VL ADM - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
ASTON/F MID CAP N - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
FIDELITY INVESTMENTS INSTITUTIONAL	(see instructions)	compensation 0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility
BARON GROWTH - DST SYSTEMS, INC.	for or the amount of 0.40%	the indirect compensation.
43-1581814		

### 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
HARBOR INTL INV - PRINCIPAL SHAREHO	0.40%	
34-1953399		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
OAKMARK INTL I - BOSTON FINANCIAL D P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%	

### 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
RAINIER SM/MID CAP - U.S. BANCORP F P.O. BOX 701 MILWAUKEE, WI 53201	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
TMPL GLOBAL BOND A - FRANKLIN TEMPL	0.40%	
94-3167260		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.

Page	5-
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P	art II Service Providers Who Fail or Refuse to	Provide Infori	mation
4	this Schedule.	ch service provide	er who failed or refused to provide the information necessary to complete
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
_			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Page (	<b>6</b> -
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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see ins	structions)
a	Name:	(complete as many entries as needed)	<b>b</b> EIN:
C	Positio		B EIIV.
d	Addres		<b>e</b> Telephone:
•	/ ladio		С госраново.
Ex	olanatio	):	
_	Nissa		h rivi
<u>a</u>	Name:		b EIN:
d d	Position Address		<b>e</b> Telephone:
u	Addie	is.	С тегерпопе.
Ex	olanatio	n:	
a	Name:		<b>b</b> EIN:
C	Positio		
d	Addres	SS:	e Telephone:
Exi	olanatio	);	
а	Name:		<b>b</b> EIN:
С	Positio	n:	
d	Addres	ss:	<b>e</b> Telephone:
Evi	olanatio	<u> </u>	
ᅜᄭ	Diariatio	l.	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	1:	

### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **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

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Inspection						ion
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012		and e	endin	g 12/31/2012		•
A Name of plan PEOPLES BANK SALARY INVESTMENT & PROFIT SHARING PLAN			В	Three-digit		004
TEOLEG BANK GALAKT INVEGTMENT & TROTTI GHAKING LEAN				plan number (PN	l) <b>•</b>	001
C Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Identific	ation Number	(EIN)
PEOPLES BANCORP				91-1190346		
		91-1190340				
Part I Asset and Liability Statement						
1 Current value of plan assets and liabilities at the beginning and end of the pthe value of the plan's interest in a commingled fund containing the assets lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurbenefit at a future date. Round off amounts to the nearest dollar. MTIAs and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e.	of more than one prance contract which s, CCTs, PSAs, an	plan on a l ch guaran	line-b tees,	y-line basis unless during this plan ye	s the value is r ear, to pay a s	eportable on pecific dollar
Assets		(a) Be	eginn	ing of Year	<b>(b)</b> En	d of Year
a Total noninterest-bearing cash	1a					
<b>b</b> Receivables (less allowance for doubtful accounts):						
(1) Employer contributions	1b(1)					
(2) Participant contributions	1b(2)					
(3) Other	1b(3)					
<b>C</b> General investments:						
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			2231857		2630207
(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	4 - (0)			631564		606923
(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)					

1c(13)

1c(14)

1c(15)

(14) Value of funds held in insurance company general account (unallocated

(15) Other.....

contracts).....

funds).....

15208083

12223331

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15086752	18445213
	Liabilities		·	
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets		·	
I	Net assets (subtract line 1k from line 1f)	11	15086752	18445213

### Part II Income and Expense Statement

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

	Income		(a) Amount	<b>(b)</b> Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	832198	
	(B) Participants	2a(1)(B)	1224545	
	(C) Others (including rollovers)	2a(1)(C)	152966	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2209709
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	232	
	(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)	20560	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20792
	(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)	485568	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		485568
	(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)		
	(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)		

		F					-	
				(a)	Amount		(b)	Total
	(6) Net investment gain (loss) from common/collective trusts							
	(7) Net investment gain (loss) from pooled separate accounts							
	(8) Net investment gain (loss) from master trust investment accounts							
	(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)						1434030
С	Other income							
d	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d						4150099
	Expenses							
е	Benefit payment and payments to provide benefits:							
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			7	777088		
	(2) To insurance carriers for the provision of benefits	2 (2)						
	(3) Other	0 (0)					-	
	(4) Total benefit payments. Add lines 2e(1) through (3)	0-(4)						777088
f		· — —						46
g								
	Interest expense							
ï	Administrative expenses: (1) Professional fees	0:(4)						
٠	(2) Contract administrator fees						-	
	(3) Investment advisory and management fees	0:/0)					-	
	(4) Other	2:/4)				14504		
	• •	0:(5)						14504
i	(5) Total administrative expenses. Add lines 2i(1) through (4)  Total expenses. Add all expense amounts in column (b) and enter total	·· — — — —						791638
J	Net Income and Reconciliation							
k	Net income (loss). Subtract line 2j from line 2d	2k						3358461
ı	Transfers of assets:							
٠	(1) To this plan	2l(1)						
	(2) From this plan							
	(2) From this plan	(_/						
P	art III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is	attache	ed to th	is Form 5	500. Com	plete line 3d if a	n opinion is not
а	The attached opinion of an independent qualified public accountant for this plant in the plant i	an is (see instr	uctions	s):				
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 10	3-12(d)	?			× Yes	No
С	Enter the name and EIN of the accountant (or accounting firm) below:							
	(1) Name: MOSS ADAMS		(2)	EIN: 9	1-018931	8		
d	The opinion of an independent qualified public accountant is <b>not attached</b> be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		xt Forn	n 5500	pursuant	to 29 CFI	R 2520.104-50.	
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		ines 4a	a, 4e, 4	f, 4g, 4h,	4k, 4m, 4	n, or 5.	
	During the plan year:			ſ	Yes	No	Am	ount
а	Was there a failure to transmit to the plan any participant contributions with	in the time						
period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)								
b	Were any loans by the plan or fixed income obligations due the plan in defa	_	,	74				
	close of the plan year or classified during the year as uncollectible? Disrega	ard participant						
	secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)		4b		X			

		Ī	Yes	No	Amoi	unt
С	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		
е	Was this plan covered by a fidelity bond?	4u 4e	Χ			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
I	Has the plan failed to provide any benefit when due under the plan?	41		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?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	No X	Amou	nt:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), transferred. (See instructions.)	, identi	fy the pla	ın(s) to wh	ich assets or liabil	ities were
	5b(1) Name of plan(s)					
				<b>5b(2)</b> EIN	(s)	<b>5b(3)</b> PN(s)
Part	V Trust Information (optional)	1				<u> </u>
	ame of trust			<b>6b</b> ⊤	rust's EIN	

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Retirement Plan Information** 

This schedule is required to be filed under section 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

2012

This Form is Open to Public Inspection.

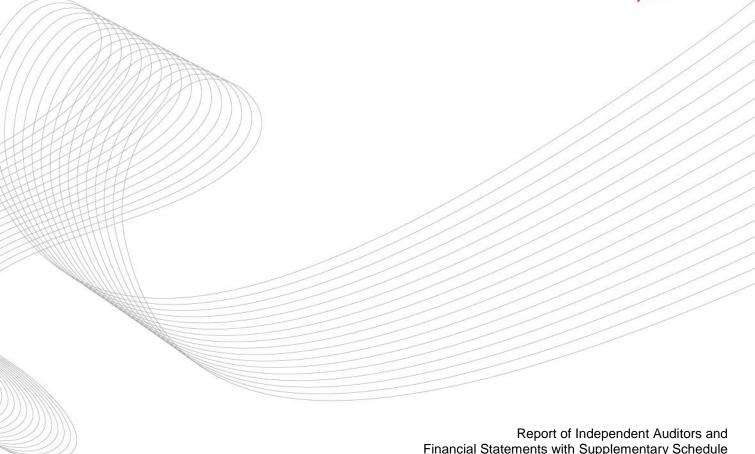
	Pension Benefit Guaranty Corporation				mapection.	
For	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and el	nding	12/31/2	2012		
A١	Name of plan PPLES BANK SALARY INVESTMENT & PROFIT SHARING PLAN	В	Three-digit plan numbe (PN)		001	
C F	ation Number (EII	N)				
Da	art I Distributions	1				
	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 duri payors who paid the greatest dollar amounts of benefits):	ng th	e year (if mor	e than	two, enter EINs	of the two
	EIN(s): 04-6568107					
	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 year	•				
P	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of sec	tion of 412 of	the Int	ernal Revenue C	ode or
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 6	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: Mont if you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rer a Enter the minimum required contribution for this plan year (include any prior year accumulated fund	naind		,		
	deficiency not waived)	•	6a			
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year					
	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 o authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	plan		Yes	☐ No	N/A
Pa	art 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.		Decre		Both	☐ No
Pa	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part.	e)(7)	of the Interna	l Reve	nue Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?					
11	1 a Does the ESOP hold any preferred stock?					
	<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "l (See instructions for definition of "back-to-back" loan.)	oack-	to-back" loan	?	☐ Yes	No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?				Yes	No

Pa	rt V	t V Additional Information for Multiemployer Defined Benefit Pension Plans								
13		nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lollars). See instructions. Complete as many entries as needed to report all applicable employers.								
	а	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								
	е	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):								
	а	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								
	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):									
	а	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								
	е	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):								
	а	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								
	е	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):								
	а	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								
	е	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):								
	а	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								
	е	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):								

_		•
Н	age	
•	~5~	-

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:						
	a The current year	14a					
	<b>b</b> The plan year immediately preceding the current plan year	14b					
	C The second preceding plan year	14c					
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an					
	a The corresponding number for the plan year immediately preceding the current plan year	15a					
	<b>b</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>b</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, c supplemental information to be included as an attachment.						
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion 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	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:						
	C What duration measure was used to calculate line 19(b)?  ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):						





Financial Statements with Supplementary Schedule Required by the Department of Labor

## Peoples Bank Salary Investment and Profit Sharing Plan

December 31, 2012 and 2011



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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#### REPORT OF INDEPENDENT AUDITORS

To the Trustees
Peoples Bank Salary Investment and Profit Sharing Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Peoples Bank Salary Investment and Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.



### Disclaimer of Opinion

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

#### Other Matter

The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2012, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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

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

Bellingham, Washington

Won alams LLP

June 24, 2013

# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,			
	2012	2011		
ASSETS Investments, at fair value Participant directed investments	\$ 17,838,290	\$ 14,455,188		
RECEIVABLES				
Notes receivable from participants	606,923	631,564		
Participant contributions	119,843	100,569		
Employer contribution	233,514	175,353		
Total receivables	960,280	907,486		
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	18,798,570	15,362,674		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 18,798,570	\$ 15,362,674		

# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31, 2012
CHANGES IN NET ASSETS ATTRIBUTED TO:	
Investment income  Net appreciation in fair value of investments	\$ 1,919,830
Interest income Interest income on notes receivable from participants	20,560
Contributions Participant salary deferral Participant rollover Employer	1,243,819 152,966 890,359
Total contributions	2,287,144
Total additions	4,227,534
Benefit payments and other deductions  Benefits paid to participants  Deemed distributions  Administrative expenses  Total deductions	730,733 46,401 14,504 791,638
NET INCREASE	3,435,896
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	15,362,674
End of year	\$ 18,798,570

### Note 1 - Description of Plan

The following description of Peoples Bank Salary Investment and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

**General** – The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of Peoples Bank, and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Peoples Bank (the "Company") is the Plan's sponsor and serves as Plan administrator.

**Eligibility** – Employees of the Company are eligible to participate in the Plan upon reaching age 21 and after completing three months of service.

**Contributions** – Participants may elect to contribute up to the lesser of 60 percent of eligible compensation or the maximum allowed by law to the Plan each year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans, with the exception of rollovers of after-tax employee contributions. Participants may elect to make Roth contributions to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may elect to make discretionary matching and profit sharing contributions to the Plan at the discretion of the Board of Directors. Contributions are invested in the same funds as elected for participant deferrals. For the year ended December 31, 2012, the Company made quarterly matching contributions equal to 100 percent of the first 6 percent of the base compensation that a participant contributed to the Plan. No profit sharing contribution was made for the year ended December 31, 2012.

Contributions are subject to regulatory limitations.

**Participant accounts** – Each participant's account is credited with the participant's contribution as well as allocations of the Company's contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan.

**Vesting** – Participants are fully vested in their salary deferrals plus actual earnings thereon. Vesting in Company matching contributions and profit sharing contribution portions of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

### Note 1 - Description of Plan (continued)

**Notes receivable from participants** – Participants may borrow from their accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance of the participant's account and bear fixed, reasonable rates of interest, as determined by the Plan administrator. The maximum loan term is five years unless the loan term qualifies as a home loan, in which case the term of the loan is not to exceed ten years. Principal and interest are paid ratably through monthly deductions. As of December 31, 2012, the rates of interest on outstanding loans ranged from 3.25% to 8.25% with various maturities through December 3, 2020.

**Payment of benefits** – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance, or annual installments over a specified period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Lump-sum distributions will be made for all terminated participants with account balances of less than \$1,000. Terminated participants with account balances between \$1,000 and \$5,000 will have their balances automatically rolled into an Individual Fidelity IRA.

**Forfeitures** – Forfeitures are the non-vested portion of a participant's account that are lost upon termination of employment. Forfeitures are retained in the Plan and will first be used to pay Plan administrative expenses, with remaining amounts used to reduce future Company contributions. As of December 31, 2012 and 2011, forfeited nonvested accounts totaled \$63,794 and \$45,989, respectively. For the year ended December 31, 2012, forfeitures of \$10,835 were utilized to pay \$14,504 of administrative expenses.

### **Note 2 - Summary of Accounting Policies**

**Basis of accounting** – The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, using the accrual basis of accounting.

**Use of estimates** – The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

### **Note 2 - Summary of Accounting Policies (continued)**

ASU No. 2011-04 – In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2011-04, Fair Value Measurement (Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs. ASU No. 2011-04 requires information about all transfers between levels 1 and 2, not just significant transfers, disclosure of valuation techniques for Level 2 and Level 3 measurements and for Level 3 measurements requires disclosure of valuation processes used by the reporting entity and quantitative information about significant unobservable inputs, as well as additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. It also requires disclosure of the categorization by level for items that are not measured at fair value in the statement of net assets available for benefits but are disclosed at fair value. The new guidance is effective for reporting periods beginning after December 15, 2011. The Plan adopted the new disclosure requirements effective January 1, 2012. See Note 4.

**Investment valuation** – The investments are stated at fair value. The Plan's trustee, Fidelity Management Trust Company, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of the defined-contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**Income recognition –** Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

### Note 2 - Summary of Accounting Policies (continued)

**Notes receivable from participants** – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

**Payments of benefits -** Benefits are recorded when paid.

**Expenses** – General plan administrative expenses may be paid out of the forfeiture account or paid by the Company. Certain investment and transaction fees are paid by participants in the Plan.

**Subsequent events** – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through June 24, 2013, which is the date the financial statements were available to be issued.

**Reclassifications** – Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 presentation. Such classifications have no effect on the Statement of Net Assets Available for Plan Benefits or the Changes in Net Assets Available for Plan Benefits.

### Note 3 - Investments

**Investments** – Investments representing 5% or more of net assets available for benefits consist of the following at December 31:

	2012 Fair Value			2011 Fair Value		
Fidelity Retirement Gov Money Market	\$	1,541,803	\$	1,428,801		
TMPL Global Bond		1,503,203		803,843		
Fidelity Growth Company		1,304,631		1,124,929		
Baron Growth		1,172,578		951,625		
Fidelity Balanced Fund		1,111,354		1,137,594		
Fidelity Retirement Money Market		1,088,403		803,056		
Fidelity Blue Chip Growth		1,002,444		790,813		

### Note 3 - Investments (continued)

During 2012, the Plan's investments (including gains and losses on investments purchased, sold, as well as held during the year) appreciated in fair value as follows:

Registered investment companies	\$ 1,919,830
Net appreciation in fair value of investments	\$ 1,919,830

The above amounts include interest, dividends, and both realized and unrealized gains and losses on investments. The Plan's recordkeeper does not separately account for the components of investment income.

#### Note 4 - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

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

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

### **Note 4 - Fair Value Measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Registered Investment Companies (Mutual Funds) - Shares of registered investment company funds (or mutual funds) are valued at the net asset value ("NAV") of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded.

The following table discloses by level the fair value hierarchy of the Plan's assets at fair value as of December 31, 2012 and 2011:

as of December 31, 2012									
Level 1 Level 2					Level 3			Total	
5,580,910 4,950,121	\$		-	\$		-	\$	5,580,910 4,950,121	

Investment Assets at Fair Value

Investment Assets at Fair Value

	Level 1		Level 1 Le		Level 3		Total	
Growth funds	\$	5,580,910	\$	-	\$	-	\$	5,580,910
Balanced funds		4,950,121		-		-		4,950,121
Fixed income funds		4,223,705		-		-		4,223,705
Target dated funds		3,083,554						3,083,554
	\$	17,838,290	\$		\$	-	\$	17,838,290

		as of December 31, 2011							
	Level 1		Level 2		Level 3		Total		
Growth funds	\$	4,668,062	\$	-	\$	-	\$	4,668,062	
Balanced funds		3,840,958		-		-		3,840,958	
Fixed income funds		3,384,939		-		-		3,384,939	
Target dated funds		2,561,229		-		-		2,561,229	
	\$	14 455 188	\$	_	\$	_	\$	14 455 188	

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

#### **Note 5 - Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated October 9, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

### Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

### **Note 7 - Information Certified by the Trust Company**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011.
- Net appreciation in fair value of investments, dividends, and interest from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2012.
- Investments reflected on the supplemental schedule of assets (held at end of year).

### **Note 8 - Party-in Interest Transactions**

Plan investments include shares of registered investment Company funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee of the Plan and an affiliate of Fidelity Investments and, therefore, transactions with these entities qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were \$14,504 for the year ended December 31, 2012.

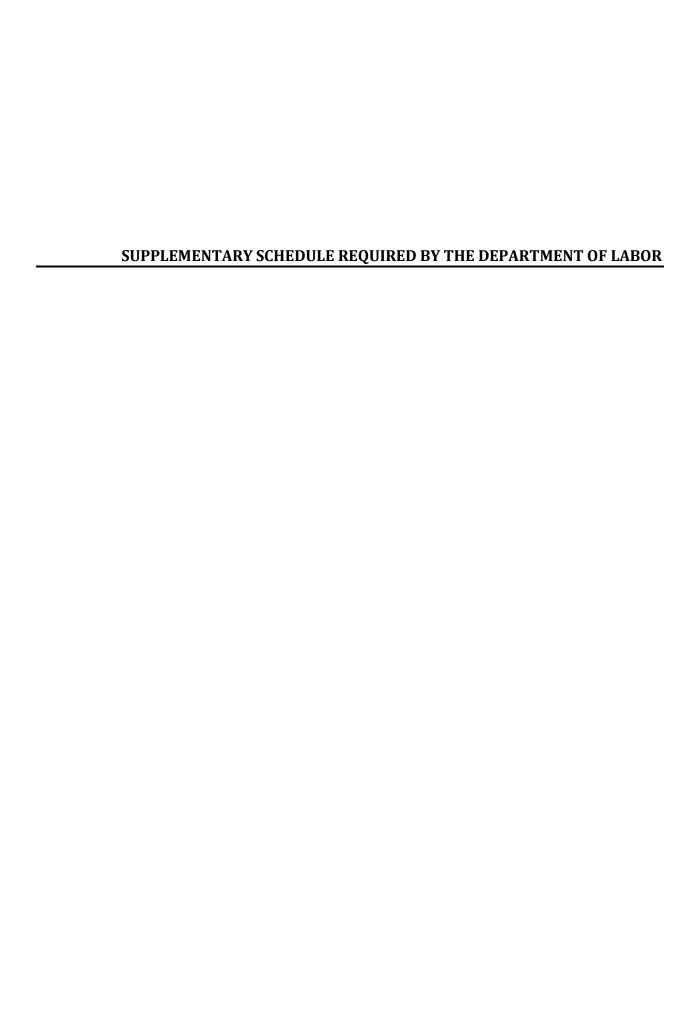
### **Note 9 - Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

### Note 10 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits between the financial statements and the Form 5500 as of December 31:

	2012	2011
Net assets available for benefits per the financial statements Employer and participant Plan receivables	\$ 18,798,570 (353,357)	\$ 15,362,674 (275,922)
Net assets available for benefits per Form 5500	\$ 18,445,213	\$ 15,086,752
Total additions to net assets per the financial statements Plus: Employer and participant Plan receivables – December 2011 Less: Employer and participant Plan	\$ 4,227,534 275,922	
receivables – December 2012	(353,357)	
Total additions to net assets per Form 5500	\$ 4,150,099	



# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN EIN NUMBER 91-1190346 PLAN NUMBER 001 SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2012

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

	<i>a</i> .>	(2)	(4)	(e)
(-)	(b)	(c)	(d)	Current
(a)	Issuer	Investment Description	Cost	Fair Value
_	tered Investment Company:			
*	Fidelity Retirement Gov Money Market	Registered Investment Company	†	\$ 1,541,806
	TMPL Global Bond	Registered Investment Company	†	1,503,203
*	Fidelity Growth Company	Registered Investment Company	†	1,304,631
	Baron Growth	Registered Investment Company	†	1,172,578
*	Fidelity Balanced Fund	Registered Investment Company	†	1,111,354
*	Fidelity Retirement Money Market	Registered Investment Company	†	1,088,403
*	Fidelity Blue Chip Growth	Registered Investment Company	†	1,002,444
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*	Fidelity Freedom 2030 Fund	Registered Investment Company	†	795,332
*	Fidelity Value Fund	Registered Investment Company	†	701,004
	Rainier Small/Mid-Cap Equity	Registered Investment Company	†	684,895
*	Fidelity Freedom 2020 Fund	Registered Investment Company	†	666,018
	Spartan 500 Index Adv	Registered Investment Company	†	638,798
*	Fidelity OTC Portfolio	Registered Investment Company	†	541,279
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	Harbor International Investment	Registered Investment Company	†	454,845
*	Fidelity Freedom 2040 Fund	Registered Investment Company	†	437,779
*	Fidelity Mid-Cap Stock	Registered Investment Company	†	420,238
*	Fidelity Freedom 2025 Fund	Registered Investment Company	†	396,955
	Spartan US Bond Index Adv	Registered Investment Company	†	353,512
*	Fidelity Freedom 2010 Fund	Registered Investment Company	†	256,444
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*	Fidelity Fund	Registered Investment Company	†	110,951
*	Fidelity Freedom 2050 Fund	Registered Investment Company	†	93,590
*	Fidelity Freedom Income Fund	Registered Investment Company	†	89,341
*	Fidelity Freedom 2015 Fund	Registered Investment Company	†	53,895
*	Fidelity Freedom 2045 Fund	Registered Investment Company	†	42,264
	Spartan Ext Mkt Index Adv	Registered Investment Company	†	5,209
*	Fidelity Freedom 2005 Fund	Registered Investment Company	†	4,062
*	Fidelity Freedom 2055 Fund	Registered Investment Company	†	2,681
	Spartan U.S. Equity Index	Registered Investment Company	†	1,170
*	Fidelity U.S. Bond Index	Registered Investment Company	†	954
*	Loans to Participants	Interest rates range from 3.25%	ı	734
	Louis to 1 articipants	to 8.25%, maturing through		
		December 2020.	-	606,923
				\$ 18,445,213

<sup>\*</sup> Represents a party in interest as defined by ERISA.

 $<sup>\ \, + \</sup>quad \, \text{Historical cost information not required for participant directed accounts}.$ 

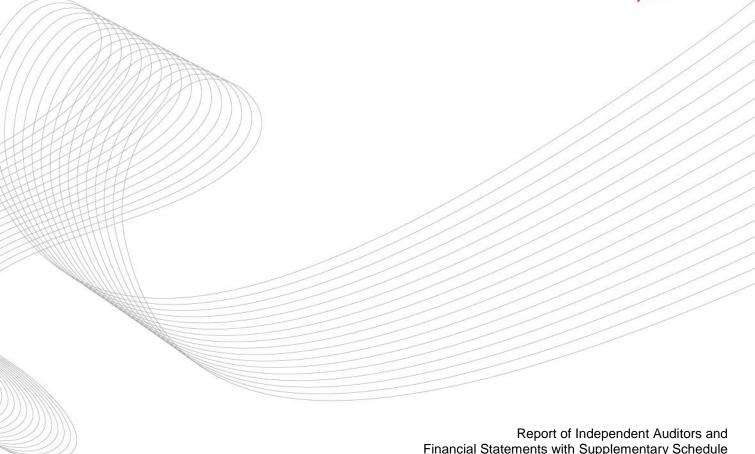


### MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.





Financial Statements with Supplementary Schedule Required by the Department of Labor

### Peoples Bank Salary Investment and Profit Sharing Plan

December 31, 2012 and 2011



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#### REPORT OF INDEPENDENT AUDITORS

To the Trustees
Peoples Bank Salary Investment and Profit Sharing Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Peoples Bank Salary Investment and Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.



### Disclaimer of Opinion

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

#### Other Matter

The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2012, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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

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

Bellingham, Washington

Won alams LLP

June 24, 2013

# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,			
	2012	2011		
ASSETS Investments, at fair value Participant directed investments	\$ 17,838,290	\$ 14,455,188		
RECEIVABLES				
Notes receivable from participants	606,923	631,564		
Participant contributions	119,843	100,569		
Employer contribution	233,514	175,353		
Total receivables	960,280	907,486		
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	18,798,570	15,362,674		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 18,798,570	\$ 15,362,674		

# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31, 2012		
CHANGES IN NET ASSETS ATTRIBUTED TO:			
Investment income  Net appreciation in fair value of investments	\$ 1,919,830		
Interest income Interest income on notes receivable from participants	20,560		
Contributions Participant salary deferral Participant rollover Employer	1,243,819 152,966 890,359		
Total contributions	2,287,144		
Total additions	4,227,534		
Benefit payments and other deductions  Benefits paid to participants  Deemed distributions  Administrative expenses  Total deductions	730,733 46,401 14,504 791,638		
NET INCREASE	3,435,896		
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	15,362,674		
End of year	\$ 18,798,570		

### Note 1 - Description of Plan

The following description of Peoples Bank Salary Investment and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

**General** – The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of Peoples Bank, and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Peoples Bank (the "Company") is the Plan's sponsor and serves as Plan administrator.

**Eligibility** – Employees of the Company are eligible to participate in the Plan upon reaching age 21 and after completing three months of service.

**Contributions** – Participants may elect to contribute up to the lesser of 60 percent of eligible compensation or the maximum allowed by law to the Plan each year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans, with the exception of rollovers of after-tax employee contributions. Participants may elect to make Roth contributions to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may elect to make discretionary matching and profit sharing contributions to the Plan at the discretion of the Board of Directors. Contributions are invested in the same funds as elected for participant deferrals. For the year ended December 31, 2012, the Company made quarterly matching contributions equal to 100 percent of the first 6 percent of the base compensation that a participant contributed to the Plan. No profit sharing contribution was made for the year ended December 31, 2012.

Contributions are subject to regulatory limitations.

**Participant accounts** – Each participant's account is credited with the participant's contribution as well as allocations of the Company's contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan.

**Vesting** – Participants are fully vested in their salary deferrals plus actual earnings thereon. Vesting in Company matching contributions and profit sharing contribution portions of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

### Note 1 - Description of Plan (continued)

**Notes receivable from participants** – Participants may borrow from their accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance of the participant's account and bear fixed, reasonable rates of interest, as determined by the Plan administrator. The maximum loan term is five years unless the loan term qualifies as a home loan, in which case the term of the loan is not to exceed ten years. Principal and interest are paid ratably through monthly deductions. As of December 31, 2012, the rates of interest on outstanding loans ranged from 3.25% to 8.25% with various maturities through December 3, 2020.

**Payment of benefits** – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance, or annual installments over a specified period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Lump-sum distributions will be made for all terminated participants with account balances of less than \$1,000. Terminated participants with account balances between \$1,000 and \$5,000 will have their balances automatically rolled into an Individual Fidelity IRA.

**Forfeitures** – Forfeitures are the non-vested portion of a participant's account that are lost upon termination of employment. Forfeitures are retained in the Plan and will first be used to pay Plan administrative expenses, with remaining amounts used to reduce future Company contributions. As of December 31, 2012 and 2011, forfeited nonvested accounts totaled \$63,794 and \$45,989, respectively. For the year ended December 31, 2012, forfeitures of \$10,835 were utilized to pay \$14,504 of administrative expenses.

#### **Note 2 - Summary of Accounting Policies**

**Basis of accounting** – The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, using the accrual basis of accounting.

**Use of estimates** – The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

### **Note 2 - Summary of Accounting Policies (continued)**

ASU No. 2011-04 – In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2011-04, Fair Value Measurement (Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs. ASU No. 2011-04 requires information about all transfers between levels 1 and 2, not just significant transfers, disclosure of valuation techniques for Level 2 and Level 3 measurements and for Level 3 measurements requires disclosure of valuation processes used by the reporting entity and quantitative information about significant unobservable inputs, as well as additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. It also requires disclosure of the categorization by level for items that are not measured at fair value in the statement of net assets available for benefits but are disclosed at fair value. The new guidance is effective for reporting periods beginning after December 15, 2011. The Plan adopted the new disclosure requirements effective January 1, 2012. See Note 4.

**Investment valuation** – The investments are stated at fair value. The Plan's trustee, Fidelity Management Trust Company, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of the defined-contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**Income recognition –** Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

### Note 2 - Summary of Accounting Policies (continued)

**Notes receivable from participants** – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

**Payments of benefits -** Benefits are recorded when paid.

**Expenses** – General plan administrative expenses may be paid out of the forfeiture account or paid by the Company. Certain investment and transaction fees are paid by participants in the Plan.

**Subsequent events** – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through June 24, 2013, which is the date the financial statements were available to be issued.

**Reclassifications** – Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 presentation. Such classifications have no effect on the Statement of Net Assets Available for Plan Benefits or the Changes in Net Assets Available for Plan Benefits.

#### Note 3 - Investments

**Investments** – Investments representing 5% or more of net assets available for benefits consist of the following at December 31:

	2012 Fair Value			2011 Fair Value		
Fidelity Retirement Gov Money Market	\$	1,541,803	\$	1,428,801		
TMPL Global Bond		1,503,203		803,843		
Fidelity Growth Company		1,304,631		1,124,929		
Baron Growth		1,172,578		951,625		
Fidelity Balanced Fund		1,111,354		1,137,594		
Fidelity Retirement Money Market		1,088,403		803,056		
Fidelity Blue Chip Growth		1,002,444		790,813		

### Note 3 - Investments (continued)

During 2012, the Plan's investments (including gains and losses on investments purchased, sold, as well as held during the year) appreciated in fair value as follows:

Registered investment companies	\$ 1,919,830
Net appreciation in fair value of investments	\$ 1,919,830

The above amounts include interest, dividends, and both realized and unrealized gains and losses on investments. The Plan's recordkeeper does not separately account for the components of investment income.

#### Note 4 - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

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

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

### **Note 4 - Fair Value Measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Registered Investment Companies (Mutual Funds) - Shares of registered investment company funds (or mutual funds) are valued at the net asset value ("NAV") of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded.

The following table discloses by level the fair value hierarchy of the Plan's assets at fair value as of December 31, 2012 and 2011:

		as of Dec	cem	ber 31,	2012			
Level 1	Level 2		2 Level 3			Total		
5,580,910 4,950,121	\$		-	\$		-	\$ 5,580,910 4,950,121	

Investment Assets at Fair Value

Investment Assets at Fair Value

	Level 1	Level 2	Level 3	Total
Growth funds	\$ 5,580,910	\$ -	\$ -	\$ 5,580,910
Balanced funds	4,950,121	-	-	4,950,121
Fixed income funds	4,223,705	-	-	4,223,705
Target dated funds	3,083,554	 	 	 3,083,554
	\$ 17,838,290	\$ 	\$ -	\$ 17,838,290

	 as of December 31, 2011						
	Level 1	L€	evel 2	Le	vel 3		Total
Growth funds	\$ 4,668,062	\$	-	\$	-	\$	4,668,062
Balanced funds	3,840,958		-		-		3,840,958
Fixed income funds	3,384,939		-		-		3,384,939
Target dated funds	 2,561,229		-				2,561,229
	\$ 14 455 188	\$	_	\$	_	\$	14 455 188

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

#### **Note 5 - Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated October 9, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

### **Note 7 - Information Certified by the Trust Company**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011.
- Net appreciation in fair value of investments, dividends, and interest from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2012.
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Plan investments include shares of registered investment Company funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee of the Plan and an affiliate of Fidelity Investments and, therefore, transactions with these entities qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were \$14,504 for the year ended December 31, 2012.

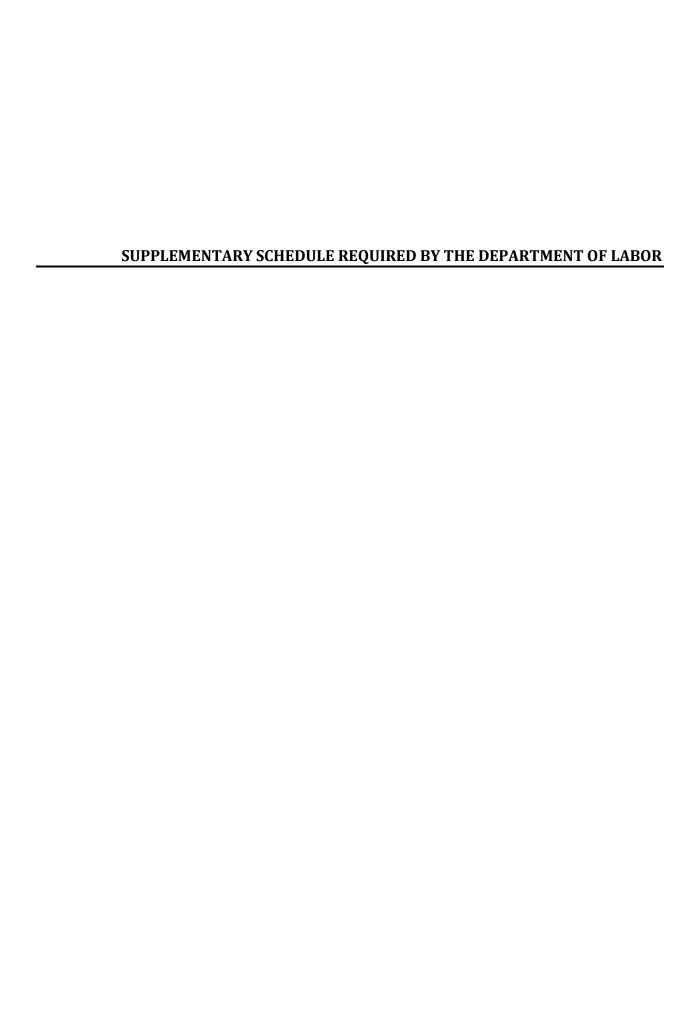
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Net assets available for benefits per the financial statements Employer and participant Plan receivables	\$ 18,798,570 (353,357)	\$ 15,362,674 (275,922)
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Total additions to net assets per the financial statements Plus: Employer and participant Plan receivables – December 2011 Less: Employer and participant Plan	\$ 4,227,534 275,922	
receivables – December 2012	(353,357)	
Total additions to net assets per Form 5500	\$ 4,150,099	



# PEOPLES BANK SALARY INVESTMENT AND PROFIT SHARING PLAN EIN NUMBER 91-1190346 PLAN NUMBER 001 SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2012

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

	(1-)	(2)	(4)	(e)
(a)	(b)	(c)	(d)	Current
(a)	Issuer	Investment Description	Cost	Fair Value
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*	Fidelity Freedom 2045 Fund	Registered Investment Company	†	42,264
	Spartan Ext Mkt Index Adv	Registered Investment Company	†	5,209
*	Fidelity Freedom 2005 Fund	Registered Investment Company	<u>'</u>	4,062
*	Fidelity Freedom 2055 Fund	Registered Investment Company		2,681
	Spartan U.S. Equity Index	Registered Investment Company	†	1,170
*	Fidelity U.S. Bond Index	Registered Investment Company	†	954
*	Loans to Participants	Interest rates range from 3.25%	ļ	754
	Louis to 1 at ticipatits	to 8.25%, maturing through		
		December 2020.	-	606,923
				\$ 18,445,213

<sup>\*</sup> Represents a party in interest as defined by ERISA.

<sup>†</sup> Historical cost information not required for participant directed accounts.



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