Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRSTPERRYTON BANCORP, INC. EMPLOYEES PSP

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1948

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FIRSTPERRYTON BANCORP INC & SUBS

201 S. MAIN STREET
PERRYTON, TX 79070

2b Employer Identification Number (EIN) 75-1869513

2c Sponsor's telephone number 806-435-3676

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.	07/30/2012	LANCE PURCELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2012	LANCE PURCELL
	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")
FIRSTPERRYTON BANKCORP INC & SUBS

201 S MAIN STREET
PERRYTON, TX 79070

3b Administrator's EIN
75-1869513

3c Administrator's telephone number
806-434-3676

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

5	Total number of participants at the beginning of the plan year	**5**	172
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**	140
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	168
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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:
2E 2J 2K 3H

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIRSTPERRYTON BANCORP, INC. EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC & SUBS

D Employer Identification Number (EIN)
75-1869513

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-1211670	68241	07852S	2	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11614

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ REG PUBLISHED RATES FILED WITH INS

b	Premiums paid to carrier	6b	1109
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIRSTPERRYTON BANCORP, INC. EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC & SUBS

D Employer Identification Number (EIN)
75-1869513

Part I Service Provider Information (see instructions)

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)

JOHNSON & SHELDON, PC

PO BOX 509
AMARILLO, TX 79105

75-2569269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	8588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUTHER KING CAPITAL MANAGEMENT

301 COMMERCE ST 1600
FORT WORTH, TX 76102

75-1630300

(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?
27	INVESTMENT COUNSEL	66790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMARILLO NATIONAL BANK

PO BOX 1
AMARILLO, TX 79105

75-0109799

(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	TRUSTEE	43243	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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

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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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIRSTPERRYTON BANCORP, INC. EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC & SUBS

D Employer Identification Number (EIN)
75-1869513

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		26293
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	32	-83
(2) Participant contributions	1b(2)		479
(3) Other	1b(3)	35349	28101
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1956161	3040934
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3679326	3602750
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7235829	6585327
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10990	11614

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12917687	13295415
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12917687	13295415

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	263581	
(B) Participants	2a(1)(B)	391028	
(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)		654609
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	228	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	105528	
(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)		105756
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	115558	
(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)		115558
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2016595	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1662831	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		353764

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-47399	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-47399
(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		1182288
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	684830	
(2) To insurance carriers for the provision of benefits	2e(2)	1109	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		685939
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)	8588	
(2) Contract administrator fees	2i(2)	43243	
(3) Investment advisory and management fees	2i(3)	66790	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		118621
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		804560
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		377728
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: JOHNSON & SHELDON, PC (2) EIN: 75-2569269

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.) **4a**		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.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		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.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIRSTPERRYTON BANCORP, INC. EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC & SUBS

D Employer Identification Number (EIN)
75-1869513

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**

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): 75-0109799

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT

December 31, 2011

JOHNSON & SHELDON, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

December 31, 2011

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JOHNSON & SHELDON, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

To the Administrative Committee of
FirstPerryton Bancorp, Inc.
Employees' Profit Sharing Plan
Perryton, Texas

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements and supplemental schedule of **FirstPerryton Bancorp, Inc. Employees' Profit Sharing Plan** as of December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 5, which was certified or provided by **Amarillo National Bank**, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 5, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2011, and as of December 31, 2010.

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 schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Johnson & Sheldon, P.C.

Johnson & Sheldon, P.C.

July 15, 2012

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AMARILLO, TX 79105-0509

An Independently Owned Member
McGLADREY ALLIANCE | McGladrey

TELEPHONE 806 / 371-7661
FAX: 806 / 371-0529
TOLL FREE: 1-800-530-4804

FINANCIAL STATEMENTS

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

Assets

	2011	2010
Cash		
Uninvested cash	$ 26,293	$ -
Investments, non-participant directed, at fair value:		
Money market fund	3,040,934	1,956,191
Corporate bonds	3,602,750	3,679,326
Common stocks	6,585,327	7,235,829
Cash value in life insurance	11,614	10,990
Total Investments, at fair value	13,240,625	12,882,306
Receivables		
Interest and dividends	28,497	35,381
Total Receivables	28,497	35,381
Total Assets	13,295,415	12,917,687
Net Assets Available for Benefits	$ 13,295,415	$ 12,917,687

See accompanying notes and independent auditors' report

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2011

Additions	
Investment Income:	
Net appreciation in fair value of investments	$ 306,365
Interest	105,755
Dividends	115,558
Total Investment Income	527,678
Contributions:	
Employer	263,581
Participants	391,028
Total Contributions	654,609
Total Additions	1,182,287
Deductions	
Deductions from net assets attributed to:	
Distributions to participants	684,830
Administrative and investment expenses	118,620
Insurance premiums	1,109
Total Deductions	804,559
Net Increase	377,728
Net Assets Available for Benefits	
Beginning of Year	12,917,687
End of Year	$ 13,295,415

See accompanying notes and independent auditors' report

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011

NOTE 1 - DESCRIPTION OF PLAN

The following description of the FirstPerryton Bancorp, Inc. Employees' Profit Sharing Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the current Plan agreements.

General

The Plan is a defined contribution retirement plan whereby eligible employees of FirstPerryton Bancorp, Inc. and Subsidiaries (collectively referred to as the "Company") are permitted to make pretax contributions that are tax-deferred under Section 401(k) of the Internal Revenue Code (IRC). The plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Amarillo National Bank serves as the Plan's trustee and investment custodian and is responsible for executing all investment transactions.

Eligibility

Employees become eligible for participation at the age of twenty and upon completing one year of service (1,000 hours) as defined by the Plan.

Vesting

Participant contributions plus actual earnings are immediately fully vested and non-forfeitable. Employer contributions vest to participants based upon years of continuous service. Participants are vested in employer contributions based upon the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Contributions

Each year, a participant may elect to defer a portion of pretax compensation up to 100%, subject to certain maximum limitations imposed by the Internal Revenue Code. Employees who are eligible to make elective deferrals under the Plan and who have attainted the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

NOTE 1 - DESCRIPTION OF PLAN (continued)

Contributions (continued)
The Company makes matching contributions equal to 100% of each participant's contributions up to 5% of total compensation. The Company may also make additional discretionary contributions. There were no discretionary contributions made during 2011.

Participant Accounts
Each participant's account is credited with the participant's contributions, the Company's matching and discretionary contributions, and an allocation of plan earnings and charged with an allocation of plan expenses. Allocations are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Management
The Investment Committee, comprised of certain officers of the Company and an independent professional investment advisory firm, is responsible for the investment management of the Plan.

Forfeitures
Forfeitures represent the portion of non-vested account balances of terminated participants which are retained by the Plan and used to reduce employer contributions. Forfeitures applied toward the employer's contribution amounted to $10,822 during 2011. Plan assets include an unallocated forfeiture balance of $1,715 and $10,822 as of December 31, 2011 and 2010, respectively.

Payment of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum distribution or periodic installments or a combination of these two options. If a participant's vested balance is $5,000 or less (excluding amounts rolled over from another qualified plan), the participant will receive a single lump sum distribution of their entire vested account balance. Also, the Plan complies with the mandatory rollover distribution rules under IRS Release Notice 2005-5, requiring mandatory rollovers of terminated participant's vested accounts between $1,000 and $5,000 to a qualified individual retirement account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Subsequent Events
The Plan has evaluated subsequent events through July 15, 2012, the date of the financial statements.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and the changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits
Benefit payments are recorded when paid.

Investment Valuation and Income Recognition
Investments in United States government securities, corporate bonds, and common stocks are carried at fair value, as determined by quoted market prices. Investments in the cash surrender value life insurance policies are reported at the cash value, which approximates fair value, as determined by the insurance company. Investments in money market funds are valued at cost, which approximates fair value. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis. See Note 9 for discussion of fair value measurements.

NOTE 3 - ADMINISTRATION OF PLAN ASSETS

The Plan is administered by a committee of the Board of Directors of the Company. All cash and investment funds in the Plan are held in trust by Amarillo National Bank, the trustee. However, investment decisions are made by the Investment Committee, as described earlier in Note 1.

Administrative expenses for the trustee's fees, third-party investment advisor fees and Plan audit fees are paid by the Plan. Certain administrative functions are performed by officers or employees of the Company, however, such officers and employees receive no compensation from the Plan.

NOTE 4 - INCOME TAX STATUS

The Plan has not received a determination letter on their adoption of the non-standardized prototype plan. In accordance with Revenue Procedure 2003-6, the Plan administrator has chosen to rely on the opinion letter, dated March 31, 2008 that has been issued to the prototype. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (the Code) to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

NOTE 5 - INFORMATION CERTIFIED BY AMARILLO NATIONAL BANK

The following is a summary of the investment information as of December 31, 2011 and 2010, included in the Plan's financial statements and supplemental schedule, that were prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate for the year ending December 31, 2011. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments:

	2011	2010
Investments at fair value:		
Uninvested cash	$ 26,293	$ -
Money market fund	$ 3,040,934	$ 1,956,161
Corporate bonds	$ 3,602,750	$ 3,679,326
Common stocks	$ 6,585,327	$ 7,235,829
Cash value in life insurance	$ 11,614	$ 10,990
Accrued interest and dividends	$ 28,497	$ 35,381

Investments that represent 5% or more of the Plan's net assets are separately identified, as follows:

Fidelity investments – money market fund	$ 3,040,934	$ 1,956,161

Amarillo National Bank also certified to the completeness and accuracy of $306,365 of net appreciation in fair value of investments and $221,313 of interest and dividends related to the aforementioned investments for the year ended December 31, 2011.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted by Amarillo National Bank qualify as party-in-interest transactions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan may invest in various types of 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 the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 8 - PLAN TERMINATION

While there is no intention to do so, the Company reserves the right to terminate the Plan. In the event of termination of the Plan, the participants become fully vested in their employer contribution balances and the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

NOTE 9 - FAIR VALUE MEASUREMENTS

The Plan complies with ASC Topic 820-10, *Fair Value Measurements*, which provides a framework for measuring fair value under generally accepted accounting principles. ASC 820-10 applies to all financial assets and liabilities that are being measured and reported on a fair value basis. As defined in ASC 820-10, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various methods including market, income and cost approaches. Based on these approaches, the Plan often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities. Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data. Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3: Unobservable inputs that are not corroborated by market data. Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and are not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

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

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below:

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

In determining the appropriate levels, the Plan performs a detailed analysis of the assets and liabilities that are subject to fair value measurement. The following table summarizes the financial assets measured at fair value on a recurring basis at December 31, 2011 and 2010:

	Fair Value Measurements Using 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Money Market Fund	$3,040,934	-	-	$3,040,934
Corporate Bonds	3,602,750	-	-	3,602,750
Common Stocks	6,585,327	-	-	6,585,327
Cash Value in Life Insurance	-	-	11,614	11,614
Total Investments at Fair Value	$13,229,011	-	$11,614	$13,240,625

	Fair Value Measurements Using 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Money Market Fund	$1,956,161	-	-	$1,956,161
Corporate Bonds	3,679,326	-	-	3,679,326
Common Stocks	7,235,829	-	-	7,235,829
Cash Value in Life Insurance	-	-	10,990	10,990
Total Investments at Fair Value	$12,871,316	-	$10,990	$12,882,306

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

Level 3 Gains and Losses
The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011 and 2010.

	Level 3 Assets Year Ended December 31, 2011
	Cash Surrender Value Life Insurance
Balance, beginning of year	$10,990
Unrealized gains/(losses) relating to instruments still held at the reporting date	624
Distributions/Cancellation of policy	-
Balance, end of year	$11,614

	Level 3 Assets Year Ended December 31, 2010
	Cash Surrender Value Life Insurance
Balance, beginning of year	$10,286
Unrealized gains/(losses) relating to instruments still held at the reporting date	704
Distributions/Cancellation of policy	-
Balance, end of year	$10,990

Changes in Fair Value and Related Gains and Losses
During 2011, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $306,365.

SUPPLEMENTAL SCHEDULE

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

SCHEDULE H, PART IV (4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(As Certified by Amarillo National Bank)
December 31, 2011

(b) Identity of issuer, 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
Money Market Fund:			
Fidelity Investments	Fidelity Treasury; 3,040,934 units	$ 3,040,934	$ 3,040,934
Life Insurance Policy:			
Prudential Life Insurance Company of America	Policy #72085967 - Roy L. Stollings; Face Amount $42,660	1	11,614
	Total Life Insurance Policy	1	11,614
Corporate Bonds:			
JP Morgan Chase	1.650%, due September 30, 2013, $250,000 par	251,283	251,795
3M Company Med Term NTS	4.375%, due August 15, 2013, $200,000 par	201,132	212,595
Praxair Inc	1.750%, due November 15, 2012, $200,000 par	200,043	201,706
Duke Energy Corporation	3.950%, due September 15, 2014, $150,000 par	152,145	160,038
Pepsico Inc	3.100%, due January 15, 2015, $150,000 par	152,070	158,973
Sherwin Williams	3.125%, due December 15, 2014, $150,000 par	150,497	158,059
Kraft Foods Inc	2.625%, due May 8, 2013, $150,000 par	154,160	153,244
IBM Corp	2.100%, due May 6, 2013, $150,000 par	149,919	153,095
Novartis Capital Corp	1.900%, due April 24, 2013, $150,000 par	153,386	152,944
Shell International Fin BV	1.875%, due March 25, 2013, $150,000 par	153,021	152,792
U.S Bancorp	2.000%, due June 14, 2013, $150,000 par	153,519	152,447
Berkshire Hathaway Inc. Del.	4.750%, due May 15, 2012, $150,000 par	155,603	152,085
Dell Inc	3.370% due June 15, 2012, $150,000 par	153,326	151,655
Teva Pharma Fin III LLC	1.500%, due June 15, 2012, $150,000 par	150,111	150,569
EI DU PONT DE Nemour and Co.	3.250%, due January 15, 2015, $125,000 par	127,469	133,305
Adobe Systems Inc	3.250% due February 1, 2015, $125,000 par	128,345	131,210
Microsoft Corp	2.950%, due June 1, 2014, $100,000 par	100,149	106,225
Wal-Mart Stores	3.200%, due May 15, 2014, $100,000 par	100,688	105,610
Honeywel International Inc.	4.250%, due March 1, 2013, $100,000 par	100,782	104,324
Sysco Corp	4.200%, due February 12, 2013, $100,000 par	101,036	103,735
Verizon Communications Inc	1.950% due March 28, 2014, $100,000 par	102,214	102,066
Enterprise Prods Oper LLC	4.600%, due August 1, 2012, $100,000 par	102,010	101,471
Thermo Fisher Scientific	2.150%, due December 28, 2012, $100,000 par	99,767	101,200
Raytheon Company	1.100%, due October 15, 2015, $100,000 par	99,748	100,685
Hewlett Packard Corp	4.250%, due February 24, 2012, $100,000 par	100,993	100,450
Agilient Technologies Inc	2.500%, due July 15, 2013, $50,000 par	50,344	50,472
	Total Corporate Bonds	3,543,760	3,602,750
Common Stocks:			
Kirby Corporation	4,500 shares	52,610	296,280
Cabot Oil & Gas Corporation	3,400 shares	17,334	258,060
International Business Machines	1,400 shares	147,344	257,432
Noble Energy Inc.	2,500 shares	50,078	235,975
Danaher Corp. DE	4,600 shares	155,411	216,384
Cullen Frost Banks Inc.	4,000 shares	35,792	211,640
Tractor Supply Company	3,000 shares	58,546	210,450
FMC Corporation	2,200 shares	97,614	189,288
Range Resources Corporation	3,000 shares	77,115	185,820

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

SCHEDULE H, PART IV (4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(As Certified by Amarillo National Bank)
December 31, 2011

(b) Identity of issuer, 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
Common Stocks (continued):			
Roper Industries Inc.	2,000 shares	117,880	173,740
Exxon Mobil Corporation	2,000 shares	33,070	169,520
Abbott Laboratories	3,000 shares	133,418	168,690
Apple Computer Inc.	400 shares	59,664	162,000
Dentsply International	4,300 shares	120,239	150,457
Kimberly Clark	2,000 shares	60,368	147,120
Adobe Systems Inc.	5,000 shares	155,441	141,350
Pfizer, Inc.	6,500 shares	172,276	140,660
Monsanto Co New Com	2,000 shares	137,978	140,140
Coca-Cola Company	2,000 shares	94,564	139,940
ConocoPhillips Company	1,900 shares	127,756	138,453
Rockwell Collins, Inc.	2,500 shares	119,939	138,425
Thermo Electron CP	3,000 shares	96,171	134,910
Proctor & Gamble	2,000 shares	73,783	133,420
Pepsico Inc.	2,000 shares	89,625	132,700
Martin Marietta Matls Inc.	1,600 shares	144,592	120,656
Northern Trust Corporation	3,000 shares	20,226	118,980
Microsoft Corporation	4,500 shares	145,491	116,820
Emerson Electric Company	2,500 shares	91,088	116,475
E.I. Dupont De Nemours & Company	2,500 shares	77,417	114,450
Pall CP	2,000 shares	96,020	114,300
Wells Fargo & Company	4,000 shares	114,495	110,240
Honeywell International Inc.	2,000 shares	92,142	108,700
EMC Corp	5,000 shares	57,608	107,700
Union Pacific Corporation	1,000 shares	82,179	105,940
Trimble Navigation LTD	2,400 shares	46,546	104,160
Walgreen Company	3,000 shares	14,598	99,180
Johnson & Johnson	1,500 shares	93,924	98,370
Waste Management, Inc.	3,000 shares	76,184	98,130
Time Warner Inc.	2,500 shares	60,176	90,350
Republic Services Inc.	3,150 shares	94,627	86,782
US Bancorp Del Com New	3,000 shares	96,071	81,150
Oracle Systems	3,000 shares	40,396	76,950
Jarden Corporation	2,500 shares	72,716	74,700
Calgon Carbon Corporation	4,500 shares	60,626	70,694
Perkinelmer Inc.	3,500 shares	79,528	70,000
Covidien PLC	1,500 shares	73,181	67,516
AT&T Inc.	2,000 shares	49,907	60,480
National Instruments Corp	2,000 shares	50,874	51,900
Foster Wheeler LTD	2,500 shares	61,059	47,850

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

SCHEDULE H, PART IV (4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(As Certified by Amarillo National Bank)
December 31, 2011

(b) Identity of issuer, 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
	Total Common Stocks	4,175,687	6,585,327
	Total Investments, at fair value	$ 10,760,382	$ 13,240,625

The above information has been certified by Amarillo National Bank, the trustee, as complete and accurate.

PARTY IN INTEREST -
IDENTITY - 3M company Med Term
DESCRIPTION - 4.375% due 8-15-13
COST - 201132
CURRENT VALUE - 212595

PARTY IN INTEREST -
IDENTITY - Abott Laboratories
DESCRIPTION - 3,000 shares
COST - 133418
CURRENT VALUE - 168690

PARTY IN INTEREST -
IDENTITY - Adobe Systems Inc
DESCRIPTION - 5,000 shares
COST - 155441
CURRENT VALUE - 141350

PARTY IN INTEREST -
IDENTITY - Adobe Systems Inc
DESCRIPTION - 3.25% due 2-1-15
COST - 128345
CURRENT VALUE - 131210

PARTY IN INTEREST -
IDENTITY - Agilient Technologie
DESCRIPTION - 2.5% due 7-15-13
COST - 50344
CURRENT VALUE - 50472

PARTY IN INTEREST -
IDENTITY - Apple Computer Inc
DESCRIPTION - 400 shares
COST - 59664
CURRENT VALUE - 162000

PARTY IN INTEREST -
IDENTITY - AT&T, Inc.
DESCRIPTION - 2,000 shares
COST - 49907
CURRENT VALUE - 60480

PARTY IN INTEREST -
IDENTITY - Berkshire Hathaway I
DESCRIPTION - 4.75% due 5-15-12
COST - 155603
CURRENT VALUE - 152085

PARTY IN INTEREST -
IDENTITY - Cabot Oil & Gas Corp
DESCRIPTION - 3,400 shares
COST - 17334
CURRENT VALUE - 258060

PARTY IN INTEREST -
IDENTITY - Calgon Carbon Corp
DESCRIPTION - 4,500 shares
COST - 60626
CURRENT VALUE - 70694

PARTY IN INTEREST -
IDENTITY - Coca-Cola Company
DESCRIPTION - 2,000 shares
COST - 94564
CURRENT VALUE - 139940

PARTY IN INTEREST -
IDENTITY - Conoco Phillips Comp
DESCRIPTION - 1,900 shares
COST - 127756
CURRENT VALUE - 138453

PARTY IN INTEREST -
IDENTITY - Covidien PLC
DESCRIPTION - 1,500 shares
COST - 73181
CURRENT VALUE - 67516

PARTY IN INTEREST -
IDENTITY - Cullen Frost Banks I
DESCRIPTION - 4,000 shares
COST - 35792
CURRENT VALUE - 211640

PARTY IN INTEREST -
IDENTITY - Danaher Corp DE
DESCRIPTION - 4,600 shares
COST - 155411
CURRENT VALUE - 216384

PARTY IN INTEREST -
IDENTITY - Dell Inc
DESCRIPTION - 3.37% due 6-15-12
COST - 153326
CURRENT VALUE - 151655

PARTY IN INTEREST -
IDENTITY - Dentsply Internation
DESCRIPTION - 4,300 shares
COST - 120239
CURRENT VALUE - 150457

PARTY IN INTEREST -
IDENTITY - Duke Energy Corp
DESCRIPTION - 3.95% due 9-15-14
COST - 152145
CURRENT VALUE - 160038

PARTY IN INTEREST -
IDENTITY - E.I. Dupont De Nemou
DESCRIPTION - 2,500 shares
COST - 77417
CURRENT VALUE - 114450

PARTY IN INTEREST -
IDENTITY - EI DU Pont De Namour
DESCRIPTION - 3.25% due 1-15-15
COST - 127469
CURRENT VALUE - 133305

PARTY IN INTEREST -
IDENTITY - EMC Corp
DESCRIPTION - 5,000 shares
COST - 57608
CURRENT VALUE - 107700

PARTY IN INTEREST -
IDENTITY - Emerson Electric Com
DESCRIPTION - 2,500 shares
COST - 91088
CURRENT VALUE - 116475

PARTY IN INTEREST -
IDENTITY - Enterprise Prods Ope
DESCRIPTION - 4.6% due 8-1-12
COST - 102010
CURRENT VALUE - 101471

PARTY IN INTEREST -
IDENTITY - Exxon Mobil Corporat
DESCRIPTION - 2,000 shares
COST - 33070
CURRENT VALUE - 169520

PARTY IN INTEREST -
IDENTITY - FMC Corporation
DESCRIPTION - 2,200 shares
COST - 97614
CURRENT VALUE - 189288

PARTY IN INTEREST -
IDENTITY - Foster Wheeler Ltd
DESCRIPTION - 2,500 shares
COST - 61059
CURRENT VALUE - 47850

PARTY IN INTEREST -
IDENTITY - Hewlett Packard Corp
DESCRIPTION - 4.25% due 2-24-12
COST - 100993
CURRENT VALUE - 100450

PARTY IN INTEREST -
IDENTITY - Honeywell Internatio
DESCRIPTION - 4.25% due 3-1-13
COST - 100782
CURRENT VALUE - 104324

PARTY IN INTEREST -
IDENTITY - Honeywell Internatio
DESCRIPTION - 2,000 shares
COST - 92142
CURRENT VALUE - 108700

PARTY IN INTEREST -
IDENTITY - IBM Corp
DESCRIPTION - 2.1% due 5-6-13
COST - 149919

CURRENT VALUE - 153095

PARTY IN INTEREST -
IDENTITY - International Busine
DESCRIPTION - 1,400 shares
COST - 147344
CURRENT VALUE - 257432

PARTY IN INTEREST -
IDENTITY - Jarden Corp
DESCRIPTION - 2,500 shares
COST - 72716
CURRENT VALUE - 74700

PARTY IN INTEREST -
IDENTITY - Johnson & Johnson
DESCRIPTION - 1,500 shares
COST - 93924
CURRENT VALUE - 98370

PARTY IN INTEREST -
IDENTITY - JP Morgan Chase
DESCRIPTION - 1.65% due 9-15-13
COST - 251283
CURRENT VALUE - 251795

PARTY IN INTEREST -
IDENTITY - Kimberly Clark
DESCRIPTION - 2,000 shares
COST - 60368
CURRENT VALUE - 147120

PARTY IN INTEREST -
IDENTITY - Kirby Corporation
DESCRIPTION - 4,500 shares
COST - 52610
CURRENT VALUE - 296280

PARTY IN INTEREST -
IDENTITY - Kraft Foods, Inc
DESCRIPTION - 2.625% due 5-8-13
COST - 154160
CURRENT VALUE - 153244

PARTY IN INTEREST -
IDENTITY - Martin Marietta Matl
DESCRIPTION - 1,600 shares
COST - 144592
CURRENT VALUE - 120656

PARTY IN INTEREST -
IDENTITY - Microsoft Corp
DESCRIPTION - 2.95% due 6-1-14
COST - 100149
CURRENT VALUE - 106225

PARTY IN INTEREST -
IDENTITY - Microsoft Corporatio
DESCRIPTION - 4,500 shares

COST - 145491
CURRENT VALUE - 116820

PARTY IN INTEREST -
IDENTITY - Monsanto Co New Com
DESCRIPTION - 2,000 shares
COST - 137978
CURRENT VALUE - 140140

PARTY IN INTEREST -
IDENTITY - National Instruments
DESCRIPTION - 2,000 shares
COST - 50874
CURRENT VALUE - 51900

PARTY IN INTEREST -
IDENTITY - Noble Energy Inc
DESCRIPTION - 2,500 shares
COST - 50078
CURRENT VALUE - 235975

PARTY IN INTEREST -
IDENTITY - Northern Trust Corpo
DESCRIPTION - 3,000 shares
COST - 20226
CURRENT VALUE - 118980

PARTY IN INTEREST -
IDENTITY - Novartis Capital Cor
DESCRIPTION - 1.9% due 4-24-13
COST - 153386
CURRENT VALUE - 152944

PARTY IN INTEREST -
IDENTITY - Oracle Systems
DESCRIPTION - 3,000 shares
COST - 40396
CURRENT VALUE - 76950

PARTY IN INTEREST -
IDENTITY - Pall CP
DESCRIPTION - 2,000 shares
COST - 96020
CURRENT VALUE - 114300

PARTY IN INTEREST -
IDENTITY - Pepsico Inc.
DESCRIPTION - 2,000 shares
COST - 89625
CURRENT VALUE - 132700

PARTY IN INTEREST -
IDENTITY - Pepsico Inc.
DESCRIPTION - 3.1% due 1-15-15
COST - 152070
CURRENT VALUE - 158973

PARTY IN INTEREST -
IDENTITY - Perkinelmer Inc

DESCRIPTION - 3,500 shares
COST - 79528
CURRENT VALUE - 70000

PARTY IN INTEREST -
IDENTITY - Pfizer, Inc.
DESCRIPTION - 6,500 shares
COST - 172276
CURRENT VALUE - 140660

PARTY IN INTEREST -
IDENTITY - Praxair Inc
DESCRIPTION - 1.75% due 11-15-12
COST - 200043
CURRENT VALUE - 201706

PARTY IN INTEREST -
IDENTITY - Proctor & Gamble
DESCRIPTION - 2,000 shares
COST - 73783
CURRENT VALUE - 133420

PARTY IN INTEREST -
IDENTITY - Prudential Life Insu
DESCRIPTION - Policy #72085967 - R
COST - 1
CURRENT VALUE - 11614

PARTY IN INTEREST -
IDENTITY - Range Resources Corp
DESCRIPTION - 3,000 shares
COST - 77115
CURRENT VALUE - 185820

PARTY IN INTEREST -
IDENTITY - Raytheon Company
DESCRIPTION - 1.1% due 10-15-15
COST - 99748
CURRENT VALUE - 100685

PARTY IN INTEREST -
IDENTITY - Republic Services In
DESCRIPTION - 3,150 shares
COST - 94627
CURRENT VALUE - 86782

PARTY IN INTEREST -
IDENTITY - Rockwell Collins, In
DESCRIPTION - 2,500 shares
COST - 119939
CURRENT VALUE - 138425

PARTY IN INTEREST -
IDENTITY - Roper Industries Inc
DESCRIPTION - 2,000 shares
COST - 117880
CURRENT VALUE - 173740

PARTY IN INTEREST -

IDENTITY - Shell International
DESCRIPTION - 1.875% due 3-25-13
COST - 153021
CURRENT VALUE - 152792

PARTY IN INTEREST -
IDENTITY - Sherwin Williams
DESCRIPTION - 3.125% due 12-15-14
COST - 150497
CURRENT VALUE - 158059

PARTY IN INTEREST -
IDENTITY - Sysco Corp
DESCRIPTION - 4.2% due 2-12-13
COST - 101036
CURRENT VALUE - 103735

PARTY IN INTEREST -
IDENTITY - Teva pharma Fin III
DESCRIPTION - 1.5% due 6-15-12
COST - 150111
CURRENT VALUE - 150569

PARTY IN INTEREST -
IDENTITY - Thermo Electron CP
DESCRIPTION - 3,000 shares
COST - 96171
CURRENT VALUE - 134910

PARTY IN INTEREST -
IDENTITY - Thermo Fisher Scient
DESCRIPTION - 2.15% due 12-28-12
COST - 99767
CURRENT VALUE - 101200

PARTY IN INTEREST -
IDENTITY - Time Warner Imc
DESCRIPTION - 2,500 shares
COST - 60176
CURRENT VALUE - 90350

PARTY IN INTEREST -
IDENTITY - Tractor Supply Compa
DESCRIPTION - 3,000 shares
COST - 58546
CURRENT VALUE - 210450

PARTY IN INTEREST -
IDENTITY - Trimble Navigation L
DESCRIPTION - 2,400 shares
COST - 46546
CURRENT VALUE - 104160

PARTY IN INTEREST -
IDENTITY - Union Pacific Corp
DESCRIPTION - 1,000 shares
COST - 82179
CURRENT VALUE - 105940

PARTY IN INTEREST -
IDENTITY - US Bancorp
DESCRIPTION - 2% due 6-14-13
COST - 153519
CURRENT VALUE - 152447

PARTY IN INTEREST -
IDENTITY - US Bancorp Del Com
DESCRIPTION - 3,000 shares
COST - 96071
CURRENT VALUE - 81150

PARTY IN INTEREST -
IDENTITY - Verizon Communicatio
DESCRIPTION - 1.95% due 3-28-14
COST - 102214
CURRENT VALUE - 102066

PARTY IN INTEREST -
IDENTITY - Wal-Mart Stores
DESCRIPTION - 3.2% due 5-15-14
COST - 100688
CURRENT VALUE - 105610

PARTY IN INTEREST -
IDENTITY - Walgreen Company
DESCRIPTION - 3,000 shares
COST - 14598
CURRENT VALUE - 99180

PARTY IN INTEREST -
IDENTITY - Waste Management, In
DESCRIPTION - 3,000 shares
COST - 76184
CURRENT VALUE - 98130

PARTY IN INTEREST -
IDENTITY - Wells Fargo & Compan
DESCRIPTION - 4,000 shares
COST - 114495
CURRENT VALUE - 110240

PARTY IN INTEREST -
IDENTITY - Fidelity Investments
DESCRIPTION - Fidelity Treasury
COST - 3040934
CURRENT VALUE - 3040934