

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PEOPLES BANCORP INC. RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/31/1985</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0987416</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>740-374-6176</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>551111</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan<br><u>12/31/1985</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0987416</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>740-374-6176</u> |  | <b>2d</b> Business code (see instructions)<br><u>551111</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                  | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/31/1985</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0987416</u>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>740-374-6176</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>551111</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PEOPLES BANCORP INC.</u><br><br><u>138 PUTNAM STREET</u><br><u>MARIETTA, OH 45750</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/06/2022 | TONYA STEELE                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 1326                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 933<br><b>6a(2)</b> 1202<br><b>6b</b> 8<br><b>6c</b> 470<br><b>6d</b> 1680<br><b>6e</b> 4<br><b>6f</b> 1684<br><b>6g</b> 1625<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2H 2J 2K 2O 2S 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>PEOPLES BANCORP INC. RETIREMENT SAVINGS PLAN                                                                                                                                               | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEOPLES BANCORP INC.                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br>31-0987416                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**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)

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 49<br>50 59 60 62<br>63 64 65 72<br>99 | N/A                                                                                               | 177041                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

RELIANCE TRUST COMPANY

58-1428634

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 25 64<br>65 71 99   | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 7584                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ENVESTNET RETIREMENT SOLUTIONS, LLC

61-1732930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| GREAT-WEST LIFE & ANNUITY INSURANCE                                 | 52 59 60 62 63                                                                                                                                                     | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEE ATTACHED SCHEDULE C REPORT<br><br>84-0467907                    | SEE ATTACHED FORM 5500 SCHEDULE C REPORT RELIANCE                                                                                                                  |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| RELIANCE TRUST COMPANY                                              | 19 25 64 65 71 99                                                                                                                                                  | 7584                                      |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GREAT-WEST LIFE & ANNUITY INSURANCE<br><br>84-0467907               | SEE ATTACHED FORM 5500 SCHEDULE C REPORT RELIANCE                                                                                                                  |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ENVESTNET RETIREMENT SOLUTIONS, LLC                                 | 27                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GREAT-WEST LIFE & ANNUITY INSURANCE<br><br>84-0467907               | SEE ATTACHED FORM 5500 SCHEDULE C REPORT RELIANCE                                                                                                                  |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2021</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>PEOPLES BANCORP INC. RETIREMENT SAVINGS PLAN</b>                             | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PEOPLES BANCORP INC.</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>31-0987416</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 806835                | 943098          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 76683944              | 89536250        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 3219357         | 2917101         |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 80710136           | 93396449        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g                    |                 |
| <b>h</b>           | Operating payables .....                                         | 1h                    |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i                    |                 |
| <b>j</b>           | Other liabilities.....                                           | 1j                    |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 0                  | 0               |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 80710136           | 93396449        |

**Part II Income and Expense Statement**

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

|          |                                                                                                     | (a) Amount       | (b) Total |
|----------|-----------------------------------------------------------------------------------------------------|------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |                  |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A) 3651025 |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B) 4934990 |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C) 2255336 |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2)            |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)            | 10841351  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |                  |           |
| (1)      | Interest:                                                                                           |                  |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A)         |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)         |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)         |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)         |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) 49743   |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F)         |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 49743     |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)         |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B) 157691  |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 5543073 |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 5700764   |
| (3)      | Rents .....                                                                                         | 2b(3)            |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A) 547042  |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B) 520588  |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         | 26454     |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)         |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 531916  |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)         | 531916    |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 7157887   |
| c Other income.....                                                                            | 2c     |            | 27        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 24308142  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 11433957   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 11433957  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 3927      |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 6904      |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 177041     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 177041    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 11621829  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 12686313  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FORVIS, LLP

(2) EIN: 44-0160260

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PEOPLES BANCORP INC. RETIREMENT SAVINGS PLAN</u>                 | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PEOPLES BANCORP INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0987416</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-1590850</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

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

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**UNITED STATES**  
**SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

---

**FORM 11-K**

---

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the fiscal year ended December 31, 2021**

**OR**

☐ **TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from \_\_\_\_\_ to \_\_\_\_\_.**

**Commission file number 0-16772**

---

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

**Peoples Bancorp Inc. Retirement Savings Plan**  
**138 Putnam Street, P.O. Box 738**  
**Marietta, Ohio 45750**  
**Attn: Peoples Bancorp Inc. Retirement Plan Committee**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

**Peoples Bancorp Inc.**  
**138 Putnam Street, P.O. Box 738**  
**Marietta, Ohio 45750**

# Peoples Bancorp Inc. Retirement Savings Plan

December 31, 2021 and 2020

## Table of Contents

|                                                                                       |                           |
|---------------------------------------------------------------------------------------|---------------------------|
| <a href="#"><u>Report of Independent Registered Public Accounting Firm</u></a>        | <a href="#"><u>1</u></a>  |
| <a href="#"><u>Financial Statements</u></a>                                           |                           |
| <a href="#"><u>Statements of Net Assets Available for Benefits</u></a>                | <a href="#"><u>2</u></a>  |
| <a href="#"><u>Statements of Changes in Net Assets Available for Benefits</u></a>     | <a href="#"><u>3</u></a>  |
| <a href="#"><u>Notes to Financial Statements</u></a>                                  | <a href="#"><u>4</u></a>  |
| <a href="#"><u>Supplemental Schedule</u></a>                                          |                           |
| <a href="#"><u>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</u></a> | <a href="#"><u>13</u></a> |
| <a href="#"><u>Exhibit Index</u></a>                                                  | <a href="#"><u>14</u></a> |
| <a href="#"><u>Signatures</u></a>                                                     | <a href="#"><u>15</u></a> |

## **Report of Independent Registered Public Accounting Firm**

Plan Administrator  
Peoples Bancorp Inc. Retirement Savings Plan  
Marietta, Ohio

### ***Opinion on the Financial Statements***

We have audited the accompanying statements of net assets available for benefits of the Peoples Bancorp Inc. Retirement Savings Plan (the Plan) as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended and the related notes (collectively referred to as the “financial statements”). In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Peoples Bancorp Inc. Retirement Savings Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### ***Basis of Opinion***

These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (“PCAOB”) and are required to be independent with respect to the Plan in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. As part of our audits, we are required to obtain an understanding of internal control over financial reporting but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control over financial reporting. Accordingly, we express no such opinion.

Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

### ***Report on Supplemental Information***

The supplemental information in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, has been subjected to audit procedures performed in conjunction with the audit of the Plan’s financial statements. The supplemental schedule is the responsibility of Plan’s management. Our audit procedures included determining whether the supplemental schedule reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented in the supplemental schedule. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. In our opinion, the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

**/s/ FORVIS, LLP (Formerly, BKD, LLP)**

We have served as the Plan’s auditor since 2004.

Cincinnati, Ohio  
June 28, 2022

# Peoples Bancorp Inc. Retirement Savings Plan

## Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

|                                          | 2021                 | 2020                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets:</b>                           |                      |                      |
| Investments, at fair value               | \$ 92,453,351        | \$ 79,903,301        |
| Employer's contributions receivable      | 106,456              | 100,145              |
| Notes receivable from participants       | 987,142              | 910,522              |
| <b>Net assets available for benefits</b> | <b>\$ 93,546,949</b> | <b>\$ 80,913,968</b> |

*See Notes to Financial Statements*

# Peoples Bancorp Inc. Retirement Savings Plan

## Statements of Changes in Net Assets Available for Benefits

### Years Ended December 31, 2021 and 2020

|                                                              | 2021                 | 2020                 |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>Investment income:</b>                                    |                      |                      |
| Net appreciation in fair value of investments                | \$ 7,716,257         | \$ 7,464,109         |
| Interest and dividends                                       | 5,700,764            | 3,080,847            |
| Net investment income                                        | 13,417,021           | 10,544,956           |
| <b>Interest income on notes receivable from participants</b> | 49,743               | 56,059               |
| <b>Other income</b>                                          | 27                   | 1,717                |
| <b>Contributions:</b>                                        |                      |                      |
| Employer                                                     | 3,657,336            | 2,651,550            |
| Participants                                                 | 4,934,990            | 4,176,663            |
| Rollovers                                                    | 2,255,336            | 1,411,727            |
| Total contributions                                          | 10,847,662           | 8,239,940            |
| Total increase                                               | 24,314,453           | 18,842,672           |
| <b>Deductions:</b>                                           |                      |                      |
| Benefits paid to participants                                | 11,504,431           | 7,570,271            |
| Administrative expenses                                      | 177,041              | 140,491              |
| Total deductions                                             | 11,681,472           | 7,710,762            |
| Net increase                                                 | 12,632,981           | 11,131,910           |
| Net assets available for benefits, beginning of year         | 80,913,968           | 69,782,058           |
| <b>Net assets available for benefits, end of year</b>        | <b>\$ 93,546,949</b> | <b>\$ 80,913,968</b> |

See Notes to Financial Statements

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 1. Description of the Plan

The following is a description of the Peoples Bancorp Inc. Retirement Savings Plan (the “Plan”) and provides only general information. Participants should refer to the Plan document and the Summary Plan Description for a more complete description of the Plan's provisions, which are available from the Peoples Bancorp Inc. Retirement Plan Committee (“Plan Administrator”).

#### *General*

The Plan is a defined contribution plan sponsored by Peoples Bancorp Inc. (“Peoples”) for the benefit of eligible employees age 18 or older of Peoples and its subsidiaries, including Peoples Bank. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Reliance National Trust Company is the Plan's trustee and serves as the custodian of the Plan's assets.

The Plan consists of both an Employee Stock Ownership Plan (“ESOP”) component and a non-ESOP component. Peoples intends both components together to constitute a single plan under U.S. Treasury Regulation Section 1.414(1) -1(b)(1). Accordingly, the provisions set forth in the other sections of the Plan apply to the ESOP component in the same manner as those provisions apply to the non-ESOP component, except to the extent that those provisions by their terms are inapplicable to the ESOP component.

In response to the novel COVID-19 pandemic (“COVID-19”), the Coronavirus Aid, Relief, and Economic Security Act of 2020, as amended (the “CARES Act”), was signed into law on March 27, 2020, to provide national emergency economic relief measures. Many of the CARES Act’s programs are dependent upon the direct involvement of U.S. financial institutions, such as Peoples and Peoples Bank, and have been implemented through rules and guidance adopted by federal departments and agencies, including the U.S. Department of Treasury, the Board of Governors of the Federal Reserve System and other federal banking agencies, including those with direct supervisory jurisdiction over Peoples and Peoples Bank. Furthermore, as the ongoing COVID-19 pandemic has evolved, federal regulatory authorities have continued to issue additional guidance with respect to the implementation, lifecycle, and eligibility requirements for the various CARES Act programs as well as industry-specific recovery procedures for COVID-19.

#### *Employee Stock Ownership Plan*

The ESOP component of the Plan is not leveraged and is designed to invest primarily in Peoples common shares. The ESOP component consists of the portion of the assets of the Plan that are invested in the Peoples Bancorp Inc. Common Stock Fund. The ESOP feature is intended to qualify as a stock bonus plan under Internal Revenue Code Section 401(a) and as an employee stock ownership plan under Internal Revenue Code Section 4975(e)(7). Starting at the close of business on December 31, 2014, the Peoples Bancorp Inc. Common Stock Fund was frozen for new investments. However, participant account balances previously invested into the Peoples Bancorp Inc. Common Stock Fund prior to January 1, 2015 were permitted to remain invested in the Peoples Bancorp Inc. Common Stock Fund. Once an investment in the Peoples Bancorp Inc. Common Stock Fund has been transferred into another investment under the Plan, it cannot be reinvested in the Peoples Bancorp Inc. Common Stock Fund.

#### *Contributions*

The Plan permits eligible employees through a salary deferral election to make annual pre-tax contributions of up to 100% of eligible compensation. The Plan also allows for after-tax, or Roth, contributions. Employee

# **Peoples Bancorp Inc. Retirement Savings Plan**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

rollover contributions, both traditional and Roth, are also permitted to be made to the Plan. On September 17, 2021, Peoples completed its acquisition of Premier Financial Bancorp, Inc. ("Premier"). As of the acquisition date, certain Premier employees that became Peoples employees became eligible for participation in the Plan. On March 31, 2021, Peoples completed its acquisition of NS Leasing, LLC ("NSL"). As of the acquisition date, certain NSL employees that became Peoples employees became eligible for participation in the Plan. Effective January 1, 2021, Peoples made matching contributions equal to 100% of the participating employees' salary deferral up to 6% of the participating employees' compensation. In 2020, Peoples made matching contributions equal to 100% of the participating employees' salary deferral up to 4% of the participating employees' compensation and 50% of the participating employees' salary deferral amounts on the next 2% of the participating employees' compensation. Contributions are subject to certain limitations under Internal Revenue Code Section 402(g), as increased by Internal Revenue Code section 414(r) for participants who are age 50 by the end of the plan year.

#### ***Participant Investment Account Options***

Investment account options available include various funds. Participants direct the investment of their contributions and Peoples' matching contributions into any of the separate investment accounts and may change their allocations daily.

The Plan also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. In 2021, the automatic deferral was 6% of compensation. In 2020, the automatic deferral was 6% of compensation for any participants hired on or after July 1, 2020 and 5% of compensation for any participants hired prior to July 1, 2020.

#### ***Participant Accounts***

Each participant's account is credited or debited with the participant's contribution, Peoples' contributions, and Plan earnings or losses, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are immediately vested in their voluntary contributions as well as Peoples' matching and profit sharing contributions plus or minus earnings and losses thereon.

#### ***Payment of Benefits***

Upon termination of service, an employee may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly, quarterly, or annual installments over a period of not more than the participant's assumed life expectancy. At December 31, 2021 and 2020, Plan assets did not include any accounts of terminated or retired participants who have elected payment from the Plan but have not yet been paid. During 2020, the CARES Act provided distribution options to allow for coronavirus-related distributions ("CRD") in which qualified participants are permitted to take a CRD of up to \$100,000 from the Plan. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020. The Plan will execute a formal Plan amendment within the timeframe required under the CARES Act.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### *Notes Receivable from Participants*

The Plan includes provisions authorizing loans from the Plan to active eligible participants. Loans may be made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan is \$1,000. Participants may only have one loan outstanding at any given time. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are evidenced by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence, which may exceed the five-year term with approval from the Plan Administrator) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the Plan Administrator.

Notes receivable from participants are reported at amortized principal balance plus accrued but unpaid interest. The accrual of interest on loans is discontinued at the time the loan is 90 days past due unless the credit is well-secured and in process of collection. Past due status is based on the contractual terms of the loan. Delinquent loans are recorded as distributions once deemed uncollectible, and are a reduction to the applicable participant's account balance.

All interest accrued but not collected for loans placed on nonaccrual or charged off status is reversed against interest income. The interest on these loans is accounted for on the cash-basis or cost-recovery method, until qualifying for return to accrual status. Loans are returned to accrual status when all the principal and interest amounts contractually due are brought current and future payments are reasonably assured.

The CARES Act permitted plans to be amended to allow participants who were affected by COVID-19 to elect to defer loan payments that would have been due between March 27, 2020 and December 31, 2020. No participant in the Plan took advantage of this distribution alternative. The Plan will execute a formal Plan amendment within the timeframe required under the CARES Act.

### *Plan Termination*

Although it has not expressed an intention to do so, Peoples has the right under the Plan to discontinue its matching contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

## **Note 2. Summary of Significant Accounting Policies**

The following is a summary of significant accounting policies followed in the preparation of the financial statements:

### *Method of Accounting*

The accompanying financial statements are prepared on the accrual method of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### *Valuation of Investments and Income Recognition*

Investments are stated at fair value based on quoted market prices on the valuation date. Investments traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

The investment in Peoples Bancorp Inc. Common Stock Fund Units ("Units") has been unitized and is comprised of cash and common shares of Peoples. The Plan holds between 3% and 5% of these Units in cash in order to provide liquidity for timely distributions. At December 31, 2021 and 2020, these Units were comprised of 87,429 and 112,352 Peoples common shares, respectively, and cash of \$136,002 and \$175,765, respectively.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis while dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold, as well as held during the year.

### *Plan Tax Status*

The Plan obtained its latest determination letter in November 2017, in which the Internal Revenue Service stated that the Plan and the related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan, and the related trust, are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

US GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

## **Note 3. Investments**

The net appreciation in the fair value of the Plan's investments during the years ended December 31, 2021 and 2020, including realized and unrealized gains and losses on those investments purchased, sold and held during the year, was \$7,716,257 and \$7,464,109, respectively. Most of the Plan's investments increased in value during the year ended December 31, 2021, and the most significant contributors to the net appreciation were Vanguard Mid-Cap Index shares, which increased from \$256.40 per share at December 31, 2020 to \$315.46 per share at December 31, 2021, and Vanguard Total Stock Market Index shares, which increased from \$94.74 at December 31, 2020 to \$117.56 per share at December 31, 2021. Most of the Plan's investments increased in value during the year ended December 31, 2020, and the most significant contributors to the net appreciation were Carillon Eagle Mid Cap Growth shares, which increased from \$70.13 per share at December 31, 2019, to \$96.32 per share at December 31,

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

2020, and Vanguard Mid-Cap Growth Index shares, which increased from \$68.34 per share at December 31, 2019 to \$91.26 per share at December 31, 2020.

Interest and dividends realized on the Plan's investments for the years ended December 31, 2021 and 2020 were \$5,700,764 and \$3,080,847, respectively.

### Note 4. Fair Value Measurements

The measurement of fair value under US GAAP uses 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 and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described below. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**Level 1:** Quoted prices in active exchange markets for identical assets or liabilities.

**Level 2:** Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

**Level 3:** Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for single dealer nonbinding quotes not corroborated by observable market data.

There were no significant changes in the valuation techniques during the years ended December 31, 2021 and 2020. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a non-recurring basis. The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis, including the general classification of such instruments pursuant to the fair value hierarchy:

**Mutual Funds:** These investments are valued using quoted prices in an active market and classified within Level 1 of the valuation hierarchy.

**Peoples Bancorp Inc. Common Stock Fund Units:** Peoples Bancorp Inc. Common Stock Fund Units are held in a unitized fund and are comprised of cash and common shares of Peoples. The underlying common shares are valued at the closing price of a common share reported on the Nasdaq Global Select Market® under the symbol "PEBO" and are classified within Level 1 of the valuation hierarchy.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

Investments measured at fair value on a recurring basis comprised the following at December 31:

|                                                 | Using                                                                         |                                                           |                                                    |                      |
|-------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------|
|                                                 | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Fair Value           |
| <b>2021</b>                                     |                                                                               |                                                           |                                                    |                      |
| Mutual funds                                    | \$ 89,536,250                                                                 | \$ —                                                      | \$ —                                               | \$ 89,536,250        |
| Peoples Bancorp Inc. Common Stock Fund<br>Units | 2,917,101                                                                     | —                                                         | —                                                  | 2,917,101            |
| <b>Total</b>                                    | <b>\$ 92,453,351</b>                                                          | <b>\$ —</b>                                               | <b>\$ —</b>                                        | <b>\$ 92,453,351</b> |
| <b>2020</b>                                     |                                                                               |                                                           |                                                    |                      |
| Mutual funds                                    | \$ 76,683,944                                                                 | \$ —                                                      | \$ —                                               | \$ 76,683,944        |
| Peoples Bancorp Inc. Common Stock Fund<br>Units | 3,219,357                                                                     | —                                                         | —                                                  | 3,219,357            |
| <b>Total</b>                                    | <b>\$ 79,903,301</b>                                                          | <b>\$ —</b>                                               | <b>\$ —</b>                                        | <b>\$ 79,903,301</b> |

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 5. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, as well as a person who owns 50 percent or more of such employer or employee organization or relatives of such persons.

The Plan holds Peoples Bancorp Inc. Common Stock Fund Units. Peoples is the plan sponsor. The Plan receives dividends quarterly from Peoples on the common shares held in the Plan. The Plan received \$158,320 and \$156,476 of dividends in 2021 and 2020, respectively. Certain administrative services are provided at no cost to the Plan by Peoples. The Plan paid \$177,041 and \$140,491 of record-keeping fees to Empower Retirement, LLC during 2021 and to Mass Mutual Retirement Services, LLC in 2020, respectively.

### Note 6. Risks and Uncertainties

The Plan provides for various investments in common stock and mutual funds. Such investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of these investments will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances. Peoples common shares represented 3% and 4% of the total value of assets held in the Plan at December 31, 2021 and 2020, respectively.

The economic impact of COVID-19 or any other pandemic could adversely affect Peoples' business, financial condition, liquidity, and results of operations. Given the ongoing and dynamic nature of COVID-19, it is difficult to predict the full impact of the outbreak on Peoples' business. The extent of such impact will depend on future developments, which are highly uncertain, including when COVID-19 can be controlled and abated, and when and how the economy may be fully reopened.

### Note 7. Subsequent Events

Peoples Bank entered into an Asset Purchase Agreement, dated March 7, 2022 with Vantage Financial ("Vantage"), at which point Vantage became a legal subsidiary of Peoples Bank. As of the acquisition date, certain Vantage employees that became Peoples employees became eligible for participation in the Plan.

As of June 21, 2022, the Plan had losses of \$15.4 million for the first six months of 2022 due to changes in economic conditions since December 31, 2021.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020, to Form 5500:

|                                                                | 2021                 | 2020                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 93,546,949        | \$ 80,913,968        |
| Deemed participant loans                                       | (44,044)             | (103,687)            |
| Employer's contribution receivable                             | (106,456)            | (100,145)            |
| <b>Net assets available for benefits per Form 5500</b>         | <b>\$ 93,396,449</b> | <b>\$ 80,710,136</b> |

The following is a reconciliation of employers' contributions per the financial statements for the years ended December 31, 2021 and 2020, to Form 5500:

|                                                               | 2021                | 2020                |
|---------------------------------------------------------------|---------------------|---------------------|
| Employer's contributions per the financial statements         | \$ 3,657,336        | \$ 2,651,550        |
| Add: Employer's contribution receivable at December 31, 2020  | 100,145             | 90,553              |
| Less: Employer's contribution receivable at December 31, 2021 | (106,456)           | (100,145)           |
| <b>Employer's contributions per Form 5500</b>                 | <b>\$ 3,651,025</b> | <b>\$ 2,641,958</b> |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2021, and 2020, to Form 5500:

|                                                            | 2021                 | 2020                |
|------------------------------------------------------------|----------------------|---------------------|
| Benefits paid to participants per the financial statements | \$ 11,504,431        | \$ 7,570,271        |
| Distributed participant loans                              | (66,547)             | (21,590)            |
| <b>Balances paid to participants per Form 5500</b>         | <b>\$ 11,437,884</b> | <b>\$ 7,548,680</b> |

## **Supplemental Schedule**

# Peoples Bancorp Inc. Retirement Savings Plan

EIN 31-0987416 PN 002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

| (a)(b) Identity of Issuer                                                                                     | (c) Description of Investment (units) | (e) Current Value    |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|
| American Century Mid Cap Value Institutional                                                                  | 51,001                                | \$ 917,511           |
| American Funds Cap Inc Bldr R5                                                                                | 10,044                                | 704,921              |
| Carillon Eagle Mid Cap Growth-I                                                                               | 6,103                                 | 594,239              |
| Dodge and Cox Income                                                                                          | 141,419                               | 1,988,355            |
| Fidelity International Index Fund                                                                             | 20,267                                | 998,950              |
| JPMorgan US Gov Money Market-Ins                                                                              | 2,730,398                             | 2,730,398            |
| MFS International Growth Fund Class R4                                                                        | 53,468                                | 2,334,395            |
| Mainstay Large Cap Growth - I Fund                                                                            | 501,667                               | 6,737,384            |
| * Peoples Bancorp Common Stock Fund Units                                                                     | 143,903                               | 2,917,101            |
| PIMCO Low Duration Institutional Class                                                                        | 117,697                               | 1,153,430            |
| T Rowe Price Balanced Fund                                                                                    | 115,766                               | 3,264,603            |
| T Rowe Price New Horizons                                                                                     | 44,728                                | 3,435,580            |
| T Rowe Price Retirement 2005                                                                                  | 6,697                                 | 91,749               |
| T Rowe Price Retirement 2010                                                                                  | 17,043                                | 298,941              |
| T Rowe Price Retirement 2015                                                                                  | 31,968                                | 469,927              |
| T Rowe Price Retirement 2020                                                                                  | 67,269                                | 1,494,044            |
| T Rowe Price Retirement 2025                                                                                  | 205,608                               | 4,013,459            |
| T Rowe Price Retirement 2030                                                                                  | 146,886                               | 4,330,210            |
| T Rowe Price Retirement 2035                                                                                  | 218,417                               | 4,988,643            |
| T Rowe Price Retirement 2040                                                                                  | 95,378                                | 3,124,596            |
| T Rowe Price Retirement 2045                                                                                  | 141,921                               | 3,265,599            |
| T Rowe Price Retirement 2050                                                                                  | 194,292                               | 3,786,750            |
| T Rowe Price Retirement 2055                                                                                  | 102,986                               | 2,077,227            |
| T Rowe Price Retirement 2060                                                                                  | 112,334                               | 1,857,999            |
| Vanguard Equity Income Fund Investor                                                                          | 44,814                                | 1,972,283            |
| Vanguard Life Strategy Cons Growth                                                                            | 64,463                                | 1,487,170            |
| Vanguard Life Strategy Growth                                                                                 | 28,609                                | 1,271,077            |
| Vanguard Life Strategy Income                                                                                 | 752                                   | 12,756               |
| Vanguard Life Strategy Moderate Growth                                                                        | 12,586                                | 422,124              |
| Vanguard Mid-Cap GR Index-ADM                                                                                 | 33,242                                | 3,641,633            |
| Vanguard Mid-Cap Index Admiral                                                                                | 11,451                                | 3,612,217            |
| Vanguard Primecap Core Investment                                                                             | 191,038                               | 6,424,601            |
| Vanguard Short-Term Investment Grade Admiral                                                                  | 64,309                                | 692,603              |
| Vanguard Small Cap Index Admiral                                                                              | 33,272                                | 3,605,722            |
| Vanguard Small Cap Value Index Fd Admiral                                                                     | 13,025                                | 1,000,471            |
| Vanguard Total Bond Market Index Admiral                                                                      | 55,757                                | 623,916              |
| Vanguard Total Stock Market Index Admiral                                                                     | 86,005                                | 10,110,767           |
| * Participant loans (Interest rates - 5.25% - 7.50%, maturing between February 28, 2022 and October 31, 2026) |                                       | 987,142              |
| <b>Assets held at end of year</b>                                                                             |                                       | <b>\$ 93,440,493</b> |

\* Parties-in-interest

Cost information is not required for participant-directed investments and, therefore, is not included.

## Exhibit Index

| Exhibit Number              | Description                                              |
|-----------------------------|----------------------------------------------------------|
| <a href="#"><u>23.1</u></a> | Consent of Independent Registered Public Accounting Firm |

## **SIGNATURES**

*The Plan.* Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

PEOPLES BANCORP INC.  
RETIREMENT SAVINGS PLAN

Date: June 28, 2022

By: /s/ TONYA STEELE

Tonya Steele  
Senior Vice President, Chief Human Resources Officer  
Peoples Bank  
Chairperson, Retirement Plan Committee

# Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C<sup>1</sup> by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2021 - 12/31/2021 and indirect compensation is presented on a calendar year basis ending 12/31/2021.**

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

**Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.**

\*\*\*\*\*

**Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.**

---

<sup>1</sup>Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

**FORM 5500 SCHEDULE C REPORT**  
**SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION**

**PEOPLES BANCORP INC RET SAV PLAN (001409)**

**EIN #: 31-0987416**

**Important Note:** On December 31, 2020, Empower Retirement acquired the retirement business of Massachusetts Mutual Life Insurance Company ("MassMutual"). Following an initial transition period, Empower Retirement will become the sole administrator of this business. If the Plan utilizes an insurance product and the contract was issued by MassMutual, this material is being provided to you by Great-West Life & Annuity Insurance Company, affiliated with Empower Retirement, with respect to Empower Retirement's role as the administrator of this business, on MassMutual's behalf and pursuant to a Power of Attorney granted to Great-West Life & Annuity Insurance Company by MassMutual. If the Plan utilizes an insurance product and the contract was issued by Talcott Resolution Life Insurance Company ("Talcott", formerly named Hartford Life Insurance Company) and formerly administered by MassMutual, this material is being provided to you by Great-West Life & Annuity Insurance Company, affiliated with Empower Retirement, with respect to Empower Retirement's role as the administrator of this business pursuant to a Power of Attorney granted to Great-West Life & Annuity Insurance Company by Talcott. Empower Retirement refers to the products and services offered by Great-West Life & Annuity Insurance Company ("GWLA") and its subsidiaries, including Empower Retirement, LLC. Neither Great-West Life & Annuity Insurance Company nor Empower Retirement is affiliated with MassMutual, Talcott or their respective affiliates.

**Important Note:** The information in this document is applicable to the plan prior to transitioning recordkeeping platforms.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2021 - 12/31/2021 and indirect compensation is presented on a calendar year basis ending 12/31/2021.**

**For use with lines 2(h), 3(c), 3(d), 3(e)**

**Total Direct Compensation Paid**

**\$177,041.40**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

**Recipient: Great-West Life & Annuity Insurance Company ("GWLA") EIN: 84-0467907**

**Service Codes: 15, 37, 38, 49, 59, 60, 61, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)**

**Direct Compensation**

**\$177,041.40**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2021 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to MassMutual Retirement Services, LLC ("MMRS") are the net result of aggregating direct compensation after the effects of adjustments processed in 2021, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

## Indirect Compensation

### Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2021. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions.

### Compensation paid with respect to Funds

| <i>Investment Option Name</i>    | <i>EIN</i> | <i>Rate of Fees and Payments Received<br/>By MassMutual with Respect to the Fund<br/>(rates as of 12/31/2021)</i> | <i>Total Fund Annual<br/>Operating Expenses<br/>(Fund Expense Ratio)<br/>(as of 12/31/2021)</i> |
|----------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| AMERICAN CENTURY MID CAP VALUE I | 43-1646043 | 0.15%                                                                                                             | 0.78%                                                                                           |
| AMERICAN FUNDS CAP INC BLDR-R5   | 95-1411037 | 0.05%                                                                                                             | 0.32%                                                                                           |
| CARILLON EAGLE MID CAP GROWTH-I  | 59-1237041 | 0.15%                                                                                                             | 0.72%                                                                                           |
| DODGE & COX INCOME               | 94-6067274 | 0.08%                                                                                                             | 0.42%                                                                                           |
| FIDELITY INTERNATIONAL INDX FD   | 04-3365630 |                                                                                                                   | 0.03%                                                                                           |
| JPMORGAN US GOV MONEY MARKET-INS | 26-3613641 |                                                                                                                   | 0.23%                                                                                           |
| MAINSTAY WINSLOW LARGE CAP GR I  | 13-5582869 | 0.15%                                                                                                             | 0.72%                                                                                           |
| MFS INTERNATIONAL GROWTH-R4      | 04-3158862 | 0.20%                                                                                                             | 0.83%                                                                                           |
| PEOPLES BANCORP STOCK            | 00-0000N/A |                                                                                                                   | 0.00%                                                                                           |
| PIMCO LOW DURATION-INSTL         | 95-2632339 |                                                                                                                   | 0.46%                                                                                           |
| T. ROWE PRICE BALANCED           | 52-1725684 | 0.15%                                                                                                             | 0.61%                                                                                           |
| T. ROWE PRICE NEW HORIZONS       | 52-0791372 | 0.15%                                                                                                             | 0.75%                                                                                           |
| T. ROWE PRICE RETIRE 2060        | 52-2264646 | 0.15%                                                                                                             | 0.64%                                                                                           |
| T. ROWE PRICE RETIREMENT 2005    | 52-1151266 | 0.15%                                                                                                             | 0.49%                                                                                           |
| T. ROWE PRICE RETIREMENT 2010    | 52-1151266 | 0.15%                                                                                                             | 0.49%                                                                                           |
| T. ROWE PRICE RETIREMENT 2015    | 52-1151266 | 0.15%                                                                                                             | 0.51%                                                                                           |
| T. ROWE PRICE RETIREMENT 2020    | 52-1151266 | 0.15%                                                                                                             | 0.53%                                                                                           |
| T. ROWE PRICE RETIREMENT 2025    | 52-1151266 | 0.15%                                                                                                             | 0.55%                                                                                           |
| T. ROWE PRICE RETIREMENT 2030    | 52-1151266 | 0.15%                                                                                                             | 0.58%                                                                                           |
| T. ROWE PRICE RETIREMENT 2035    | 52-1151266 | 0.15%                                                                                                             | 0.59%                                                                                           |
| T. ROWE PRICE RETIREMENT 2040    | 52-1151266 | 0.15%                                                                                                             | 0.60%                                                                                           |
| T. ROWE PRICE RETIREMENT 2045    | 52-1151266 | 0.15%                                                                                                             | 0.62%                                                                                           |
| T. ROWE PRICE RETIREMENT 2050    | 52-1151266 | 0.15%                                                                                                             | 0.63%                                                                                           |
| T. ROWE PRICE RETIREMENT 2055    | 52-1151266 | 0.15%                                                                                                             | 0.64%                                                                                           |
| VANGUARD EQUITY-INCOME-INV       | 23-1945930 |                                                                                                                   | 0.28%                                                                                           |
| VANGUARD LIFE STRATEGY CONS GRTH | 23-1945930 |                                                                                                                   | 0.12%                                                                                           |
| VANGUARD LIFE STRATEGY GROWTH    | 23-1945930 |                                                                                                                   | 0.14%                                                                                           |
| VANGUARD LIFE STRATEGY INCOME    | 23-1945930 |                                                                                                                   | 0.11%                                                                                           |
| VANGUARD LIFE STRATEGY MOD GRTH  | 23-1945930 |                                                                                                                   | 0.13%                                                                                           |

| <i>Investment Option Name</i>    | <i>EIN</i> | <i>Rate of Fees and Payments Received<br/>By MassMutual with Respect to the Fund<br/>(rates as of 12/31/2021)</i> | <i>Total Fund Annual<br/>Operating Expenses<br/>(Fund Expense Ratio)<br/>(as of 12/31/2021)</i> |
|----------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| VANGUARD MID CAP INDEX-ADMIRAL   | 23-1999755 |                                                                                                                   | 0.05%                                                                                           |
| VANGUARD MID-CAP GR INDEX-ADM    | 23-1999755 |                                                                                                                   | 0.07%                                                                                           |
| VANGUARD PRIMECAP CORE INV       | 23-1945930 |                                                                                                                   | 0.46%                                                                                           |
| VANGUARD SHORTTERM INV GRADE ADM | 23-1899003 |                                                                                                                   | 0.10%                                                                                           |
| VANGUARD SM CAP VALUE INDEX-ADM  | 23-1999755 |                                                                                                                   | 0.07%                                                                                           |
| VANGUARD SMALL CAP INDEX-ADMIRAL | 23-1999755 |                                                                                                                   | 0.05%                                                                                           |
| VANGUARD TOT BOND MKT INDEX-ADM  | 23-1945930 |                                                                                                                   | 0.05%                                                                                           |
| VANGUARD TOTAL STK MKT INDEX-ADM | 23-1999755 |                                                                                                                   | 0.04%                                                                                           |

The list includes any investment option held by the plan on at least one month end during the 2021 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.



## Direct Revenue Detail

---

**Recipient:** *Great-West Life & Annuity Insurance Company ("GWLA")*

---

| <b><u>Fee Description</u></b> | <b><u>Dollar Amount</u></b> |
|-------------------------------|-----------------------------|
| Paper Enrollment Fee          | \$100.00                    |
| Loan Set-up Fee               | \$5,100.00                  |
| Rapid Delivery Fee            | \$1,960.00                  |
| Recordkeeping Fee             | \$41,981.07                 |
| One-Time Distribution Fee     | \$4,372.06                  |
| Periodic Distribution Fee     | \$62.00                     |
| Ad-Hoc Fee                    | \$123,466.27                |
| <b>Total Direct Revenue:</b>  | <b>\$177,041.40</b>         |

**Grand Total Direct Fees:** **\$177,041.40**

## Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in MassMutual funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information (“SAI”). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

|                                            |                                                       |
|--------------------------------------------|-------------------------------------------------------|
| MassMutual Global Fund                     | MassMutual RetireSMART by JPMorgan in Retirement Fund |
| MassMutual Growth Opportunities Fund       | MassMutual RetireSMART by JPMorgan 2020 Fund          |
| MassMutual International Equity Fund       | MassMutual RetireSMART by JPMorgan 2025 Fund          |
| MassMutual Main Street Fund                | MassMutual RetireSMART by JPMorgan 2030 Fund          |
| MassMutual Mid Cap Growth Fund             | MassMutual RetireSMART by JPMorgan 2035 Fund          |
| MassMutual Mid-Cap Value Fund              | MassMutual RetireSMART by JPMorgan 2040 Fund          |
| MassMutual Overseas Fund                   | MassMutual RetireSMART by JPMorgan 2045 Fund          |
| MassMutual Small Cap Growth Equity Fund    | MassMutual RetireSMART by JPMorgan 2050 Fund          |
| MassMutual Small Cap Opportunities Fund    | MassMutual RetireSMART by JPMorgan 2055 Fund          |
| MassMutual Small Cap Value Equity Fund     | MassMutual RetireSMART by JPMorgan 2060 Fund          |
| MassMutual Small Cap Value Fund            |                                                       |
| MassMutual Strategic Emerging Markets Fund |                                                       |

**UNITED STATES**  
**SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

---

**FORM 11-K**

---

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the fiscal year ended December 31, 2021**

**OR**

☐ **TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from \_\_\_\_\_ to \_\_\_\_\_.**

**Commission file number 0-16772**

---

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

**Peoples Bancorp Inc. Retirement Savings Plan**  
**138 Putnam Street, P.O. Box 738**  
**Marietta, Ohio 45750**  
**Attn: Peoples Bancorp Inc. Retirement Plan Committee**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

**Peoples Bancorp Inc.**  
**138 Putnam Street, P.O. Box 738**  
**Marietta, Ohio 45750**

# Peoples Bancorp Inc. Retirement Savings Plan

December 31, 2021 and 2020

## Table of Contents

|                                                                                       |                           |
|---------------------------------------------------------------------------------------|---------------------------|
| <a href="#"><u>Report of Independent Registered Public Accounting Firm</u></a>        | <a href="#"><u>1</u></a>  |
| <a href="#"><u>Financial Statements</u></a>                                           |                           |
| <a href="#"><u>Statements of Net Assets Available for Benefits</u></a>                | <a href="#"><u>2</u></a>  |
| <a href="#"><u>Statements of Changes in Net Assets Available for Benefits</u></a>     | <a href="#"><u>3</u></a>  |
| <a href="#"><u>Notes to Financial Statements</u></a>                                  | <a href="#"><u>4</u></a>  |
| <a href="#"><u>Supplemental Schedule</u></a>                                          |                           |
| <a href="#"><u>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</u></a> | <a href="#"><u>13</u></a> |
| <a href="#"><u>Exhibit Index</u></a>                                                  | <a href="#"><u>14</u></a> |
| <a href="#"><u>Signatures</u></a>                                                     | <a href="#"><u>15</u></a> |

## **Report of Independent Registered Public Accounting Firm**

Plan Administrator  
Peoples Bancorp Inc. Retirement Savings Plan  
Marietta, Ohio

### ***Opinion on the Financial Statements***

We have audited the accompanying statements of net assets available for benefits of the Peoples Bancorp Inc. Retirement Savings Plan (the Plan) as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended and the related notes (collectively referred to as the “financial statements”). In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Peoples Bancorp Inc. Retirement Savings Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### ***Basis of Opinion***

These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (“PCAOB”) and are required to be independent with respect to the Plan in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. As part of our audits, we are required to obtain an understanding of internal control over financial reporting but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control over financial reporting. Accordingly, we express no such opinion.

Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

### ***Report on Supplemental Information***

The supplemental information in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, has been subjected to audit procedures performed in conjunction with the audit of the Plan’s financial statements. The supplemental schedule is the responsibility of Plan’s management. Our audit procedures included determining whether the supplemental schedule reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented in the supplemental schedule. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. In our opinion, the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

**/s/ FORVIS, LLP (Formerly, BKD, LLP)**

We have served as the Plan’s auditor since 2004.

Cincinnati, Ohio  
June 28, 2022

# Peoples Bancorp Inc. Retirement Savings Plan

## Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

|                                          | 2021                 | 2020                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets:</b>                           |                      |                      |
| Investments, at fair value               | \$ 92,453,351        | \$ 79,903,301        |
| Employer's contributions receivable      | 106,456              | 100,145              |
| Notes receivable from participants       | 987,142              | 910,522              |
| <b>Net assets available for benefits</b> | <b>\$ 93,546,949</b> | <b>\$ 80,913,968</b> |

*See Notes to Financial Statements*

# Peoples Bancorp Inc. Retirement Savings Plan

## Statements of Changes in Net Assets Available for Benefits

### Years Ended December 31, 2021 and 2020

|                                                              | 2021                 | 2020                 |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>Investment income:</b>                                    |                      |                      |
| Net appreciation in fair value of investments                | \$ 7,716,257         | \$ 7,464,109         |
| Interest and dividends                                       | 5,700,764            | 3,080,847            |
| Net investment income                                        | 13,417,021           | 10,544,956           |
| <b>Interest income on notes receivable from participants</b> | 49,743               | 56,059               |
| <b>Other income</b>                                          | 27                   | 1,717                |
| <b>Contributions:</b>                                        |                      |                      |
| Employer                                                     | 3,657,336            | 2,651,550            |
| Participants                                                 | 4,934,990            | 4,176,663            |
| Rollovers                                                    | 2,255,336            | 1,411,727            |
| Total contributions                                          | 10,847,662           | 8,239,940            |
| Total increase                                               | 24,314,453           | 18,842,672           |
| <b>Deductions:</b>                                           |                      |                      |
| Benefits paid to participants                                | 11,504,431           | 7,570,271            |
| Administrative expenses                                      | 177,041              | 140,491              |
| Total deductions                                             | 11,681,472           | 7,710,762            |
| Net increase                                                 | 12,632,981           | 11,131,910           |
| Net assets available for benefits, beginning of year         | 80,913,968           | 69,782,058           |
| <b>Net assets available for benefits, end of year</b>        | <b>\$ 93,546,949</b> | <b>\$ 80,913,968</b> |

See Notes to Financial Statements

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 1. Description of the Plan

The following is a description of the Peoples Bancorp Inc. Retirement Savings Plan (the “Plan”) and provides only general information. Participants should refer to the Plan document and the Summary Plan Description for a more complete description of the Plan's provisions, which are available from the Peoples Bancorp Inc. Retirement Plan Committee (“Plan Administrator”).

#### *General*

The Plan is a defined contribution plan sponsored by Peoples Bancorp Inc. (“Peoples”) for the benefit of eligible employees age 18 or older of Peoples and its subsidiaries, including Peoples Bank. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Reliance National Trust Company is the Plan's trustee and serves as the custodian of the Plan's assets.

The Plan consists of both an Employee Stock Ownership Plan (“ESOP”) component and a non-ESOP component. Peoples intends both components together to constitute a single plan under U.S. Treasury Regulation Section 1.414(1) -1(b)(1). Accordingly, the provisions set forth in the other sections of the Plan apply to the ESOP component in the same manner as those provisions apply to the non-ESOP component, except to the extent that those provisions by their terms are inapplicable to the ESOP component.

In response to the novel COVID-19 pandemic (“COVID-19”), the Coronavirus Aid, Relief, and Economic Security Act of 2020, as amended (the “CARES Act”), was signed into law on March 27, 2020, to provide national emergency economic relief measures. Many of the CARES Act’s programs are dependent upon the direct involvement of U.S. financial institutions, such as Peoples and Peoples Bank, and have been implemented through rules and guidance adopted by federal departments and agencies, including the U.S. Department of Treasury, the Board of Governors of the Federal Reserve System and other federal banking agencies, including those with direct supervisory jurisdiction over Peoples and Peoples Bank. Furthermore, as the ongoing COVID-19 pandemic has evolved, federal regulatory authorities have continued to issue additional guidance with respect to the implementation, lifecycle, and eligibility requirements for the various CARES Act programs as well as industry-specific recovery procedures for COVID-19.

#### *Employee Stock Ownership Plan*

The ESOP component of the Plan is not leveraged and is designed to invest primarily in Peoples common shares. The ESOP component consists of the portion of the assets of the Plan that are invested in the Peoples Bancorp Inc. Common Stock Fund. The ESOP feature is intended to qualify as a stock bonus plan under Internal Revenue Code Section 401(a) and as an employee stock ownership plan under Internal Revenue Code Section 4975(e)(7). Starting at the close of business on December 31, 2014, the Peoples Bancorp Inc. Common Stock Fund was frozen for new investments. However, participant account balances previously invested into the Peoples Bancorp Inc. Common Stock Fund prior to January 1, 2015 were permitted to remain invested in the Peoples Bancorp Inc. Common Stock Fund. Once an investment in the Peoples Bancorp Inc. Common Stock Fund has been transferred into another investment under the Plan, it cannot be reinvested in the Peoples Bancorp Inc. Common Stock Fund.

#### *Contributions*

The Plan permits eligible employees through a salary deferral election to make annual pre-tax contributions of up to 100% of eligible compensation. The Plan also allows for after-tax, or Roth, contributions. Employee

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

rollover contributions, both traditional and Roth, are also permitted to be made to the Plan. On September 17, 2021, Peoples completed its acquisition of Premier Financial Bancorp, Inc. ("Premier"). As of the acquisition date, certain Premier employees that became Peoples employees became eligible for participation in the Plan. On March 31, 2021, Peoples completed its acquisition of NS Leasing, LLC ("NSL"). As of the acquisition date, certain NSL employees that became Peoples employees became eligible for participation in the Plan. Effective January 1, 2021, Peoples made matching contributions equal to 100% of the participating employees' salary deferral up to 6% of the participating employees' compensation. In 2020, Peoples made matching contributions equal to 100% of the participating employees' salary deferral up to 4% of the participating employees' compensation and 50% of the participating employees' salary deferral amounts on the next 2% of the participating employees' compensation. Contributions are subject to certain limitations under Internal Revenue Code Section 402(g), as increased by Internal Revenue Code section 414(r) for participants who are age 50 by the end of the plan year.

### ***Participant Investment Account Options***

Investment account options available include various funds. Participants direct the investment of their contributions and Peoples' matching contributions into any of the separate investment accounts and may change their allocations daily.

The Plan also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. In 2021, the automatic deferral was 6% of compensation. In 2020, the automatic deferral was 6% of compensation for any participants hired on or after July 1, 2020 and 5% of compensation for any participants hired prior to July 1, 2020.

### ***Participant Accounts***

Each participant's account is credited or debited with the participant's contribution, Peoples' contributions, and Plan earnings or losses, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately vested in their voluntary contributions as well as Peoples' matching and profit sharing contributions plus or minus earnings and losses thereon.

### ***Payment of Benefits***

Upon termination of service, an employee may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly, quarterly, or annual installments over a period of not more than the participant's assumed life expectancy. At December 31, 2021 and 2020, Plan assets did not include any accounts of terminated or retired participants who have elected payment from the Plan but have not yet been paid. During 2020, the CARES Act provided distribution options to allow for coronavirus-related distributions ("CRD") in which qualified participants are permitted to take a CRD of up to \$100,000 from the Plan. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020. The Plan will execute a formal Plan amendment within the timeframe required under the CARES Act.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### *Notes Receivable from Participants*

The Plan includes provisions authorizing loans from the Plan to active eligible participants. Loans may be made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan is \$1,000. Participants may only have one loan outstanding at any given time. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are evidenced by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence, which may exceed the five-year term with approval from the Plan Administrator) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the Plan Administrator.

Notes receivable from participants are reported at amortized principal balance plus accrued but unpaid interest. The accrual of interest on loans is discontinued at the time the loan is 90 days past due unless the credit is well-secured and in process of collection. Past due status is based on the contractual terms of the loan. Delinquent loans are recorded as distributions once deemed uncollectible, and are a reduction to the applicable participant's account balance.

All interest accrued but not collected for loans placed on nonaccrual or charged off status is reversed against interest income. The interest on these loans is accounted for on the cash-basis or cost-recovery method, until qualifying for return to accrual status. Loans are returned to accrual status when all the principal and interest amounts contractually due are brought current and future payments are reasonably assured.

The CARES Act permitted plans to be amended to allow participants who were affected by COVID-19 to elect to defer loan payments that would have been due between March 27, 2020 and December 31, 2020. No participant in the Plan took advantage of this distribution alternative. The Plan will execute a formal Plan amendment within the timeframe required under the CARES Act.

### *Plan Termination*

Although it has not expressed an intention to do so, Peoples has the right under the Plan to discontinue its matching contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

## **Note 2. Summary of Significant Accounting Policies**

The following is a summary of significant accounting policies followed in the preparation of the financial statements:

### *Method of Accounting*

The accompanying financial statements are prepared on the accrual method of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### *Valuation of Investments and Income Recognition*

Investments are stated at fair value based on quoted market prices on the valuation date. Investments traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

The investment in Peoples Bancorp Inc. Common Stock Fund Units ("Units") has been unitized and is comprised of cash and common shares of Peoples. The Plan holds between 3% and 5% of these Units in cash in order to provide liquidity for timely distributions. At December 31, 2021 and 2020, these Units were comprised of 87,429 and 112,352 Peoples common shares, respectively, and cash of \$136,002 and \$175,765, respectively.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis while dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold, as well as held during the year.

### *Plan Tax Status*

The Plan obtained its latest determination letter in November 2017, in which the Internal Revenue Service stated that the Plan and the related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan, and the related trust, are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

US GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

## **Note 3. Investments**

The net appreciation in the fair value of the Plan's investments during the years ended December 31, 2021 and 2020, including realized and unrealized gains and losses on those investments purchased, sold and held during the year, was \$7,716,257 and \$7,464,109, respectively. Most of the Plan's investments increased in value during the year ended December 31, 2021, and the most significant contributors to the net appreciation were Vanguard Mid-Cap Index shares, which increased from \$256.40 per share at December 31, 2020 to \$315.46 per share at December 31, 2021, and Vanguard Total Stock Market Index shares, which increased from \$94.74 at December 31, 2020 to \$117.56 per share at December 31, 2021. Most of the Plan's investments increased in value during the year ended December 31, 2020, and the most significant contributors to the net appreciation were Carillon Eagle Mid Cap Growth shares, which increased from \$70.13 per share at December 31, 2019, to \$96.32 per share at December 31,

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

2020, and Vanguard Mid-Cap Growth Index shares, which increased from \$68.34 per share at December 31, 2019 to \$91.26 per share at December 31, 2020.

Interest and dividends realized on the Plan's investments for the years ended December 31, 2021 and 2020 were \$5,700,764 and \$3,080,847, respectively.

### Note 4. Fair Value Measurements

The measurement of fair value under US GAAP uses 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 and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described below. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**Level 1:** Quoted prices in active exchange markets for identical assets or liabilities.

**Level 2:** Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

**Level 3:** Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for single dealer nonbinding quotes not corroborated by observable market data.

There were no significant changes in the valuation techniques during the years ended December 31, 2021 and 2020. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a non-recurring basis. The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis, including the general classification of such instruments pursuant to the fair value hierarchy:

**Mutual Funds:** These investments are valued using quoted prices in an active market and classified within Level 1 of the valuation hierarchy.

**Peoples Bancorp Inc. Common Stock Fund Units:** Peoples Bancorp Inc. Common Stock Fund Units are held in a unitized fund and are comprised of cash and common shares of Peoples. The underlying common shares are valued at the closing price of a common share reported on the Nasdaq Global Select Market® under the symbol "PEBO" and are classified within Level 1 of the valuation hierarchy.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

Investments measured at fair value on a recurring basis comprised the following at December 31:

|                                                 | Using                                                                         |                                                           |                                                    |                      |
|-------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------|
|                                                 | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Fair Value           |
| <b>2021</b>                                     |                                                                               |                                                           |                                                    |                      |
| Mutual funds                                    | \$ 89,536,250                                                                 | \$ —                                                      | \$ —                                               | \$ 89,536,250        |
| Peoples Bancorp Inc. Common Stock Fund<br>Units | 2,917,101                                                                     | —                                                         | —                                                  | 2,917,101            |
| <b>Total</b>                                    | <b>\$ 92,453,351</b>                                                          | <b>\$ —</b>                                               | <b>\$ —</b>                                        | <b>\$ 92,453,351</b> |
| <b>2020</b>                                     |                                                                               |                                                           |                                                    |                      |
| Mutual funds                                    | \$ 76,683,944                                                                 | \$ —                                                      | \$ —                                               | \$ 76,683,944        |
| Peoples Bancorp Inc. Common Stock Fund<br>Units | 3,219,357                                                                     | —                                                         | —                                                  | 3,219,357            |
| <b>Total</b>                                    | <b>\$ 79,903,301</b>                                                          | <b>\$ —</b>                                               | <b>\$ —</b>                                        | <b>\$ 79,903,301</b> |

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 5. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, as well as a person who owns 50 percent or more of such employer or employee organization or relatives of such persons.

The Plan holds Peoples Bancorp Inc. Common Stock Fund Units. Peoples is the plan sponsor. The Plan receives dividends quarterly from Peoples on the common shares held in the Plan. The Plan received \$158,320 and \$156,476 of dividends in 2021 and 2020, respectively. Certain administrative services are provided at no cost to the Plan by Peoples. The Plan paid \$177,041 and \$140,491 of record-keeping fees to Empower Retirement, LLC during 2021 and to Mass Mutual Retirement Services, LLC in 2020, respectively.

### Note 6. Risks and Uncertainties

The Plan provides for various investments in common stock and mutual funds. Such investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of these investments will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances. Peoples common shares represented 3% and 4% of the total value of assets held in the Plan at December 31, 2021 and 2020, respectively.

The economic impact of COVID-19 or any other pandemic could adversely affect Peoples' business, financial condition, liquidity, and results of operations. Given the ongoing and dynamic nature of COVID-19, it is difficult to predict the full impact of the outbreak on Peoples' business. The extent of such impact will depend on future developments, which are highly uncertain, including when COVID-19 can be controlled and abated, and when and how the economy may be fully reopened.

### Note 7. Subsequent Events

Peoples Bank entered into an Asset Purchase Agreement, dated March 7, 2022 with Vantage Financial ("Vantage"), at which point Vantage became a legal subsidiary of Peoples Bank. As of the acquisition date, certain Vantage employees that became Peoples employees became eligible for participation in the Plan.

As of June 21, 2022, the Plan had losses of \$15.4 million for the first six months of 2022 due to changes in economic conditions since December 31, 2021.

# Peoples Bancorp Inc. Retirement Savings Plan

## Notes to Financial Statements

December 31, 2021 and 2020

### Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020, to Form 5500:

|                                                                | 2021                 | 2020                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 93,546,949        | \$ 80,913,968        |
| Deemed participant loans                                       | (44,044)             | (103,687)            |
| Employer's contribution receivable                             | (106,456)            | (100,145)            |
| <b>Net assets available for benefits per Form 5500</b>         | <b>\$ 93,396,449</b> | <b>\$ 80,710,136</b> |

The following is a reconciliation of employers' contributions per the financial statements for the years ended December 31, 2021 and 2020, to Form 5500:

|                                                               | 2021                | 2020                |
|---------------------------------------------------------------|---------------------|---------------------|
| Employer's contributions per the financial statements         | \$ 3,657,336        | \$ 2,651,550        |
| Add: Employer's contribution receivable at December 31, 2020  | 100,145             | 90,553              |
| Less: Employer's contribution receivable at December 31, 2021 | (106,456)           | (100,145)           |
| <b>Employer's contributions per Form 5500</b>                 | <b>\$ 3,651,025</b> | <b>\$ 2,641,958</b> |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2021, and 2020, to Form 5500:

|                                                            | 2021                 | 2020                |
|------------------------------------------------------------|----------------------|---------------------|
| Benefits paid to participants per the financial statements | \$ 11,504,431        | \$ 7,570,271        |
| Distributed participant loans                              | (66,547)             | (21,590)            |
| <b>Balances paid to participants per Form 5500</b>         | <b>\$ 11,437,884</b> | <b>\$ 7,548,680</b> |

## **Supplemental Schedule**

# Peoples Bancorp Inc. Retirement Savings Plan

EIN 31-0987416 PN 002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

| (a)(b) Identity of Issuer                                                                                     | (c) Description of Investment (units) | (e) Current Value    |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|
| American Century Mid Cap Value Institutional                                                                  | 51,001                                | \$ 917,511           |
| American Funds Cap Inc Bldr R5                                                                                | 10,044                                | 704,921              |
| Carillon Eagle Mid Cap Growth-I                                                                               | 6,103                                 | 594,239              |
| Dodge and Cox Income                                                                                          | 141,419                               | 1,988,355            |
| Fidelity International Index Fund                                                                             | 20,267                                | 998,950              |
| JPMorgan US Gov Money Market-Ins                                                                              | 2,730,398                             | 2,730,398            |
| MFS International Growth Fund Class R4                                                                        | 53,468                                | 2,334,395            |
| Mainstay Large Cap Growth - I Fund                                                                            | 501,667                               | 6,737,384            |
| * Peoples Bancorp Common Stock Fund Units                                                                     | 143,903                               | 2,917,101            |
| PIMCO Low Duration Institutional Class                                                                        | 117,697                               | 1,153,430            |
| T Rowe Price Balanced Fund                                                                                    | 115,766                               | 3,264,603            |
| T Rowe Price New Horizons                                                                                     | 44,728                                | 3,435,580            |
| T Rowe Price Retirement 2005                                                                                  | 6,697                                 | 91,749               |
| T Rowe Price Retirement 2010                                                                                  | 17,043                                | 298,941              |
| T Rowe Price Retirement 2015                                                                                  | 31,968                                | 469,927              |
| T Rowe Price Retirement 2020                                                                                  | 67,269                                | 1,494,044            |
| T Rowe Price Retirement 2025                                                                                  | 205,608                               | 4,013,459            |
| T Rowe Price Retirement 2030                                                                                  | 146,886                               | 4,330,210            |
| T Rowe Price Retirement 2035                                                                                  | 218,417                               | 4,988,643            |
| T Rowe Price Retirement 2040                                                                                  | 95,378                                | 3,124,596            |
| T Rowe Price Retirement 2045                                                                                  | 141,921                               | 3,265,599            |
| T Rowe Price Retirement 2050                                                                                  | 194,292                               | 3,786,750            |
| T Rowe Price Retirement 2055                                                                                  | 102,986                               | 2,077,227            |
| T Rowe Price Retirement 2060                                                                                  | 112,334                               | 1,857,999            |
| Vanguard Equity Income Fund Investor                                                                          | 44,814                                | 1,972,283            |
| Vanguard Life Strategy Cons Growth                                                                            | 64,463                                | 1,487,170            |
| Vanguard Life Strategy Growth                                                                                 | 28,609                                | 1,271,077            |
| Vanguard Life Strategy Income                                                                                 | 752                                   | 12,756               |
| Vanguard Life Strategy Moderate Growth                                                                        | 12,586                                | 422,124              |
| Vanguard Mid-Cap GR Index-ADM                                                                                 | 33,242                                | 3,641,633            |
| Vanguard Mid-Cap Index Admiral                                                                                | 11,451                                | 3,612,217            |
| Vanguard Primecap Core Investment                                                                             | 191,038                               | 6,424,601            |
| Vanguard Short-Term Investment Grade Admiral                                                                  | 64,309                                | 692,603              |
| Vanguard Small Cap Index Admiral                                                                              | 33,272                                | 3,605,722            |
| Vanguard Small Cap Value Index Fd Admiral                                                                     | 13,025                                | 1,000,471            |
| Vanguard Total Bond Market Index Admiral                                                                      | 55,757                                | 623,916              |
| Vanguard Total Stock Market Index Admiral                                                                     | 86,005                                | 10,110,767           |
| * Participant loans (Interest rates - 5.25% - 7.50%, maturing between February 28, 2022 and October 31, 2026) |                                       | 987,142              |
| <b>Assets held at end of year</b>                                                                             |                                       | <b>\$ 93,440,493</b> |

\* Parties-in-interest

Cost information is not required for participant-directed investments and, therefore, is not included.

## Exhibit Index

| Exhibit Number              | Description                                              |
|-----------------------------|----------------------------------------------------------|
| <a href="#"><u>23.1</u></a> | Consent of Independent Registered Public Accounting Firm |

## **SIGNATURES**

*The Plan.* Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

PEOPLES BANCORP INC.  
RETIREMENT SAVINGS PLAN

Date: June 28, 2022

By: /s/ TONYA STEELE

Tonya Steele  
Senior Vice President, Chief Human Resources Officer  
Peoples Bank  
Chairperson, Retirement Plan Committee