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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1965

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

THE EVANGELINE BANK & TRUST COMPANY

P.O. BOX 346
VILLA PLATTE, LA 70586-0000

2b Employer Identification Number (EIN)
72-0180410

2c Sponsor's telephone number
337-363-5541

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.	09/15/2014	RANDEL CHAPMAN
	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

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

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

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**	176
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**	93
b	Retired or separated participants receiving benefits	**6b**	40
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	176
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE EVANGELINE BANK & TRUST COMPANY

D Employer Identification Number (EIN)
72-0180410

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2 Assets:

a Market value	**2a**	8904905
b Actuarial value	**2b**	9002621

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	37	4721231
b For terminated vested participants	**3b**	41	974801
c For active participants:			
(1) Non-vested benefits	**3c(1)**		670
(2) Vested benefits	**3c(2)**		4136811
(3) Total active	**3c(3)**	98	4137481
d Total	**3d**	176	9833513

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**	6.37 %
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	06/26/2014 Date
MICHAEL J. WOOD Type or print name of actuary	14-05252 Most recent enrollment number
PENTEGRA SERVICES INC. Firm name	914-821-9413 Telephone number (including area code)
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 [ ]

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)	11646	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11478	0
9	Amount remaining (line 7 minus line 8)	168	0
10	Interest on line 9 using prior year's actual return of 8.67 %	15	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56565
	b Interest on (a) using prior year's effective interest rate of 7.08 % except as otherwise provided (see instructions)		4187
	c Total available at beginning of current plan year to add to prefunding balance		60752
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	183	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.54 %
15	Adjusted funding target attainment percentage	15	91.54 %
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	101.65 %
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
01/13/2014	147885	0			
			Totals ► 18(b)	147885	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	138746

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ 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 subject to 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 line 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	831075	138700
b Waiver amortization installment		

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**	138700

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	138700
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	138746

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	46
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 an election was made to use PRA 2010 funding relief for this plan:

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	76938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENTEGRA TRUST COMPANY

13-4021417

(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	2560	Yes [ ] No [X]	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)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE EVANGELINE BANK & TRUST COMPANY

D Employer Identification Number (EIN)
72-0180410

Part I Asset and Liability Statement

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	5344	2112
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	147885
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34046	30845
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	371282	289475
(2) U.S. Government securities	1c(2)	2005951	1382067
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2154513	2317003
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3751209	4678994
(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)	582560	723482
(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	8904905	9571863
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	8904905	9571863

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)	147885	
(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)		147885
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	159582	
(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)		159582
(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)	125810	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		125810
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3293465	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2877459	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		416006
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	371280	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		371280

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1220563
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	473259	
(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)		473259
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)	2560	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	77786	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		80346
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		553605
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		666958
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: 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 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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 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): 38-3805189

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** 0

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: 00% 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):

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

Financial Report

For the Years Ended December 31, 2013 and 2012

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Conrad O. Chapman, CPA* 2006

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of The Evangeline Bank & Trust Co., which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan 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 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, 2013 and 2012, and has certified that the information provided to the plan administrator by the trustee 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

The supplemental schedule of assets (held at end of year) and schedule of assets (acquired and disposed of within year) are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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.

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

Lafayette, Louisiana
August 28, 2014

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, 2013 and 2012

	2013	2012
ASSETS		
Interest bearing deposits	$ 289,475	$ 371,282
Investments, at fair value:		
Mutual funds	723,482	582,560
Corporate stocks and options	4,678,994	3,751,209
U. S. Government securities	1,382,067	2,005,951
Corporate bonds	2,317,003	2,154,513
Total investments	9,101,546	8,494,233
Receivables:		
Employer contribution	147,885	-
Accrued interest	30,845	34,046
Total receivables	178,730	34,046
Cash - noninterest bearing	2,112	5,344
Total assets	9,571,863	8,904,905
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$9,571,863	$8,904,905

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, 2013 and 2012

	2013	2012
Additions to net assets attributed to:		
Investment income -		
Dividend income	$ 125,810	$ 109,198
Interest income	159,582	143,862
Unrealized gains on investments	371,280	237,234
Realized gains on sales of investments	416,006	240,501
Total investment income	1,072,678	730,795
Contributions -		
Employer	147,885	46,385
Total additions	1,220,563	777,180
Deductions from net assets attributed to:		
Benefits paid to participants	473,259	438,432
Administrative expenses	80,346	78,554
Total deductions	553,605	516,986
Net increase in net assets	666,958	260,194
Net assets available for benefits, beginning of year	8,904,905	8,644,711
Net assets available for benefits, end of year	$9,571,863	$8,904,905

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, 2013 and 2012

	2013	2012
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits -		
Participants currently receiving payments	$4,560,561	$4,421,159
Other participants	4,768,958	4,700,201
Total vested benefits	9,329,519	9,121,360
Nonvested benefits	-	623
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$9,329,519	$9,121,983

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, 2013 and 2012

	2013	2012
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 9,121,983	$ 8,923,338
Increase during the year attributable to:		
Benefits accumulated	45,495	15,016
Increase for interest as a result of the decrease in the discount period	621,975	609,289
Benefits paid	(473,259)	(438,432)
Change in actuarial assumptions	13,325	12,772
Net increase	207,536	198,645
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 9,329,519	$ 9,121,983

The accompanying notes are an integral part of this statement.

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EVANGELINE BANK & TRUST COMPANY
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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.

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 2013 and 2012 are as follows: 1) the discount rate is 7.0% for both years; and 2) the expected long-term return on assets is 7.0% for both years.

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.

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, 2013 and 2012 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 2013 and 2012 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.

(3) Investments

The following are investments at December 31, 2013 and 2012 that represent 5% or more of the Plan's net assets available for benefits:

	2013	2012
Merrill Lynch-		
Corporate stocks and options	$4,678,994	$3,751,209
U.S. Government securities	1,382,067	2,005,951
Corporate bonds	2,317,003	2,154,513
Mutual funds:		
Growth funds	723,482	582,560

* Indicates value was less that 5% of Plan's net assets available for benefits.

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $787,286 as follows:

	Realized Gain	Unrealized Gains	Net Appreciation in Value
Merrill Lynch-			
Corporate stocks and options/ corporate bonds/ U.S. Government securities	$416,006	$371,280	$ 787,286

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $477,735 as follows:

	Realized Gain	Unrealized Gains	Net Appreciation in Value
Merrill Lynch-			
Corporate stocks and options/ corporate bonds/ U.S. Government securities	$240,501	$ 237,234	$ 477,735

(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 corporate 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, 2013 and 2012.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Fair Value	Level 1	Level 2	Level 3
December 31, 2013:				
Corporate stocks and options	$4,678,994	$4,678,994	$ -	$ -
U.S. Government securities	1,382,067	1,382,067	-	-
Mutual funds- growth funds	723,482	723,482	-	-
Corporate bonds	2,317,003	2,317,003	-	-
Total investments	$9,101,546	$9,101,546	$ -	$ -
December 31, 2012:				
Corporate stocks and options	$3,751,209	$3,751,209	$ -	$ -
U.S. Government securities	2,005,951	2,005,951	-	-
Mutual funds- growth funds	582,560	582,560	-	-
Corporate bonds	2,154,513	2,154,513	-	-
Total investments	$8,494,233	$8,494,233	$ -	$ -

(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, 2013 and 2012 amounted to $77,786 and $76,028, respectively. Fees paid to Pentegra Retirement Services for administrative services totaled $2,560 and $2,526 for the years ended December 31, 2013 and 2012. Pentegra Retirement System, as the Plan's third party administrator, is a party-in-interest.

(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 2013 and 2012 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) Plan Administration

Evangeline Bank & Trust Company serves as Plan administrator. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses for the Plan are paid by the Plan Sponsor.

(9) Guaranteed Benefits

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

(10) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 25, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC); therefore, 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, 2013 and 2012, 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 2010.

(11) 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.

Plan contributions are made, and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(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.

	2013	2012
Interest bearing deposits	$ 289,475	$ 371,282
Investments, at fair value:		
Mutual funds - growth funds	723,482	582,560
Corporate stocks and options	4,678,994	3,751,209
U.S. Government securities	1,382,067	2,005,951
Corporate bonds	2,317,003	2,154,513
Cash	2,112	5,344
Net investment income	1,072,678	730,795

(13) Subsequent Event Review

The Plan's management has evaluated subsequent events through August 28, 2014, 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, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Investments:			
	Various publicly traded companies	Corporate stocks and options	$3,769,722	$4,678,994
	United States Treasury or Agency	U. S. Government securities	1,409,771	1,382,067
	Mutual funds	Growth funds	527,180	723,482
	Various corporate bonds	Corporate debt instruments	2,383,330	2,317,003
	Total investments		8,090,003	9,101,546
	Interest bearing deposits:			
*	Pentegra Retirement Systems	Money market account	54,465	54,465
*	Merrill Lynch	Money market accounts	235,010	235,010
	Total interest bearing deposits		289,475	289,475
	Total		$8,379,478	$9,391,021

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, 2013

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Apple Inc 1.00% May 03 18	15,000 shares	$ 14,954	$ 14,592
Bershire Hathawa 1.55% 18	75,000 shares	74,778	74,766
Allegran Inc	189 shares	18,488	20,114
Express Scripts HLDG Co	11 shares	608	623
Forest Labs Inc	15 shares	549	532
Moody's Corp	139 shares	7,241	6,273
Mc Graw Hill Companies	215 shares	12,285	9,276
Vmware, Inc	6 shares	552	464
Citrix Systems Inc Com	299 shares	19,809	18,754
Canon Inc Adr Rep5sh	17 shares	632	616
Expeditors Intl Wash Inc	173 shares	7,380	6,637
Facebook Inc	517 shares	15,058	15,247
Starbucks Corp	8 shares	436	427
Credit Suise Gp Sp Adr	32 shares	895	915
Dish Network Corporation	218 shares	8,300	7,711
Gulfport Energy New $0.01	219 shares	10,496	12,489
Mitsubishi Ufj Finl Grp	640 shares	3,494	4,234
Mead Johnson Nutrition Co	239 shares	16,532	18,132
Nestle S A Rep Rg Sh Adr	656 shares	45,823	47,320
United Contl Hldgs Inc	281 shares	7,272	8,475
Japan Tobacco Inc 2914	334 shares	10,839	12,059
Discovery Communicatn	160 shares	11,616	12,657
Eog Resources Inc	113 shares	14,367	19,015
Fanuc Ltd-Unsp	99 shares	2,898	2,587
Gartner Inc	242 shares	12,016	13,894
Kingfisher Plc Sp Adr	2,692 shares	23,127	27,810
Rio Tinto Plc Spnsrd Adr	15 shares	825	682
Sirius XM Radio Inc	196 shares	615	702
United Therapeutics Corp	73 shares	4,536	4,819
Viacom Inc New Cl B	189 shares	10,838	14,912
Abbott Labs	626 shares	21,339	23,052
American Tower Reit Inc	37 shares	2,924	2,850

(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, 2013

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
China Life Ins Co Sp Adr	116 shares	$ 4,778	$ 4,100
CarMax Inc	107 shares	4,284	4,898
Intuitive Surgical Inc	33 shares	16,269	15,090
Lauder Estee Cos Inc A	219 shares	13,718	14,658
Ralph Lauren Corp	114 shares	18,056	19,085
Salesforce Com Inc	12 shares	510	456
Teradata Corp Del	102 shares	6,716	5,061
United Rentals Inc Com	250 shares	13,052	14,599
Yandex N V Cl A	252 shares	6,010	7,644
Alexion Pharms Inc	74 shares	6,828	8,021
BHP Billiton Plc Sp Adr	336 shares	18,379	20,020
Expedia Inc	113 shares	7,251	5,565
ITV Plc Shs	730 shares	13,149	19,608
Suncor Energy Inc New	23 shares	788	719
Sands China Ltd Unsp Adr	184 shares	9,296	11,573
Union Pacific Corp	3 shares	402	479
CIE Financiere Richemont	619 shares	4,840	6,173
ICICI Bank Ltd Spd Adr	327 shares	13,333	9,115
Royal Dutch Shel Plc	179 shares	11,937	12,127
Catamaran Corp Shs	333 shares	19,017	15,637
Pernod-Ricard Sa-Unspon	903 shares	22,851	20,576
Total S.A. Sp Adr	410 shares	20,919	24,719
CME Group Inc	111 shares	8,325	8,315
Capcom Co Ltd Adr	1,040 shares	8,107	9,664
Cisco Systems Inc Com	701 shares	17,045	16,254
Equinix Inc	60 shares	11,377	10,278
FMC Techs Inc Com	143 shares	6,595	8,179
Industria De Diseno	377 shares	9,773	11,464
Linkedin Corp	15 shares	2,337	3,336
Nidec Corporation Adr	1,375 shares	24,810	31,594
Priceline Com Inc	5 shares	4,520	4,985

(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
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Plan #001

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2013

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Servicenow Inc	221 shares	$ 10,075	$ 11,036
Zurich Insurance Group	99 shares	2,661	2,540
Want Want China-Unspon	161 shares	10,803	11,509
Yahoo Inc	153 shares	4,480	4,995
Kellogg Co	134 shares	8,805	8,476
Melco Crown Entrtnmt Ltd	82 shares	1,949	2,728
Splunk Inc	56 shares	2,180	3,371
Atlas Copco A Adr New	145 shares	3,813	4,076
American International	108 shares	4,227	5,329
AIA Group Ltd	1,012 shares	17,083	19,863
Allegion Plc Shs	3 shares	125	127
British Sky Bdct Spd Adr	72 shares	3,905	3,787
Twitter Inc	115 shares	4,840	6,271
Affiliated Managers Grou	2 shares	52	52
Aspen Insurance Hldg Ltd	2 shares	52	51
BB&T Corporation	3 shares	75	66
U.S. Bancorp	1 share	26	25
Citigroup Inc	4 shares	100	90
Duke Energry Corp	3 shares	77	65
General Elec Cap Corp	7 shares	175	154
JP Morgan Chase & Co	4 shares	100	89
Partnerre Ltd Series F	4 shares	100	92
General Elec Cap Corp CXL	1 share	25	25
Partnerre Ltd Series F CXL	1 share	25	25
Axis Capital Hldg Ltd	2 shares	50	39
Boston Properties Inc	1 share	25	21
Digital Realty Trust Inc	1 share	25	20
General Electric Capital	6 shares	152	120
Interstate Power & Light	1 share	26	22
Integrys Energy GRP, Inc	2 shares	50	48

(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, 2013

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Nextera Energy Cap Hldgs	1 share	$ 25	$ 19
National Retail Properti	1 share	23	21
Public Storage	5 shares	113	61
Renaissancere Hldgs Ltd	1 share	25	20
Wells Fargo & Co New	2 shares	54	49
Vornado Realty Trust	1 share	25	20
W.R. Berkley Corporation	3 shares	77	62
The Allstate Corp Fixed-	1 share	26	25
U.S. Bancorp	1 share	26	21
Entergy Arkansas Inc	1 share	25	19
Entergy Louisiana LLC	2 shares	40	38
Metlife Inc	1 share	26	25
Prudential Financial Inc	3 shares	75	63
PPL Capital Funding Inc	2 shares	51	42
Ventas Realty LP	2 shares	51	42
Wells Fargo Company	1 share	26	24
		$ 778,097	$ 827,640

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 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data (EIN: 72-0180410/PN: 001)

	Years of Credited Service									
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Age	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
< 25	0	0	0	0	0	0	0	0	0	0
25-29	0	1	3	0	0	0	0	0	0	0
30-34	0	0	8	0	1	0	0	0	0	0
35-39	0	0	11	3	3	0	0	0	0	0
40-44	0	1	6	1	1	2	0	0	0	0
45-49	0	1	4	3	6	1	2	0	0	0
50-54	0	0	3	3	3	2	4	1	0	0
55-59	0	0	2	2	1	2	0	5	0	1
60-64	0	0	3	4	0	2	1	0	1	0
65-69	0	0	0	0	0	0	0	0	0	0
> 69	0	0	0	0	0	0	0	0	0	0
Total	0	3	40	16	15	9	7	6	1	1

Grand Total: 98

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Actuarial Cost Method

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

The benefits taken into account in determining the funding target and target normal cost are all benefits earned or accrued under the plan, including retirement-type and ancillary benefits. The determination of the funding target and target normal cost 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 of plan assets determined in accordance with IRS Notice 2009-22.	
Three-Segment Interest Rates	Years	Percent
	1-5	4.94%
	6-20	6.15%
	21+	6.76%
Effective Interest Rate		6.37%
Three-Segment Interest Rates (Pre-MAP-21)	Years	Percent
	1-5	1.75%
	6-20	4.62%
	21+	5.72%
Compensation Increases		None

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Mortality

2013 male and female static mortality tables for non-annuitants and annuitants as published in IRS final regulation 1.430(h)(3)-1(e).

Termination Rates

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

Attained Age	Annual Rate of Termination
25	17.2%
30	15.8%
35	13.7%
40	11.3%
45	8.4%
50	5.1%
55	1.7%
60	0.2%

Cost-of-Living Adjustments

None

Retirement

Age 65 and 5 years of service.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

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

Employees

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

Expenses

Paid directly by the plan sponsor.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Summary of Plan Sponsor Elections for January 1, 2013 Valuation

Interest rates used for determining funding target	Three-segment rates based on 24-month segment rates for September 2012, as modified by MAP-21.
Asset valuation method	Two-year smoothed value per IRS Notice 2009-22
Mortality basis	2013 Separate Static
Voluntary reduction of carryover balance	None
Voluntary reduction of prefunding balance	None
Deemed reduction of carryover balance	None
Deemed reduction of prefunding balance	None
Amount added to the prefunding balance	$0
Choice to reflect amendment effective after 1/1/2013	Not Applicable

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE EVANGELINE BANK & TRUST COMPANY

D Employer Identification Number (EIN)
72-0180410

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2 Assets:

a Market value	**2a**	8904905
b Actuarial value	**2b**	9002621

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	37	4721231
b For terminated vested participants	**3b**	41	974801
c For active participants:			
(1) Non-vested benefits	**3c(1)**		670
(2) Vested benefits	**3c(2)**		4136811
(3) Total active	**3c(3)**	98	4137481
d Total	**3d**	176	9833513

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**	6.37%
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 — Date: 6/26/2014

MICHAEL J. WOOD
Type or print name of actuary

1405252
Most recent enrollment number

PENTEGRA SERVICES INC.
Firm name

914-821-9413
Telephone number (including area code)

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 [ ]

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11646	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11478	0
9	Amount remaining (line 7 minus line 8)	168	0
10	Interest on line 9 using prior year's actual return of 8.67%	15	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56565
	b Interest on (a) using prior year's effective interest rate of 7.08% except as otherwise provided (see instructions)		4187
	c Total available at beginning of current plan year to add to prefunding balance		60752
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	183	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.54 %
15	Adjusted funding target attainment percentage	15	91.54 %
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	101.65%
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
01/13/2014	147885	0			
		Totals ► 18(b)	147885	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	138746

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.94%	6.15%	6.76%	

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 subject to 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 line 31a	31b	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	831075	138700
b Waiver amortization installment		

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	138700

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	138700
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	138747
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	47
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 an election was made to use PRA 2010 funding relief for this plan:

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 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 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 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Effective Date	January 1, 1971. Most recently amended and restated effective January 1, 2002.
Eligibility Requirements	The earlier of attaining age 35 or the later of attaining age 21 and one year of service. 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.
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 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Normal Retirement	Normal Retirement Date The first of the month coincident with or next following age 65 and 5 years of vesting service. Monthly Benefit a) 2.5% of his final average monthly compensation times credited service up to 10 years; plus b) 0.65% of the excess of final average monthly compensation over the applicable covered compensation multiplied by the lesser of credited service up to 35 years; this product is then multiplied by a factor that will effect a reduction of 1/180th for each month, if any, that the Normal Retirement Date (or, if he continues employment beyond such date, the date of his actual retirement or Annuity Starting Date, whichever is earlier) precedes the date on which Social Security Retirement Age; plus c) 1.25% of final average monthly compensation multiplied by number of years of credited service that are in excess of 10 years but not in excess of 35 years. Normal Form of Retirement Benefit Life Annuity with 120 payments guaranteed.
Late Retirement	If retirement occurs after the Normal retirement Date, the late retirement income will be based on the greater of: 1. The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date. 2. The income provided by the single-sum value of the retirement income payable as of normal retirement had then terminated, accumulated with interest to actual retirement.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Accrued Benefit

The participants accrued benefit at any given date determined under the normal retirement formula(s), but is based on current credited service, final average monthly compensation, and covered compensation. 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 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Disability Benefit	Eligibility Total and permanent disability of participant prior to Normal Retirement Date Monthly Benefit The monthly income that can be provided by the greater of: (a) The present value of the accrued benefit, or (b) A multiple of 12 times the final average monthly compensation. This income is payable for life with 120 payments guaranteed. Waiting Period Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.
Vesting	A participant is 100% after completion of 5 years of service.
Vesting Termination Benefit	The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at Normal Retirement Date. Optionally, the participant may elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death is equal to the actuarial present value of the vested accrued benefit, determined as of the termination date, accumulated with interest until the date of death.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Death Benefit

Eligibility

Participant in active service in plan.

Benefit

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

(a) The present value of the accrued benefit.

(b) The smaller of:

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

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

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

Optional Normal Form

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

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

Employer Identification Number:► 72-0180410

For plan year (beginning/ending):► JANUARY 1, 2013 - DECEMBER 31, 2013 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	MERRILL LYNCH	CASH		237,122.00
	MERRILL LYNCH	MONEY MARKET FUND		30,845.00
	MERRILL LYNCH	US. GOVERNMENT SECURITIES		1,382,067.00
	MERRILL LYNCH	CORPORATE DEBT		2,754,541.00
	MERRILL LYNCH	CORPORATE STOCK		4,241,456.00
	MERRILL LYNCH	MUTUAL FUNDS		723,482.00
	FEDERATED	PRIME VALUE OBLIGATIONS INSTITUTIONAL		54,465.00

0.00 **9,423,978.00**

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2013 for Plan Year 1/1/2013 to 12/31/2013

2013 Form 5500 Schedule SB, line 32 - Schedule of Shortfall Amortization Bases (EIN: 72-0180410/PN: 001)

Year Established	*Shorfall Amortization Installment*	*Present Value Factor*	*Present Value of SAI*
2013	138,700	5.99190	831,075