

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1965</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>THE EVANGELINE BANK & TRUST COMPANY</u> <u>P.O. BOX 346</u> <u>VILLA PLATTE, LA 70586-0000</u>	2b Employer Identification Number (EIN) <u>72-0180410</u> 2c Sponsor's telephone number <u>337-363-5541</u> 2d Business code (see instructions) <u>522110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>RANDEL CHAPMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

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	180
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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	103
b Retired or separated participants receiving benefits.....	6b	34
c Other retired or separated participants entitled to future benefits.....	6c	40
d Subtotal. Add lines 6a , 6b , and 6c	6d	177
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	178
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	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **0** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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>2011</u>	
2 Assets:	
a Market value	2a <u>8959258</u>
b Actuarial value	2b <u>8819607</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants <u>27</u> (2) Funding Target <u>3340087</u>
b For terminated vested participants	3b <u>37</u> <u>883064</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>159295</u>
(2) Vested benefits	3c(2) <u>5019131</u>
(3) Total active	3c(3) <u>116</u> <u>5178426</u>
d Total	3d <u>180</u> <u>9401577</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.47 %</u>
6 Target normal cost	6 <u>0</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>08/20/2012</u>
Signature of actuary	Date
<u>MICHAEL J. WOOD</u>	<u>11-05252</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) 2011
v.012611

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 (line 13 from prior year)	10710	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	10710	0
10	Interest on line 9 using prior year's actual return of <u>8.82</u> %	945	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		902452
b	Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions)		60464
c	Total available at beginning of current plan year to add to prefunding balance		962916
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11655	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	93.68 %
15	Adjusted funding target attainment percentage	15	93.69 %
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	94.08 %
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
10/14/2011	61948	0			
01/13/2012	61948	0			
			Totals ▶	18(b)	123896
				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 contributions 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 116705
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	593625	116078	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	116078	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	116078	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	116705	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	627	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

13-5674085

(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?
28	INVESTMENT MANAGER	75413	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	528175	61948
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	25102	32146
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	500434	130359
	(2) U.S. Government securities.....	1c(2)	3446433	4402162
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	640217	175170
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	3246191	3275952
	(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)	572706	566974
	(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	8959258	8644711

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	8959258	8644711
---	-----------	---------	---------

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)	123896	
(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)		123896

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	134866	
(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)		134866

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	88439	
(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)		88439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2489008	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2442882	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		46126

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-276243	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-276243
(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		117084

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	356218	
(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)		356218
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)	75413	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75413
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		431631

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-314547
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		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?		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.			
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 <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>38-3805189</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>1</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 (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): _____

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

Financial Report

For the Years Ended December 31, 2011 and 2010

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 Victor R. Slaven, CPA*
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Retired:
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 Tynes E. Mixon, Jr., CPA 2011

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KOLDER, CHAMPAGNE, SLAVEN & COMPANY, LLC

CERTIFIED PUBLIC ACCOUNTANTS

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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, 2011 and 2010, 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, 2011 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, 2011 and 2010, 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 supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 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 11, 2012

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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 566,974	\$ 572,706
Common stocks and options	3,275,952	3,246,191
U. S. Government securities	4,402,162	3,446,433
Corporate bonds	<u>175,170</u>	<u>640,217</u>
Total investments	<u>8,420,258</u>	<u>7,905,547</u>
Receivables:		
Employer contribution	61,948	528,175
Accrued interest	<u>32,146</u>	<u>25,102</u>
Total receivables	<u>94,094</u>	<u>553,277</u>
Cash	<u>130,359</u>	<u>500,434</u>
Total assets	8,644,711	8,959,258
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$8,644,711</u>	<u>\$8,959,258</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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income -		
Dividend income	\$ 88,439	\$ 69,945
Interest income	134,866	127,110
Unrealized gains on investments	-	510,771
Realized gains on sales of investments	<u>46,126</u>	<u>22,849</u>
Total investment income	269,431	730,675
Contributions -		
Employer	<u>123,896</u>	<u>1,000,000</u>
Total additions	<u>393,327</u>	<u>1,730,675</u>
Deductions from net assets attributed to:		
Investment loss -		
Unrealized losses on sales of investments	276,243	-
Benefits paid to participants	356,218	278,470
Administrative expenses	<u>75,413</u>	<u>66,195</u>
Total deductions	<u>707,874</u>	<u>344,665</u>
Net increase (decrease) in net assets	(314,547)	1,386,010
Net assets available for benefits, beginning of year	<u>8,959,258</u>	<u>7,573,248</u>
Net assets available for benefits, end of year	<u>\$8,644,711</u>	<u>\$8,959,258</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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits -		
Participants currently receiving payments	\$4,140,229	\$3,112,632
Other participants	<u>4,753,488</u>	<u>5,382,165</u>
Total vested benefits	8,893,717	8,494,797
Nonvested benefits	<u>29,621</u>	<u>146,757</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$8,923,338</u>	<u>\$8,641,554</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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 8,641,554</u>	<u>\$ 8,260,836</u>
Increase during the year attributable to:		
Benefits accumulated	33,241	79,110
Increase for interest as a result of the decrease in the discount period	592,441	568,512
Benefits paid	(356,218)	(278,470)
Change in actuarial assumptions	<u>12,320</u>	<u>11,566</u>
Net increase	<u>281,784</u>	<u>380,718</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 8,923,338</u>	<u>\$ 8,641,554</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 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In 2009, the Plan adopted an amendment to cease all benefit accruals effective April 1, 2009. The Plan, as amended, covers all full-time employees of The Evangeline Bank & Trust Company ("Company") who had at least one year of service and were age twenty-one or older, or are age thirty-five on or before April 1, 2009.

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 on or before April 1, 2009.

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 principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The major estimates for the Plan in 2011 and 2010 are as follows: 1) the discount rate is 5.5% and 6.0%, respectively; and 2) the expected long-term return on assets is 7.0%.

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, 2011 and 2010 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 2011 and 2010 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.

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

Notes to Financial Statements (Continued)

(3) Investments

The following are investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits:

	<u>2011</u>	<u>2010</u>
Merrill Lynch-		
Mutual funds	\$ 566,974	\$ 572,706
Common stocks and options	3,275,952	3,246,191
U.S. Government securities	4,402,162	3,446,433
Corporate bonds	-	640,217

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$230,117 as follows:

	<u>Realized Gains</u>	<u>Unrealized Losses</u>	<u>Net Depreciation in Value</u>
Merrill Lynch-			
Common stocks and options/ corporate bonds/ U.S. Government securities	<u>\$ 46,126</u>	<u>\$ (276,243)</u>	<u>\$ (230,117)</u>

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$533,620 as follows:

	<u>Realized Gains</u>	<u>Unrealized Gains</u>	<u>Net Appreciation in Value</u>
Merrill Lynch-			
Common stocks and options/ corporate bonds/ U.S. Government securities	<u>\$ 22,849</u>	<u>\$ 510,771</u>	<u>\$ 533,620</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

Professional standards establish 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 professional standards 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, 2011 and 2010.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Fair Value	Level 1	Level 2	Level 3
December 31, 2011:				
Mutual funds	\$ 566,974	\$ 566,974	\$ -	\$ -
Common stocks and options	3,275,952	3,275,952	-	-
U.S. Government securities	4,402,162	4,402,162	-	-
Corporate bonds	175,170	175,170	-	-
Total investments	<u>\$8,420,258</u>	<u>\$8,420,258</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2010:				
Mutual funds	\$ 572,706	\$ 572,706	\$ -	\$ -
Common stocks and options	3,246,191	3,246,191	-	-
U.S. Government securities	3,446,433	3,446,433	-	-
Corporate bonds	640,217	640,217	-	-
Total investments	<u>\$7,905,547</u>	<u>\$7,905,547</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, 2011 and 2010 amounted to \$75,413 and \$66,195, 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 2011 and 2010 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, 2011 and 2010, to Schedule H of Form 5500:

	2011	2010
Net assets available for benefits per Schedule H of Form 5500	\$8,644,711	\$8,959,258
Amounts allocated to withdrawing participants	-	-
Net assets available for benefits per Schedule H of Form 5500	<u>\$8,644,711</u>	<u>\$8,959,258</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2011 and 2010 to Schedule H of Form 5500:

	2011	2010
Benefits paid to participants per the financial statements	\$356,218	\$278,470
Add: Amounts allocated to withdrawing participants	-	-
Less: Amounts allocated to withdrawing participants	-	-
Benefits paid to participants per Schedule H of Form 5500	<u>\$356,218</u>	<u>\$278,470</u>

RETIREMENT PLAN FOR EMPLOYEES OF THE
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 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, 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 and is qualified as tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has undertaken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, respectively, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(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.

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

Notes to Financial Statements (Continued)

(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>2011</u>	<u>2010</u>
Investments, at fair value:		
Interest bearing deposits	\$ 130,359	\$ 500,434
Mutual funds	566,974	572,706
Common stocks and options	3,275,952	3,246,191
U.S. Government securities	4,402,162	3,446,433
Corporate bonds	175,170	640,217
Net investment income (loss)	(6,812)	730,675

(13) Subsequent Event Review

The Plan's management has evaluated subsequent events through October 11, 2012 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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Various publicly traded companies	Common stocks and options	\$3,120,624	\$3,275,952
	United States Treasury or Agency	U. S. Government securities	4,251,774	4,402,162
	Global Small Cap Port	Mutual funds	174,244	186,893
	Blackrock Global Dynamic	Mutual funds	190,973	191,597
	Blackrock Global	Mutual funds	196,476	188,484
	Sovereign Bank	Corporate debt instruments	175,043	175,170
*	Merrill Lynch	Money market accounts	130,359	130,359
	Totals		<u>\$8,239,493</u>	<u>\$8,550,617</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, 2011

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
BHP Billiton PLC SP ADR	19 shares	\$ 1,429	\$ 1,429
Cyrela Brazil Realty SA	46 shares	10,801	8,757
GLAXOSMITHKLINE PLC	26 shares	971	981
Illumina Inc Com	8 shares	514	527
Joy Global Inc Del Com	7 shares	651	677
Nintendo Ltd	17 shares	572	582
ABB Ltd Spon ADR	61 shares	1,453	1,480
British Amn Tobacco Spadr	64 shares	4,888	5,070
Fresenius Medical Care	13 shares	843	873
Monsanto Co New Del Com	42 shares	3,055	2,855
Citigroup Inc Com New	15 shares	665	601
Darden Restaurants Inc	12 shares	583	586
Exelon Corporation	11 shares	444	463
Fluor Corp New Del Com	122 shares	8,708	8,254
General Motors Co	186 shares	6,972	5,874
Netflix Com Inc	4 shares	834	943
Swatch Group Ag Unspnd	190 shares	3,970	4,670
Baidu Inc Spon ADR	4 shares	492	520
Computer Science Crp	9 shares	446	347
Goldman Sachs Group Inc	47 shares	7,596	6,273
Honda Motor ADR New	69 shares	2,565	2,572
Swatch Group Ag Unspnd	164 shares	3,427	4,015
WM Morrison Supermarkets	101 shares	2,305	2,395
China Overseas Land & Inv	6018 shares	12,592	12,234
Okuma Corp	1660 shares	14,379	14,038
Delta Air Line Inc	298 shares	3,532	2,718
Disney (Walt) Co com Stk	1023 shares	1,096	1,023
Fluor Corp New Del Com	7 shares	530	473
Ford Motor Co	786 shares	12,201	10,513
Goldman Sachs Group Inc	105 shares	16,960	13,842
Heineken NV ADR	22 shares	554	631
Hewlett Packard Co Del	10 shares	419	364

(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, 2011

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Imperial Tob Grp Sps Adr	7 shares	\$ 429	\$ 492
St Jude Medical Inc	165 shares	8,460	7,873
Xstrata Plc-Adr	625 shares	2,831	2,719
American International	353 shares	12,971	8,495
Activision Blissard Inc	164 shares	1,771	1,813
Banco Bilbao Vizcaya	474 shares	5,329	4,832
Cognizant Tech Solutns A	81 shares	6,150	4,841
Dendreon Corp	202 shares	7,794	2,561
Eaton Corp	11 shares	613	432
Home Inns & Hotels Mgmt	56 shares	2,162	1,940
Heineken Nv Adr	599 shares	15,393	15,546
Juniper Networks Inc	230 shares	8,821	5,447
Lenovo Group Ltd Sp Adr	157 shares	1,805	1,990
Royal Bank Canada PV\$1	9 shares	547	487
Societe General Spn Adr	1222 shares	14,135	7,302
Sberbank Sponsored Adr	1024 shares	15,361	11,693
Teck Resources Ltd Cls B	50 shares	2,830	2,147
United Contl Hldgs Inc	21 shares	483	379
Vanceinfo Tech Inc Adr	177 shares	5,471	2,333
Hengan Intl Group Co Ltd	207 shares	1,604	1,724
Intesa Sanpaolo Spa	5144 shares	12,243	10,206
Alcatel Lucent Spd Adr	2034 shares	10,872	6,353
Banco Santander Sa Adr	50 shares	585	394
Covance Inc	169 shares	9,524	7,657
Cliffs Natural Resources	66 shares	5,945	4,916
Express Scripts Inc Com	56 shares	3,063	2,633
Genl Dynamics Corp Com	46 shares	3,312	2,565
Julius Baer Group Adr	1522 shares	13,466	11,443
Lenovo Group Ltd Sp Adr	615 shares	7,078	7,493
Micron Technology Inc	42 shares	427	246

(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, 2011

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Teck Resources Ltd Cls B	70 shares	\$ 3,962	\$ 2,751
United Parcel Svc Cl B	10 shares	718	616
Xstrata Plc-Adr	713 shares	3,229	2,166
Focus Media Hldg Ltd Adr	135 shares	3,898	2,593
Imperial Tob Grp Sps Adr	16 shares	980	1,076
Man Group Plc-Unspon	548 shares	2,716	1,413
Mitsubishi Estate Adr	51 shares	8,635	8,889
Telefonica Sa Spain Adr	465 shares	10,681	9,786
Wm Morrison Supermarkets	171 shares	3,902	4,054
Hengan Intl Group Co Ltd	943 shares	7,075	8,089
Imperial Tob Grp Sps Adr	135 shares	8,273	9,686
Ing Gp Nv Spsd Adr	408 shares	4,836	3,585
Lloyds Banking Group Plc	2433 shares	7,195	4,046
Moody's Corp	16 shares	525	575
Man Group Plc-Unspon	2684 shares	10,807	5,985
Nll Hldgs Inc Cl B	180 shares	7,143	4,196
Netapp Inc	98 shares	5,361	4,050
Texas Instruments	155 shares	5,483	4,849
Viacom Inc New Cl B	340 shares	17,724	15,271
Xstrata Plc-Adr	3706 shares	15,702	10,210
Skandinavia Ensk Bk	390 shares	3,617	2,234
Activision Blizzard Inc	137 shares	1,480	1,668
Borg Warner Inc Com	131 shares	8,417	8,239
Csx Corp	588 shares	11,573	11,920
China Life Ins Co Sp Adr	26 shares	963	936
Dish Network Corporation	33 shares	1,009	903
Imperial Tob Grp Sps Adr	40 shares	2,451	2,915
Nidec Corporation	125 shares	2,831	2,724
Oracle Corp \$0.01 Del	74 shares	2,445	1,901
Vertex Pharmctls Inc	249 shares	13,274	7,184

(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, 2011

<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
Wm Morrison Supermarkets	212 shares	\$ 4,834	\$ 5,265
Skandinavia Ensk Bk	748 shares	6,938	4,383
Totals		<u>\$ 496,599</u>	<u>\$ 409,690</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 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data (EIN: 72-0180410/PN: 1)

Age	Years of Credited Service													
	< 1		1-4		5-9		10-14		15-19		20-24		25-29	
	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.	No. Comp.	Avg. Comp.
< 25	0		3		0		0		0		0		0	
25-29	0		4		0		0		0		0		0	
30-34	0		5		8		3		0		0		0	
35-39	0		4		5		3		5		0		0	
40-44	0		4		7		2		2		1		0	
45-49	0		3		1		7		4		3		0	
50-54	0		0		2		2		3		3		1	
55-59	0		1		3		3		1		2		4	
60-64	0		1		2		2		3		1		1	
65-69	0		0		0		1		0		1		0	
> 69	0		0		0		0		0		0		0	
Total	0		25		28		23		18		11		6	
													1	

Grand Total: 116

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 1)

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 Two-year smoothed value per IRS Notice 2009-22

Three-Segment Interest Rates	<u>Duration</u>	<u>Percent</u>
	1-5	3.78%
	6-20	6.31%
	21+	6.57%

Effective Interest Rate 6.47%

Compensation Increases None

Mortality 2011 male and female static mortality tables for non-annuitants and annuitants as published in proposed regulation 1.430(h)(3)-1(e)

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 1)

Termination Rates

Moderate termination rates have been assumed. Illustrative rates of turnover assumed at various representative ages are as follows:

<u>Attained Age</u>	<u>Annual Rate of Termination</u>
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.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		

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 RETIEMENT 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 <u>01</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		8959258
b Actuarial value	2b		8819607
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	27	3340087
b For terminated vested participants	3b	37	883064
c For active participants:			
(1) Non-vested benefits	3c(1)		159295
(2) Vested benefits	3c(2)		5019131
(3) Total active	3c(3)	116	5178426
d Total	3d	180	9401577
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.47%
6 Target normal cost	6		0

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	<u>8/20/12</u> Date 1105252 Most recent enrollment number 914-821-9413 Telephone number (including area code)
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		

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) 2011
v.012611

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10710	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	10710	0
10 Interest on line 9 using prior year's actual return of <u>8.82%</u>	945	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		902452
b Interest on (a) using prior year's effective rate of <u>6.70%</u> except as otherwise provided (see instructions)		60464
c Total available at beginning of current plan year to add to prefunding balance		962916
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11655	0

14	Funding target attainment percentage.....	14	93.68%
15	Adjusted funding target attainment percentage	15	93.69%
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	94.08%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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	
10/14/2011	61948	0				
01/13/2012	61948	0				
			Totals ►	18(b)	123896	18(c) 0

a Contributions allocated toward unpaid minimum required contributions 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	116705

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:

(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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	0
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		593625	116078
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 (lines 31a - 31b + 32a + 32b - 33) ..		34	116078
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....		36	116078
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	116705
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	627
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 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%	0.000
56	0.00%	1,000	0	0.00%	0.000
57	0.00%	1,000	0	0.00%	0.000
58	0.00%	1,000	0	0.00%	0.000
59	0.00%	1,000	0	0.00%	0.000
60	0.00%	1,000	0	0.00%	0.000
61	0.00%	1,000	0	0.00%	0.000
62	0.00%	1,000	0	0.00%	0.000
63	0.00%	1,000	0	0.00%	0.000
64	0.00%	1,000	0	0.00%	0.000
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 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

**2011 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 rate</u>	<u>interest adjusted contribution</u>
10/14/2011	61,948	7.26%	58,636
1/13/2012	<u>61,948</u>	6.47%	<u>58,069</u>
	123,896		116,705

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 1)

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. Participation was frozen effective April 1, 2009.
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. Service was frozen effective April 1, 2009.
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. Compensation earned after April 1, 2009 will not be considered in determining the accrued benefit.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 1)

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 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 1)

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. Benefit accruals were frozen effective April 1, 2009.

Early Retirement

Eligibility

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 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 1)

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 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

2011 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 1)

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 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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Various publicly traded companies	Common stocks and options	\$3,120,624	\$3,275,952
	United States Treasury or Agency	U. S. Government securities	4,251,774	4,402,162
	Global Small Cap Port	Mutual funds	174,244	186,893
	Blackrock Global Dynamic	Mutual funds	190,973	191,597
	Blackrock Global	Mutual funds	196,476	188,484
	Sovereign Bank	Corporate debt instruments	175,043	175,170
*	Merrill Lynch	Money market accounts	130,359	130,359
	Totals		<u>\$8,239,493</u>	<u>\$8,550,617</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 Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2011 for Plan Year 1/1/2011 to 12/31/2011

**2011 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>
2011	73,800	6.07795	448,553
2010	(69,892)	5.38523	(376,384)
2009	112,170	4.64880	521,457
2008	<u>0</u>	3.78672	<u>0</u>
Total	116,078		593,625