# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AMERICAN BANK EMPLOYEE SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 11/01/1990

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

AMERICAN BANK

800 N. SHORELINE BLVD. SUITE 100 S.
CORPUS CHRISTI, TX 78401-3700

**2b** Employer Identification Number (EIN)
74-1650800

**2c** Sponsor's telephone number
361-992-9900

**2d** Business code (see instructions)
522110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2013 | JAMES FOY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2013 | LINDA FRASER |
| | **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 |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

AMERICAN BANK

800 N. SHORELINE BLVD. SUITE 100 S.
CORPUS CHRISTI, TX 78401-3700

**3b** Administrator's EIN
74-1650800

**3c** Administrator's telephone number
361-992-9900

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 305 |
| **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** | 284 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 35 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 319 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 319 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 295 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 13 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
AMERICAN BANK EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANK

**D** Employer Identification Number (EIN)
74-1650800

## Part I Service Provider Information (see instructions)

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

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

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

DAILYACCESS CORPORATION

63-1156117

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

MID ATLANTIC TRUST COMPANY

27-3169253

**(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)

DAILYACCESS CORPORATION

63-1156117

| (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? |
|---|---|---|---|---|---|---|
| 15 16 37 50 59 64 70 | NONE | 44187 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

INTERSERV, LLC

51-6000279

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 50 | NONE | 12264 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

COLLIER, JOHNSON & WOODS PC

74-2520265

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 6000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

RELIANCE TRUST COMPANY

58-1428634

| (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? |
|---|---|---|---|---|---|---|
| 19 21 25 50 62 | NONE | 4957 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

HERNDON PLANT OAKLEY LTD.

800 N. SHORELINE, SUITE 2200-S
CORPUS CHRISTI, TX 78401

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 63 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| HERNDON PLANT OAKLEY LTD. | 27 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN FUNDS<br>PO BOX 2280<br>NORFOLK, VA 23501 | .25%, .30%, .15% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| HERNDON PLANT OAKLEY LTD. | 27 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| THE FEDERATED FUNDS<br>30 DAN ROAD<br>CANTON, MA 02021 | .30% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| HERNDON PLANT OAKLEY LTD. | 27 33 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VANGUARD FUNDS<br>P O BOX 1110<br>VALLEY FORGE, PA 19482-1110 | .25% |

## 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 |
|---|---|---|
| HERNDON PLANT OAKLEY LTD. | 27 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ALLIANZ/PIMCO FUNDS 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | .25% |

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
AMERICAN BANK EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANK

**D** Employer Identification Number (EIN)
74-1650800

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 17415 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 474548 | 593534 |
| **(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) | 17620418 | 20317861 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 18094966 | 20928810 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 18094966 | 20928810 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 619660 | |
| | **(B)** Participants | 2a(1)(B) | 1349261 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 73806 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2042727 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 21250 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 21250 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 369967 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 369967 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1736348 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4170292 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1269665 | |
| (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) | | 1269665 |
| 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) | 6000 | |
| (2) Contract administrator fees | 2i(2) | 44187 | |
| (3) Investment advisory and management fees | 2i(3) | 12264 | |
| (4) Other | 2i(4) | 4332 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 66783 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1336448 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2833844 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: COLLIER, JOHNSON & WOODS PC **(2)** EIN: 74-2520265

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 3000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# 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

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
AMERICAN BANK EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANK

**D** Employer Identification Number (EIN)
74-1650800

## 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** 0

**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): 58-1428634

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# AMERICAN BANK
# EMPLOYEE SAVINGS PLAN

**AUDITED FINANCIAL STATEMENTS**

**DECEMBER 31, 2012**

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**COLLIER, JOHNSON & WOODS, P.C.**
CERTIFIED PUBLIC ACCOUNTANTS

555 N. Carancahua Suite 1000
Corpus Christi, Texas 78401-0839
361-884-9347 Fax 361-884-9422
www.cjw-cpa.com

# INDEPENDENT AUDITOR'S REPORT

October 1, 2013

American Bank Employee Savings Plan
Corpus Christi, Texas

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of American Bank Employee Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by Section 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 3, which was certified by the trustees of the plan, Mid-Atlantic Trust Company in 2012 and Reliance Trust Company in 2011, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Mid-Atlantic Trust Company holds the Plan's investment assets and executes investment transactions from May 11, 2012 through December 31, 2012 and Reliance Trust Company held the plan's investment assets on December 31, 2011 and executed investment transactions from January 1, 2012 through May 10, 2012. The Plan administrator has obtained a certifications from the trustees, as of the above periods, that the information provided to the Plan administrator by the trustees is complete and accurate.

***Disclaimer of Opinion***

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

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying index, which are the responsibility of plan management, 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and 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.



**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

## STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | DECEMBER 31, | |
|---|---|---|
| | **2012** | **2011** |
| Assets: | | |
| Investments, at Fair Value (Note 4 and 5): | | |
| Mutual Funds | 20,317,861 | 15,362,495 |
| Money Market Funds | 17,415 | 2,257,923 |
| Total Investments | 20,335,276 | 17,620,418 |
| Receivables: | | |
| Notes Receivable from Participants | 593,534 | 474,548 |
| Employer Contributions | 625,195 | 619,660 |
| Total Receivables | 1,218,729 | 1,094,208 |
| Total Assets | 21,554,005 | 18,714,626 |
| Liabilities | -- | -- |
| NET ASSETS AVAILABLE FOR BENEFITS | 21,554,005 | 18,714,626 |

See Notes to Financial Statements.

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | YEAR ENDED DECEMBER 31, | |
|---|---|---|
| | 2012 | 2011 |
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Realized and Unrealized Appreciation (Depreciation) in Fair Value of Investments (Note 5) | 1,736,348 | (934,227) |
| Dividends | 369,967 | 309,987 |
| Total Investment Income (Loss) | 2,106,315 | (624,240) |
| Interest on Participant Loans | 21,250 | 23,933 |
| Contributions: | | |
| Participants | 1,349,261 | 1,280,320 |
| Participants Rollovers | 73,806 | 1,463 |
| Total Participant Contributions | 1,423,067 | 1,281,783 |
| Employer | 625,195 | 619,660 |
| Total Contributions | 2,048,262 | 1,901,443 |
| Total Additions | 4,175,827 | 1,301,136 |
| Deductions to Net Assets Attributed to: | | |
| Benefits Paid to Participants | 1,269,665 | 1,236,654 |
| Administrative Fees | 66,783 | 51,324 |
| Total Deductions | 1,336,448 | 1,287,978 |
| Net Increase in Net Assets Available for Benefits | 2,839,379 | 13,158 |
| Net Assets Available for Benefits, Beginning of Year | 18,714,626 | 18,701,467 |
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR | 21,554,005 | 18,714,626 |

See Notes to Financial Statements.

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2012 AND 2011**

## Note 1 – SUMMARY OF ACCOUNTING POLICIES

The financial statements of the American Bank Employee Savings Plan (the "Plan") have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee retirement Plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan participants.

### Date of Management's Review

Subsequent events were evaluated through October 1, 2013, which is the date the financial statements were available to be issued.

### Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting. The accounting records of the Plan are maintained on the cash basis.

### Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in The United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### Administrative Expenses

Administrative expenses of maintaining the Plan are paid by the Plan unless paid by the Company.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 - DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a contributory defined contribution Plan covering all employees of American Bank who have attained the age of 18. The Plan became effective November 1, 1990. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions**

The Company contributes on behalf of each participant an amount elected by the participant in his or her salary modification agreement. The Plan provides for discretionary employer matching contributions. Additionally, the Plan provides for discretionary employer contributions and qualifying non-elective contributions. Amounts forfeited during the Plan year shall be used to reduce matching contributions.

The Plan adopted the automatic enrollment feature of the Pension Protection Act of 2008. The automatic enrollment feature does not apply to participants who have elect to make contributions to the Plan or elect not to contribute ("opt out") to the Plan. If you made such an election, your contribution level will not automatically change. The default automatic contribution for new employees who do not make a timely election when they first become eligible (either to contribute or to opt out) is 2% of eligible compensation. The amount is automatically withheld each pay period and contributed to the participant's Plan account. Participants can change their contributions level at the beginning of each quarter.

**Participant Accounts**

Each participant's account is credited with an allocation of participant contributions, the employer contribution and Plan earnings. Allocations of additional discretionary employer contributions, if any, will be allocated to only non-highly compensated participants, based on the ratio of each participant's compensation to total compensation of all eligible participants. Allocations of Plan earnings are based upon the ratio of each participant's average account balance to the total of all participants' average account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service. Following is the complete vesting schedule:

| YEARS OF SERVICE | VESTING PERCENTAGE |
|---|---|
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

Note 2 - DESCRIPTION OF PLAN – (Continuation)

**Payment of Benefits**

Benefits are distributable upon termination or retirement. Normal retirement age under the Plan is sixty-five. Benefits are normally paid in a lump sum. The participant may elect an alternative form of payment.

**Forfeited Accounts**

At December 31, 2012 and 2011, forfeited non-vested accounts totaled $48,150 and $38,893 respectively. These accounts will be used to reduce future employer contributions. The employer contributions were reduced by $25,692 and $16,527 from forfeited non-vested accounts in 2012 and 2011, respectively.

Note 3 - INFORMATION CERTIFIED BY TRUSTEE

All assets and changes in net assets available for the Plan benefits included in these financial statements have been certified by the Trustees as to their completeness and accuracy. Reliance Trust Company, transferred all assets held for investment at May 10, 2012, to Mid-Atlantic Trust Company on May 11, 2012.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Mid-Atlantic Trust Company at December 31, 2012 and by Reliance Trust Company at December 31, 2011.

| | 2012 | 2011 |
|---|---|---|
| Investments, at Fair Value: | | |
| Money Market Funds | 17,415 | 2,257,923 |
| Mutual Funds | 20,317,861 | 15,362,495 |
| TOTAL INVESTMENTS | 20,335,276 | 17,620,418 |
| INVESTMENT INCOME | 2,106,315 | (624,240) |

Note 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Note 4 – FAIR VALUE MEASUREMENTS – (Continuation)

**Level 1**

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 1 inputs include quoted prices for similar assets or liabilities in active markets; and quoted prices for identical or similar assets or liabilities in inactive markets.

**Level 2**

Level 2 inputs to the valuation methodology are other than quoted prices that are observable for the asset or liability. Level 2 inputs are inputs derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3**

Level 3 inputs to the valuation methodology are inputs that are unobservable and significant to the fair value measurement.

The following presents the Plan's fair value measurements at December 31, 2012 and December 31, 2011 reported by level, within the fair value hierarchy and segregated by investment objective.

| DECEMBER 31, 2012 | FAIR VALUE MEASUREMENTS USING QUOTED PRICES IN ACTIVE MARKET FOR IDENTICAL ASSETS (LEVEL 1) |
|---|---|
| Money Market Fund | 17,415 |
| Mutual Funds: | |
| Equity Funds | 10,049,716 |
| International Equity Funds | 4,336,927 |
| Fixed Income Fund | 3,645,860 |
| Balanced Fund | 2,285,358 |
| Total Mutual Funds | 20,317,861 |
| TOTAL INVESTMENTS, AT FAIR VALUE | 20,335,276 |
| **DECEMBER 31, 2011** | |
| Money Market Fund | 2,257,923 |
| Mutual Funds: | |
| Equity Funds | 11,854,848 |
| Fixed Income Funds | 3,507,647 |
| Total Mutual Funds | 15,362,495 |
| TOTAL INVESTMENTS, AT FAIR VALUE | 17,620,418 |

Note 4 - FAIR VALUE MEASUREMENTS - (Continuation)

**Valuation Methodology**

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

The valuation methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

**Level 1 Fair Value Measurements**

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at the end of the year. The fair value of the money market fund is based on a dollar for dollar value of the cash reserves in the account; the money market fund seeks to preserve the value on a $1 investment at $1 per share.

Note 5 - INVESTMENTS

The following presents the fair values of investments. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

| | DECEMBER 31, | |
|---|---|---|
| | 2012 | 2011 |
| Registered Investment Company Funds: | | |
| Mutual Funds: | | |
| Harbor Capital Appreciation Instl | 3,390,999 | -- |
| Bancorp Master Demand Account Advantage | 2,854,302 | -- |
| Vanguard Total Stock Mkt Index Signal | 3,398,063 | -- |
| American Europacific Growth R6 | 1,486,626 | 1,878,091 |
| American Funds SmallCap World R6 | 1,909,615 | 1,456,668 |
| PIMCO Total Return Instl | 1,684,738 | -- |
| Vanguard Short Term Invest Grade Admiral | 1,024,354 | -- |
| American Fund Balance R6 | 1,023,487 | -- |
| American Funds - The Growth Fund of America | -- | 3,251,487 |
| American Funds - Investment Co. of America | -- | 2,493,542 |
| American Funds - Bond Fund of America | -- | 1,435,165 |
| Other | 3,545,677 | 4,847,542 |
| Total Mutual Funds | 20,317,861 | 15,362,495 |
| Money Market Funds - | | |
| American Funds - Money Market Fund | 17,415 | 2,257,923 |
| TOTAL INVESTMENTS | 20,335,276 | 17,620,418 |

In 2012 and 2011, the Plan's investments (including investments bought, sold and held during the period and dividend income) appreciated in value by $1,736,348 in 2012 and depreciated by $934,227 in 2011.

Note 6 – INVESTMENT PROGRAMS

All investments of the Plan are participant-directed. The Plan currently sponsors 17 investment options for participants. Participants can change their investment election at anytime. Undirected participants' and employer contributions will be invested in the Plan's qualified default investment alternative (QDIA), InterServ Conservative funds family designated by age according to the individual participant's expected year of retirement in 2012 and American Funds 2040 Target Retirement Fund in 2011.

Note 7 - PLAN TERMINATION

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 termination or complete discontinuance of contributions, participants will become 100 percent vested in their accounts.

Note 8 - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designated.

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 taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, 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's evaluation was performed for the tax periods ended December 31, 2009 through December 31, 2012, the tax years which principally remain subject to examination by major tax jurisdictions as of December 31, 2012.

Note 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Net Assets Available for Benefits per the Financial Statements | 21,554,005 | 18,714,626 |
| Less Contributions Accrued at Year End | (625,195) | (619,660) |
| NET ASSETS AVAILABLE FOR BENEFITS PER FORM 5500 | 20,928,810 | 18,094,966 |

Note 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - (Continuation)

The following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended December 31, 2012 and 2011:

| | 2012 | 2011 |
|---|---|---|
| Net Increase in Net Assets Available for Benefits per the Financial Statement | 2,839,379 | 13,158 |
| Add Contributions Due at Beginning of Year | 619,660 | 616,308 |
| Less Contributions Due at End of Year | (625,195) | (619,660) |
| TOTAL NET INCOME PER FORM 5500 | 2,833,844 | 9,806 |

Note 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 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.

SCHEDULE 3

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS**

**DECEMBER 31, 2012**

**EIN 74-1502629, Plan Number 001**

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (f) EXPENSES INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|
| Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets: | | | | | | | |
| American Funds American Balanced Fund Class R6 | Mutual Fund | 1,008,296 | 55,560 | -- | 52,846 | -- | 2,714 |
| American Funds Europacific Growth Fund Class R6 | Mutual Fund | 1,809,184 | 468,236 | -- | 475,961 | -- | (7,725) |
| Harbor Capital Appreciation Fund Inst Class | Mutual Fund | 3,986,525 | 655,933 | -- | 665,313 | -- | (9,380) |
| PIMCO Total Return Fund Inst Class | Mutual Fund | 2,043,100 | 445,484 | -- | 439,873 | -- | 5,611 |
| American Funds Small Cap World Fund Class R6 | Mutual Fund | 2,336,086 | 459,368 | -- | 468,787 | -- | (9,419) |
| Bancorp Master Demand Account Advantage | Mutual Fund | 3,071,322 | 222,911 | -- | 222,911 | -- | -- |
| Vanguard Short-Term Investment Grade Fund Admiral Shares | Mutual Fund | 1,019,078 | 17,316 | -- | 17,140 | -- | 176 |
| Vanguard Total Stock Market Index Fund Signal Shares | Mutual Fund | 3,876,592 | 701,861 | -- | 693,223 | -- | 8,638 |
| TOTAL | | 19,150,183 | 3,026,669 | -- | 3,036,054 | -- | (9,385) |

SCHEDULE 4

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS**

**DECEMBER 31, 2011**

**EIN 74-1502629, Plan Number 001**

| (a) ENTITY OF [Y INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (f) EXPENSES INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|
| Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets: | | NONE | | | | | |
| TOTAL | | -- | -- | -- | -- | -- | -- |

SUPPLEMENTARY SCHEDULES

SCHEDULE 1

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2012**

**EIN 74-1650800, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | Cash Management Accounts- | | | |
| | Mid Atlantic Master Cash Account | | ** | 17,415 |
| | Registered Investment Company Funds: | | | |
| | Mid Atlantic Trust Company | | | |
| | Columbia Mid Cap Index Fund Class Z | 3,917.560 Units, Mutual Funds | ** | 46,227 |
| | Columbia Small Cap Index Fund Class Z | 2,793.0350 Units, Mutual Funds | ** | 49,632 |
| | Harbor Capital Appreciation Fund Inst Class | 79,754.9200 Units, Mutual Funds | ** | 3,390,999 |
| | Bancorp Master Demand Account Advantage | 2,854,301.9190 Units, Mutual Funds | ** | 2,854,302 |
| | Vanguard REIT Index Fund Signal Shares | 1,765.8930 Units, Mutual Funds | ** | 43,953 |
| | Vanguard Equity Income Fund Investor Shares | 11,091.1120 Units, Mutual Funds | ** | 267,850 |
| | Vanguard Total Stock Market Index Fund Signal Shares | 98,782.2080 Units, Mutual Funds | ** | 3,398,063 |
| | American Funds Euro Pacific Growth Fund Class R-6 | 36,109.8700 Units, Mutual Funds | ** | 1,486,626 |
| | American Funds New Perspective Fund Class R-6 | 14,451.2170 Units, Mutual Funds | ** | 451,601 |
| | Oppenheimer Developing Markets Fund Class Y | 14,011.0240 Units, Mutual Funds | ** | 488,330 |
| | American Funds Small Cap World Fund Class R-6 | 10,195.642 Units, Mutual Funds | ** | 1,909,615 |

(Continued)

SCHEDULE 1

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2012**

**EIN 74-1650800, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | | | | (Continuation) |
| | American Funds US Government Securities Fund Class R-6 | 38,485.8620 Units, Mutual Funds | ** | 546,884 |
| | PIMCO Total Return Fund Institutional Class | 149,887.7180 Units, Mutual Funds | ** | 1,684,738 |
| | Prudential High-Yield Fund Class Z | 68,161.5060 Units, Mutual Funds | ** | 389,884 |
| | Vanguard Short-Term Investment Grade Fund | 94,584.8370 Units, Mutual Funds | ** | 1,024,354 |
| | American Funds American Balanced Fund Class R-6 | 50,170.9100 Units, Mutual Funds | ** | 1,023,487 |
| | InterServ, LLC 2011-2020 Conservative Portfolio | 33,227.4760 Units, Mutual Funds | ** | 343,904 |
| | InterServ, LLC 2011-2020 Moderate Portfolio | 24,193.7550 Units, Mutual Funds | ** | 255,438 |
| | InterServ, LLC 2021-2030 Aggressive Portfolio | 1,173.056 Units, Mutual Funds | ** | 13,336 |
| | InterServ, LLC 2021-2030 Conservative Portfolio | 10,301.0220 Units, Mutual Funds | ** | 106,379 |
| | InterServ, LLC 2021-2030 Moderate Portfolio | 4,360.5420 Units, Mutual Funds | ** | 47,574 |
| | InterServ, LLC 2031-2040 Aggessive Portfolio | 2,224.8590 Units, Mutual Funds | ** | 24,442 |
| | InterServ, LLC 2031-2040 Conservative Portfolio | 41,690.0650 Units, Mutual Funds | ** | 436,912 |
| | InterServ, LLC 2041-2050 Aggessive Portfolio | 126.4340 Units, Mutual Funds | ** | 1,389 |
| | InterServ, LLC 2041-2050 Conservative Portfolio | 2,814.8210 Units, Mutual Funds | ** | 30,048 |
| | InterServ, LLC 2041-2050 Moderate Portfolio | 174.3970 Units, Mutual Funds | ** | 1,894 |
| | Total Mutual Funds | | ** | 20,317,861 |

(Continued)

SCHEDULE 1

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2012**

**EIN 74-1650800, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | | | | (Continuation) |
| * | Loans to Participants | Loans at Interest Rates Ranging from 4.25% to 9.25% | ** | 593,534 |
| | TOTAL | | ** | 20,928,810 |

* Party-In Interest
** Cost not required for Participant-Directed Investments

**SCHEDULE 2**

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2011**

**EIN 74-1650800, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | Cash Management Accounts- | | | |
| | American Funds Money Market Fund | 2,257,926.13 Units, Money Market Funds | ** | 2,257,923 |
| | Registered Investment Company Funds: | | | |
| | Reliance Trust Company | | | |
| | American Funds - Balanced Fund | 23,538.596 Units, Equity Mutual Funds | ** | 428,638 |
| | American Funds - Amer. Capital Income Builder Fund | 7,749.336 Units, Equity Mutual Funds | ** | 381,422 |
| | American Funds - Europacific Growth Fund | 53,415.567 Units, Equity Mutual Funds | ** | 1,878,091 |
| | American Funds - The Growth Fund of America | 113,173.898 Units, Equity Mutual Funds | ** | 3,251,487 |
| | American Funds - Investment Company of America | 92,046.58 Units, Equity Mutual Funds | ** | 2,493,542 |
| | American Funds - New World Fund | 6,395.649 Units, Equity Mutual Funds | ** | 294,967 |
| | American Funds - Small Capital World Fund | 43,901.978 Units, Equity Mutual Funds | ** | 1,456,668 |

(Continued)

**SCHEDULE 2**

**AMERICAN BANK**
**EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2011**

**EIN 74-1650800, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | | | | (Continuation) |
| | American Funds 2020 Target Retirement Fund | 21,012.35 Units, Equity Mutual Funds | ** | 186,590 |
| | American Funds 2030 Target Retirement Fund | 8,169.304 Units, Equity Mutual Funds | ** | 73,197 |
| | American Funds 2040 Target Retirement Fund | 36,133.167 Units, Equity Mutual Funds | ** | 323,392 |
| | American Funds - New Perspective Fund | 10,195.642 Units, Equity Mutual Funds | ** | 266,718 |
| | Federated Max Capital | 64,628.658 Units, Equity Mutual Funds | ** | 820,138 |
| | Pimco Total Return | 47,836.177 Units, Equity Mutual Funds | ** | 519,979 |
| | Vanguard Short-Term Investment Grade Fund Admiral | 95,086.258 Units, Equity Mutual Funds | ** | 1,011,718 |
| | American Funds - US Government Securities Fund | 37,528.328 Units, Fixed Income Mutual Funds | ** | 540,783 |
| | American Funds - Bond Fund of America Class A | 114,355.77 Units, Fixed Income Mutual Funds | ** | 1,435,165 |
| | Total Mutual Funds | | ** | 15,362,495 |
| * | Loans to Participants | Loans at Interest Rates Ranging from 4.25% to 9.25% | ** | 474,548 |
| | TOTAL | | ** | 18,094,966 |

* Party-In Interest
** Cost not required for Participant-Directed Investments