

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 001
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY	1c Effective date of plan 01/01/1965
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 72-0180410
THE EVANGELINE BANK & TRUST COMPANY	2c Sponsor's telephone number 337-363-5541
P.O. BOX 346 VILLA PLATTE, LA 70586-0000	2d Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RANDEL CHAPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RANDEL CHAPMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE EVANGELINE BANK & TRUST COMPANY P.O. BOX 346 VILLA PLATTE, LA 70586-0000	3b Administrator's EIN 72-0180410 3c Administrator's telephone number 337-363-5541
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	188
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	128
b Retired or separated participants receiving benefits.....	6b	23
c Other retired or separated participants entitled to future benefits.....	6c	36
d Subtotal. Add lines 6a , 6b , and 6c	6d	187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE EVANGELINE BANK & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>72-0180410</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>6580430</u>
b	Actuarial value 2b <u>7226194</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>22</u> <u>2191008</u>
b	For terminated vested participants 3b <u>31</u> <u>594395</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>252939</u>
(2)	Vested benefits 3c(2) <u>5347249</u>
(3)	Total active 3c(3) <u>135</u> <u>5600188</u>
d	Total 3d <u>188</u> <u>8385591</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.53</u> %
6	Target normal cost 6 <u>516931</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/13/2010</u>
Signature of actuary	Date
<u>MICHAEL J. WOOD</u>	<u>08-05252</u>
Type or print name of actuary	Most recent enrollment number
<u>PENTEGRA SERVICES INC.</u>	<u>914-821-9413</u>
Firm name	Telephone number (including area code)
<u>108 CORPORATE PARK DRIVE</u> <u>WHITE PLAINS, NY 10604-3805</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	11876	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	11876	0
10	Interest on item 9 using prior year's actual return of <u>-16.84</u> %	-2000	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1876
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		116
c	Total available at beginning of current plan year to add to prefunding balance		1992
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	9876	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.06 %
15	Adjusted funding target attainment percentage.....	15	86.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/13/2009	364950				
01/13/2010	121650				
08/09/2010	191471				
Totals ►			18(b)	678071	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	630423
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	516931
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	666138	112170
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	629101
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	629101
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	630423
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1322
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVANGELINE BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-0180410

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MERRILL LYNCH

13-3180817

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVANGELINE BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-0180410	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	302781	313121
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	43253	21046
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	342898	217190
(2) U.S. Government securities.....	1c(2)	3589556	3345158
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		644803
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2087294	2567214
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	214648	464716
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6580430	7573248

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6580430	7573248
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	678071	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		678071

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	169557	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		169557

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	68195	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68195

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6603220	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6884839	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-281619

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	637238	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		637238
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1271442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	220835	
(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)		220835
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	57789	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		57789
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		278624

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		992818
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: KOLDER, CHAMPAGNE, SLAVEN & COMPANY

(2) EIN: 72-1369868

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
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.).....		X	
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.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE EVANGELINE BANK & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>72-0180410</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-0772355</u> <u>13-7029452</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☒ Decrease	☐ Both	☐ No
--	-----------------------------------	--	-------------------------------	-----------------------------

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

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

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001**

Financial Report

For the Years Ended December 31, 2009 and 2008

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Statements of accumulated plan benefits	5
Statements of changes in accumulated plan benefits	6
Notes to financial statements	7-13
SUPPLEMENTAL INFORMATION	
Schedule of assets (held at end of year)	15
Schedule of assets (acquired and disposed of within year)	16-20

KOLDER, CHAMPAGNE, SLAVEN & COMPANY, LLC

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INDEPENDENT AUDITORS' REPORT

To the Advisory Committee of the
Retirement Plan for Employees of The Evangeline Bank & Trust Co.
Ville Platte, Louisiana

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Retirement Plan for Employees of The Evangeline Bank & Trust Co. as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the supplemental information schedules as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 12, which was certified by the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, and has certified that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kolder, Champagne, Slaven & Company, LLC
Certified Public Accountants

Lafayette, Louisiana
October 5, 2010

FINANCIAL STATEMENTS

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 464,716	\$ 214,648
Common stocks and options	2,567,214	2,087,294
U. S. Government securities	3,345,158	3,589,556
Corporate bonds	<u>644,803</u>	<u>-</u>
Total investments	<u>7,021,891</u>	<u>5,891,498</u>
Receivables:		
Employer contribution	313,121	302,781
Accrued interest	<u>21,046</u>	<u>43,253</u>
Total receivables	<u>334,167</u>	<u>346,034</u>
Cash	<u>217,190</u>	<u>342,898</u>
Total assets	<u>7,573,248</u>	<u>6,580,430</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$7,573,248</u>	<u>\$6,580,430</u>

The accompanying notes are an integral part of this statement.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income -		
Dividend income	\$ 68,195	\$ 75,159
Interest income	169,557	169,511
Unrealized gains on investments	<u>637,238</u>	<u>-</u>
Total investment income	874,990	244,670
Contributions -		
Employer	<u>678,071</u>	<u>531,112</u>
Total additions	<u>1,553,061</u>	<u>775,782</u>
Deductions from net assets attributed to:		
Investment loss -		
Realized losses on sales of investments	281,619	287,925
Unrealized losses on investments	<u>-</u>	<u>1,149,096</u>
Total investment loss	281,619	1,437,021
Benefits paid to participants	220,835	204,439
Administrative expenses	<u>57,789</u>	<u>65,564</u>
Total deductions	<u>560,243</u>	<u>1,707,024</u>
Net increase (decrease) in net assets	992,818	(931,242)
Net assets available for benefits, beginning of year	<u>6,580,430</u>	<u>7,511,672</u>
Net assets available for benefits, end of year	<u>\$7,573,248</u>	<u>\$6,580,430</u>

The accompanying notes are an integral part of this statement.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Statements of Accumulated Plan Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits -		
Participants currently receiving payments	\$2,212,250	\$2,089,644
Other participants	<u>5,841,316</u>	<u>5,547,805</u>
Total vested benefits	8,053,566	7,637,449
Nonvested benefits	<u>207,270</u>	<u>236,349</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$8,260,836</u>	<u>\$7,873,798</u>

The accompanying notes are an integral part of this statement.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Statements of Changes in Accumulated Plan Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 7,873,798</u>	<u>\$ 6,929,786</u>
Increase during the year attributable to:		
Benefits accumulated	53,312	670,679
Increase for interest as a result of the decrease in the discount period	543,437	477,772
Benefits paid	(220,835)	(204,439)
Change in actuarial assumptions	<u>11,124</u>	<u>-</u>
Net increase	<u>387,038</u>	<u>944,012</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 8,260,836</u>	<u>\$ 7,873,798</u>

The accompanying notes are an integral part of this statement.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements

(1) Description of Plan

The following description of the Retirement Plan for Employees of The Evangeline Bank & Trust Co. ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined benefit pension plan covering all full-time employees of The Evangeline Bank & Trust Company ("Company") who have at least one year of service and are age twenty-one or older, or are age thirty-five. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Participants are not permitted to contribute to the Plan. All contributions are made by the Company based on actuarial cost methods.

C. Vesting

Participants are 100% vested in their benefits upon completion of five years of vesting service. According to the Plan, vesting service is the number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.

D. Payment of Benefits

The normal retirement benefit, which is based on a formula, is paid the first month coincident with or next following age 65 and 5 years of vesting service (see the Summary of Principal Plan Provisions for the monthly benefit formula). The normal retirement benefit is paid for life, with 120 payments guaranteed.

An early retirement benefit can be received if the participant is age 55 and has at least 15 years of credited service. The monthly benefit is the normal retirement benefit, less 3.3% for each year before the normal retirement age of 65.

If retirement occurs after age 65, the monthly retirement will be based on the greater of the normal retirement benefit using credited service and final average monthly compensation as of the late retirement date, or the income provided by the single-sum value of the retirement income payable as of the normal retirement date if employment had then terminated, accumulated with interest to actual retirement.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

E. Death and Disability Benefits

If death occurs before normal retirement, the participant's beneficiary will receive an income payable for life with 120 payments guaranteed that can be provided by the greater of the present value of the accrued benefit; or the smaller of the following: 1) a multiple of 12 times the final average monthly compensation, or 2) 100 times the monthly retirement income the participant would have received had he remained in the service of the Company until his normal retirement date and his last regular rate of compensation had continued unchanged.

If death occurs after normal retirement age, but before actual retirement, the participant's beneficiary will receive a benefit equal in value to the late retirement benefit that the participant would have received had he retired as of his date of death.

Disability benefits are paid for life, with 120 payments guaranteed. The monthly benefit will be the greater of the present value of the accrued benefit payment, or a multiple of 12 times the final average monthly compensation. Disability benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

(2) Summary of Significant Accounting Policies

A. Basis of Accounting

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

B. Estimates

The preparation of financial statements in conformity with generally accepted accounting principals requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The major estimates for the Plan in 2009 and 2008 are as follows: 1) the discount rate is 7.0% and 6.0%, respectively, 2) the expected long-term return on assets is 7.0% for both years, and 3) future compensation will increase at a rate of 3.50% per year.

C. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of pooled funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 4 for a discussion of fair value measurements.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as revenue when earned. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

D. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances-retirement, death, disability, and termination of employment-are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 were (a) life expectancy of participants (the male and female static mortality tables for non-annuitants and annuitants as published in proposed regulation 1.43(h)(3)-(1)(e) was used for both years), (b) retirement age assumptions (the assumed average retirement age was 65 for both years), and (c) investment return. The 2009 and 2008 valuations included assumed average rates of return of 7%, including a reduction to reflect anticipated administrative expenses associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

E. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

(3) Investments

The following are investments at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets available for benefits:

	<u>2009</u>	<u>2008</u>
Merrill Lynch-		
Common stocks and options	\$ 2,567,214	\$ 2,087,294
U.S. Government securities	3,345,158	3,589,556
Corporate bonds	644,803	-

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$355,619 as follows:

	<u>Realized Losses</u>	<u>Unrealized Gains</u>	<u>Net Appreciation in Value</u>
Merrill Lynch-			
Common stocks and options /corporate bonds /			
U.S. Government securities	<u>\$ (281,619)</u>	<u>\$637,238</u>	<u>\$ 355,619</u>

During 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$1,437,021 as follows:

	<u>Realized Losses</u>	<u>Unrealized Losses</u>	<u>Net Depreciation in Value</u>
Merrill Lynch-			
Common stocks and options /			
U.S. Government securities	<u>\$287,925</u>	<u>\$1,149,096</u>	<u>\$ 1,437,021</u>

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

(4) Fair Value Measurements

Accounting Standards Codification ("ASC") established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in inactive markets, quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The investments of common stocks and options, corporate bonds, and U.S. Government securities are based on quoted market prices. The investments in mutual funds were valued at the net asset value (NAV) of shares held by the Plan at year end. There have been no changes in the methodologies used to value the investments at December 31, 2009 and 2008.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Fair Value	Level 1	Level 2	Level 3
December 31, 2009:				
Mutual funds	\$ 464,716	\$ 464,716	\$ -	\$ -
Common stocks and options	2,567,214	2,567,214	-	-
U.S. Government securities	3,345,158	3,345,158	-	-
Corporate bonds	644,803	644,803	-	-
Total investments	<u>\$ 7,021,891</u>	<u>\$ 7,021,891</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2008:				
Mutual funds	\$ 214,648	\$ 214,648	\$ -	\$ -
Common stocks and options	2,087,294	2,087,294	-	-
U.S. Government securities	3,589,556	3,589,556	-	-
Total investments	<u>\$ 5,891,498</u>	<u>\$ 5,891,498</u>	<u>\$ -</u>	<u>\$ -</u>

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

(5) Party-in-Interest Transactions

Merrill Lynch, as investment custodian and advisor, is a party-in-interest. Fees paid to Merrill Lynch for investment management services for the years ended December 31, 2009 and 2008 amounted to \$57,789 and \$65,564, respectively.

(6) Funding Policy

The Company's funding policy is to make contributions to the Plan equal to at least the minimum funding requirements calculated using actuarial cost methods. The Company's contributions for 2009 and 2008 exceeded the minimum funding requirements of ERISA.

(7) Plan Termination

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

(8) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008, to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$7,573,248	\$6,580,430
Amounts allocated to withdrawing participants	<u>-</u>	<u>-</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$7,573,248</u>	<u>\$6,580,430</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2009 and 2008 to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Benefits paid to participants per the financial statements	\$ 220,835	\$ 204,439
Add: Amounts allocated to withdrawing participants	-	-
Less: Amounts allocated to withdrawing participants	<u>-</u>	<u>-</u>
Benefits paid to participants per Schedule H of Form 5500	<u>\$ 220,835</u>	<u>\$ 204,439</u>

EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Notes to Financial Statements (Continued)

(9) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2004 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(10) Risks and Uncertainties

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

(11) Guaranteed Benefits

Benefits are guaranteed at the full funding limit by the Pension Benefit Guaranty Corporation.

(12) Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Evangeline Bank & Trust Company, the trustee of the Plan.

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Interest bearing deposits	\$ 217,190	\$ 342,898
Mutual funds	464,716	214,648
Common stocks and options	2,567,214	2,087,294
U. S. Government securities	3,345,158	3,589,556
Corporate bonds	644,803	-
Net investment income (loss)	593,371	(1,192,351)

(13) Subsequent Event Review

The Plan's management has evaluated subsequent events through October 5, 2010, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Various publicly traded companies	Common stocks and options	\$2,524,761	\$2,567,214
	United States Treasury or Agency	U. S. Government securities	3,355,289	3,345,158
	Global Small Cap Port	Mutual funds	150,097	157,079
	Blackrock Global Dynamic	Mutual funds	149,809	152,124
	Blackrock Global	Mutual funds	155,064	155,513
	Corporate Bonds	Corporate debt instruments	636,973	644,803
*	Merrill Lynch	Money market accounts	217,190	217,190
	Totals		<u>\$7,189,183</u>	<u>\$7,239,081</u>

The above data is based on the information which has been certified as complete and accurate by the
Trustee of the Plan.

* Party-in-interest

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2009

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Federal Home Loan Mtg Corp	725,000	\$ 724,424	\$ 725,000
Federal Farm Credit Bank	200,000	200,000	200,000
3M Company	4 shares	240	313
Accenture PLC SHS	104 shares	3,708	4,102
Accor SA SHS	68 shares	774	748
Ace Limited	262 shares	10,818	11,831
Advantest Corp ADR	464 shares	8,527	11,255
AES Corp	505 shares	7,264	6,893
Affiliated Comp Svcs A	177 shares	8,389	9,020
Aginco Eagle Mines Ltd	69 shares	4,202	4,152
Allegheny Tech Inc	265 shares	8,556	8,287
Altwea Corp Com	27 shares	468	465
American Tower Corp CL A	167 shares	6,971	6,935
Anadarko Pete Corp	429 shares	20,279	26,921
Apollo Group Inc Class A	417 shares	30,688	27,595
Apple Inc	43 shares	4,495	6,059
Arcelormittal SA	226 shares	5,337	9,580
Archer Daniels Midld	301 shares	8,631	9,301
Atena Inc New	88 shares	1,859	2,978
Autozone Inc Nevada Com	26 shares	3,888	3,708
AXA- Spons ADR	594 shares	12,008	14,982
Ball Corp	82 shares	4,115	4,272
Ball Corp	14 shares	702	729
Ball Corp	11 shares	548	573
Barclays PLC ADR	59 shares	1,236	1,172
BASF SE Spomsored ADR	133 shares	4,093	7,077
Best Buy Co Inc	168 shares	6,370	6,129
Big Lots Inc Com	361 shares	9,329	7,789
Biogen IDEC Inc	65 shares	3,099	3,003
BlkRck MDCP VL OPP PTF S	2785 shares	21,890	24,230
BMC Software Inc	183 shares	5,776	7,036
BNP Paribas Sponsored ADR	62 shares	1,978	2,414

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2009

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Bridgestone Corp ADR	51 shares	\$ 1,491	\$ 1,693
British Awys PLC ADR	14 shares	425	471
Canon Inc ADR EWP5SH	35 shares	904	1,351
Capital One Financial	440 shares	7,071	11,579
CF Inds Hldgs Inc	134 shares	11,114	12,130
Check Point Software Tech	223 shares	5,099	6,098
Chubb Corp	30 shares	1,351	1,458
Cisco Systems Inc	223 shares	4,141	5,242
CNOOC Ltd ADR	12 shares	1,553	1,901
Coca Cola Com	13 shares	560	753
Coca Cola Enterprise	216 shares	3,676	4,346
Computer Science CRP	141 shares	4,838	7,941
Compuware Corp	90 shares	646	657
Conagra Foods Inc	218 shares	4,240	4,934
Cooper Industries PLC	42 shares	1,347	1,564
D R Horton Inc	525 shares	5,416	4,664
Darden Resturants Inc	148 shares	5,760	4,877
Deutsche Luft AG SPN ADR	25 shares	387	415
Diamond Offshore Drilling	47 shares	3,621	4,684
Discover Finl Svcs	775 shares	11,972	12,743
Eli Lilly & Co	210 shares	8,003	7,084
Ensco Intl Inc Com	330 shares	14,760	14,077
Family Dollar Store	419 shares	13,791	12,263
Fiserv Inc Wisc PV 1CT	195 shares	9,339	9,298
Flowserve Corp	42 shares	3,845	4,166
FMC Techs Inc Com	184 shares	9,443	10,533
Fomento Ecnmco Mex Spadr	117 shares	4,502	5,331
G4S PLC SHS	64 shares	1,356	1,359
Gap Inc Delaware	41 shares	615	901
Garmin LTD (Kayman IS)	233 shares	7,571	7,069
GlaxoSmithKline PLC ADR	151 shares	4,541	6,305

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY

EIN 72-0180410

Plan #001

Schedule H, Part IV, Line 4i

Schedule of Assets (Acquired and Disposed of Within Year)

December 31, 2009

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Goldman Sachs Group Inc	64 shares	\$ 9,308	\$ 10,604
Google Inc Class A	2 shares	662	958
Hospira Inc	141 shares	6,893	6,963
Hudson City Bancorp Inc	760 shares	9,738	9,960
Humana Inc	123 shares	5,015	5,441
ING GP NV Spd ADR	1060 shares	10,030	4,875
Intel Corp	17 shares	334	335
ITT Corp	102 shares	4,924	5,334
Kimberly Clark	68 shares	4,168	4,441
Koninklijke Ahold NV ADR	290 shares	3,366	3,543
Lexmark Intl Inc Class A	129 shares	3,657	1,938
Liberty Global INC SER A	61 shares	1,465	1,204
Lorillard Inc	9 shares	514	709
Makita Corp Spnd ADR	117 shares	2,601	4,036
Marathon Oil Corp	346 shares	9,765	10,875
McAfee Inc	278 shares	9,228	10,749
Millipore Corp	118 shares	8,036	8,493
Mitsui Co ADR	8 shares	1,989	2,182
MTN Group Ltd- Spons ADR	1025 shares	8,899	13,268
Murphy Oil Corp	204 shares	10,502	12,119
Nabors Industries LTD	871 shares	18,835	18,800
National Oilwell Varco	210 shares	9,408	9,568
Natl BK Greece SA Spndr	161 shares	1,022	1,065
Natl Semiconductor	534 shares	6,339	7,916
NII Hldgs Inc CL B	134 shares	2,667	4,228
Nitto Denko Corp ADR	5 shares	1,562	1,695
Noble Corp Namen-AKT	549 shares	13,511	18,754
Nokia Corp Spon ADR	334 shares	4,088	4,548
Nomura Hldgs Inc ADR	211 shares	1,289	1,572
Oracle Corp \$0.01 DEL	122 shares	2,643	2,841
Pactiv Corp	331 shares	8,597	7,911

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2009

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Pall Corp PV \$0.10	294 shares	\$ 9,362	\$ 9,891
Peabody Energy Corp COM	281 shares	14,256	12,602
Pepsi Bottling Group Inc	23 shares	826	860
Polo Ralph Lauren Corp A	93 shares	4,950	7,057
Pride Intl Inc DEL	216 shares	7,018	7,059
Qlogic Corp	32 shares	451	552
Quest Diagnostics Inc	75 shares	3,674	4,662
Radioshack Corp	89 shares	1,299	1,765
Red Hat Inc	425 shares	11,743	11,970
Reed Elsevier PLC	352 shares	10,380	10,249
Rio Tinto PLC Spnsrd ADR	11 shares	1,722	2,400
Roche Hldg Ltd SPN ADR	28 shares	1,107	1,100
Sandvik AB ADR	662 shares	3,749	7,693
Sandvik AB ADR	56 shares	317	696
Sekisui Hse Ld Spons ADR	194 shares	1,635	1,763
Societe General SPN ADR	31 shares	448	443
Sterlite Industries	61 shares	1,128	1,157
Sumitomo Mitsu Finl ADR	645 shares	2,561	2,127
Sunoco Inc PV\$1 PA	264 shares	7,045	6,862
Sysco Corp	67 shares	1,485	1,900
Target Corp	258 shares	11,877	12,353
Teradata Corp DEL	420 shares	10,086	13,123
Texas Instruments	818 shares	18,946	21,289
TJX Cos Inc New	415 shares	13,195	15,670
Tokio Marine Holdings	167 shares	3,466	4,913
UBS AG Reg	221 shares	2,598	3,902
UnitedHealth Group Inc	535 shares	13,067	16,764
Valero Energy Corp New	124 shares	2,208	1,988
Verisign Inc	410 shares	8,367	9,197
Vestas Wind Syts AS ADR	22 shares	392	512
VF Corp	10 shares	481	750

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY
EIN 72-0180410
Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2009

<i>(a)</i> Identity of Issue	<i>(b)</i> Description: Shares or Par Value	<i>(c)</i> Costs of Acquisitions	<i>(d)</i> Proceeds of Dispositions
Vivendi Shs	468 shares	\$ 12,051	\$ 13,044
Watson Pharmaceuticals	64 shares	2,200	2,467
Wyeth	109 shares	4,842	5,454
XTO Energy Inc	281 shares	12,549	13,297
Zurich Finl Svcs SPN ADR	92 shares	1,974	1,964
		<u>\$1,668,550</u>	<u>\$1,748,856</u>

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions
(EIN: 72-0180410/PN: 001)

<u>Date of Contribution</u>	<u>Amount</u>	<u>applicable effective interest</u> <u>rate</u>	<u>interest adjusted contribution</u>
10/13/2009	364,950	8.08%	343,456
01/13/2010	121,650	6.53%	113,956
8/9/2010	191,471	6.53%	173,011

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

**2009 Form 5500 Schedule SB, Line 22 - Description of Weighted Average Retirement Age
(EIN: 72-0180410/PN: 001)**

Retirement Rates

Calculation of expected retirement age:

Age	Probability of Retirement	lx	Retirement	Rate of Retirement	Retirement
55	0.00%	1,000	0	0.00%	0
56	0.00%	1,000	0	0.00%	0
57	0.00%	1,000	0	0.00%	0
58	0.00%	1,000	0	0.00%	0
59	0.00%	1,000	0	0.00%	0
60	0.00%	1,000	0	0.00%	0
61	0.00%	1,000	0	0.00%	0
62	0.00%	1,000	0	0.00%	0
63	0.00%	1,000	0	0.00%	0
64	0.00%	1,000	0	0.00%	0
65	100.00%	1,000	1,000	100.00%	65,000
Expected Retirement Age				65.0000	

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Actuarial Cost Method

Liabilities shown in this report are computed in accordance with the Pension Protection Act of 2006 and subsequent guidance issued by the Internal Revenue Service. The target normal cost is the present value of all benefits that have accrued or have been earned (or that are expected to accrue or to be earned) under the plan during the plan year. The benefits that have been accrued or have been earned (or that are expected to accrue or to be earned) under a plan during a plan year include any increase in benefits during the plan year that is a result of any actual or projected increase in compensation during the current plan year, even if that increase in benefits is with respect to benefits attributable to services performed in a preceding plan year. The funding target of the plan for the plan year is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year.

The benefits taken into account in determining the funding target and target normal cost are all benefits earned or accrued under the plan, including retirement-type and ancillary benefits. The determination of the funding target and target normal cost (1) does not take into account any limitations or anticipated limitations under IRC Section 436 and (2) is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year.

Assets	Market value	
Three-Segment Interest Rates	<u>Duration</u>	<u>Percent</u>
	1-5	5.32%
	6-20	6.45%
	21+	6.69%
Effective Interest Rate	6.53%	
Compensation Increases	3% per year	
Mortality	2009 male and female static mortality tables for non-annuitants and annuitants as published in proposed regulation 1.430(h)(3)-1(e)	

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

Termination Rates

Attained Age

25

17.2%

30

15.8%

35

13.7%

40

11.3%

45

8.4%

50

5.1%

55

1.7%

60

0.2%

Cost-of-Living Adjustments

None

Retirement

Age 65 and 5 years of service.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

It is assumed that 100% of participants are married. Female spouses are assumed to be three years younger.

Employees

Participants who enter the plan on the first day of the current plan year are included in the valuation.

Expenses

Paid directly by the plan sponsor.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Effective Date	January 1, 1971. Most recently amended and restated effective January 1, 2002.
Eligibility Requirements	<p>The earlier of attaining age 35 or the later of attaining age 21 and one year of service.</p> <p>However, if an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed. The 1,000 hours do not apply once the employee attains age 35.</p>
Entry Date	The 1st of the month coincident with or next following the date on which the employee first satisfies such eligibility requirements.
Credited Service	The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence.
Vesting Service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.
Covered Compensation	A 35-year average of the Maximum Taxable Wages (MTW) under social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.
Average Monthly Compensation	The monthly average of the 5 consecutive years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to 200,000 (\$150,000 indexed beginning in 1995) as required.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Normal Retirement

Normal Retirement Date

The first of the month coincident with or next following age 65 and 5 years of vesting service.

Monthly Benefit

a) 2.5% of his final average monthly compensation times credited service up to 10 years; plus

b) 0.65% of the excess of final average monthly compensation over the applicable covered compensation multiplied by the lesser of credited service up to 35 years; this product is then multiplied by a factor that will effect a reduction of 1/180th for each month, if any, that the Normal Retirement Date (or, if he continues employment beyond such date, the date of his actual retirement or Annuity Starting Date, whichever is earlier) precedes the date on which Social Security Retirement Age; plus

c) 1.25% of final average monthly compensation multiplied by number of years of credited service that are in excess of 10 years but not in excess of 35 years.

Normal Form of Retirement Benefit

Life Annuity with 120 payments guaranteed.

Late Retirement

If retirement occurs after the Normal retirement Date, the late retirement income will be based on the greater of:

1. The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

2. The income provided by the single-sum value of the retirement income payable as of normal retirement had then terminated, accumulated with interest to actual retirement.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Accrued Benefit	The participants accrued benefit at any given date determined under the normal retirement formula(s), but is based on current credited service, final average monthly compensation, and covered compensation.
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Early Retirement	Eligibility
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Age 55 and 15 years of credited service.

Monthly Benefit

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.3%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Disability Benefit

Eligibility

Total and permanent disability of participant prior to Normal Retirement Date

Monthly Benefit

The monthly income that can be provided by the greater of:

(a) The present value of the accrued benefit, or

(b) A multiple of 12 times the final average monthly compensation. This income is payable for life with 120 payments guaranteed.

Waiting Period

Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

Vesting

A participant is 100% after completion of 5 years of service.

Vesting Termination Benefit

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at Normal Retirement Date. Optionally, the participant may elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death is equal to the actuarial present value of the vested accrued benefit, determined as of the termination date, accumulated with interest until the date of death.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Death Benefit

Eligibility

Participant in active service in plan.

Benefit

The participant's beneficiary will receive an income payable for life with 120 payments guaranteed that can be provided by the greater of:

(a) The present value of the accrued benefit.

(b) The smaller of:

(1) A multiple of 12 times final average monthly compensation.

(2) 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date and his last regular rate of compensation had continued unchanged.

If death occurs after normal retirement but prior to actual retirement, the participant's beneficiary will receive a benefit equal in value to the late retirement benefit described above that the participant would have received had he retired as of his date of death.

Optional Normal Form

The plan provides optional payments forms, including the qualified Joint and Survivor benefit for married employees, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on a 7.5% interest rate and the 1994 GAR Mortality table. Lump-sum distributions are not allowed.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

2009 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data (EIN: 72-0180410/PN: 001)

Years of Credited Service																					
<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+			
Age	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.
<25	4	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	1	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	1	15	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	1	4	6	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40-44	1	4	2	7	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-49	1	3	4	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	3	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55-59	0	3	6	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
> 69	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9	38	29	23	14	9	7	4	1	1	1	1	1	1	1	1	1	1	1	1	1

Grand Total: 135

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

**2009 Form 5500 Schedule SB, line 32 - Schedule of Shortfall Amortization Bases
(EIN: 72-0180410/PN: 001)**

<u>Year Established</u>	<u>Shortfall Amortization Installment</u>	<u>Present Value Factor</u>	<u>Present Value of SAI</u>
2008	0	5.25136	0
2009	<u>112,170</u>	5.93863	<u>666,138</u>
Total	112,170		666,138

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2009 for Plan Year 1/1/2009 to 12/31/2009

**2009 Form 5500 Schedule SB, line 25 - Change in Method
(EIN: 72-0180410/PN: 001)**

The Asset Valuation Method was changed from the Market Value method to a two-year smoothing method.

This change is not inconsistent with the requirements of Code Section 430.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**

RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

**B Three-digit
plan number (PN)**

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

THE EVANGELINE BANK & TRUST COMPANY

D Employer Identification Number (EIN)

72-0180410

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:		
a Market value.....	2a	6,580,430
b Actuarial value.....	2b	7,226,194

3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	22	2,191,008
b For terminated vested participants.....	3b	31	594,395
c For active participants:			
(1) Non-vested benefits.....	3c(1)		252,939
(2) Vested benefits.....	3c(2)		5,347,249
(3) Total active.....	3c(3)	135	5,600,188
d Total.....	3d	188	8,385,591

4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate.....	5	6.53 %
6 Target normal cost.....	6	516,931

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

MICHAEL J. WOOD

Type or print name of actuary

PENTEGRA SERVICES INC.

Firm name

108 CORPORATE PARK DRIVE

WHITE PLAINS

NY 10604-3805

Address of the firm

10/13/2010

Date

08-05252

Most recent enrollment number

(914) 821-9413

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	11,876	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	11,876	0
10 Interest on item 9 using prior year's actual return of <u>(16.84)%</u>	(2,000)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,876
b Interest on (a) using prior year's effective rate of <u>6.17 %</u>		116
c Total available at beginning of current plan year to add to prefunding balance		1,992
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	9,876	0

Part III Funding percentages

14 Funding target attainment percentage	14	86.06 %
15 Adjusted funding target attainment percentage	15	86.06 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/13/2009	364,950				
01/13/2010	121,650				
08/09/2010	191,471				
Totals ▶			18(b)	678,071	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 630,423

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	516,931
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	666,138	112,170
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	629,101
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	629,101
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	630,423
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,322
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY **EIN:** 02-0180410
Plan Sponsor's Name THE EVANGELINE BANK & TRUST COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Publicly Traded Companies	Common Stocks and Options	2,524,761	2,567,214
	US Treasury or Agency	US Government Securities	3,355,286	3,345,158
	Global Small Cap Port	Mutual Fund	150,097	157,079
	Black Rock	Global Dynamic Mutual Fund	149,809	152,124
	Black Rock	Global Mutual Fund	155,064	155,513
	Corporate Bonds	Corporate Debt Instr.	636,973	644,803
	Merrill Lynch	Money Market Acct	217,190	217,190