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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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

1030 DIXIE DRIVE
CLUTE, TX 77531

2b Employer Identification Number (EIN)
74-1774826

2c Plan Sponsor's telephone number
979-297-7211

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.	09/15/2015	JAMES F. BROWN, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2015	JAMES F. BROWN, JR.
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	138
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	122
a(2) Total number of active participants at the end of the plan year	**6a(2)**	108
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	133
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GULF BANCSHARES, INC.

D Employer Identification Number (EIN)
74-1774826

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	ZH9486	135	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
25258	0

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

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

HIGGINBOTHAM INSURANCE AGENCY, INC.
500 W 13TH ST
FORT WORTH, TX 76102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
25258			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	716016
5	Current value of plan's interest under this contract in separate accounts at year end	5	10108080

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	703514
c	Additions: (1) Contributions deposited during the year	7c(1)	49986		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8494		
	(4) Transferred from separate account	7c(4)	99206		
	(5) Other (specify below)	7c(5)	8814		
	▶ *				
	(6)Total additions			7c(6)	166500
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	870014
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	78716		
	(2) Administration charge made by carrier	7e(2)	504		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	58072		
	▶ *				
	(5) Total deductions			7e(5)	137292
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	732722

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GULF BANCSHARES, INC.

D Employer Identification Number (EIN)
74-1774826

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure 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)

HARPER & PEARSON COMPANY, P.C.

74-1695589

(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?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	9984	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	3887	Yes [ ] No [X]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
HARPER & PEARSON COMPANY, P.C.	99	9984
(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.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEXAS GULF BANCSHARES, INC.

D Employer Identification Number (EIN)
74-1774826

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	10108080

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GULF BANCSHARES, INC.

D Employer Identification Number (EIN)
74-1774826

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	164873	284468
(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)	8988830	10108080
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	703514	732722
(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	9857217	11125270
	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	9857217	11125270

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)	381151	
	(B) Participants	2a(1)(B)	501895	
	(C) Others (including rollovers)	2a(1)(C)	143357	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1026403
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	8403	
	(F) Other	2b(1)(F)	8494	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16897
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		617755
(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		373
d Total income. Add all **income** amounts in column (b) and enter total	2d		1661428
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	388001	
(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)		388001
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5374	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5374
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		393375
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1268053
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: HARPER & PEARSON COMPANY P.C. **(2)** EIN: 74-1695589

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		1000000
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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GULF BANCSHARES, INC.

D Employer Identification Number (EIN)
74-1774826

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

TEXAS GULF BANCSHARES, INC.
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Texas Gulf Bancshares, Inc. Employee Savings Plan
Lake Jackson, Texas

We were engaged to audit the accompanying financial statements of Texas Gulf Bancshares, Inc. Employee Savings Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 the 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 C, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the asset custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the asset custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the asset custodian 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.

One Riverway · Suite 1900 · Houston, Texas 77056-1973 · 713.622.2310 · 713.622.5613 fax
harperpearson.com

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the asset custodian, have been audited by us in accordance with generally accepted auditing standards 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.

Harper & Pearson Company, P.C.

Houston, Texas
September 9, 2015

TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments:		
Pooled separate accounts	$ 10,108,080	$ 8,988,830
Fixed income account	732,722	703,514
Total Investments	10,840,802	9,692,344
Receivables:		
Participant loans receivable	284,468	164,873
TOTAL ASSETS	11,125,270	9,857,217
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,125,270	$ 9,857,217

See accompanying notes.

TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS ATTRIBUTED TO:	
INVESTMENT INCOME	
Net investment gain in pooled separate accounts	$ 617,755
Interest income from fixed income account	8,494
Other	373
TOTAL INVESTMENT INCOME	626,622
Interest income from participant loans	8,403
CONTRIBUTIONS	
Employer	381,151
Employee	501,895
Rollovers	143,357
TOTAL CONTRIBUTIONS	1,026,403
TOTAL ADDITIONS	1,661,428
DEDUCTIONS ATTRIBUTED TO:	
Benefits paid to participants	388,001
Administrative expenses	5,374
TOTAL DEDUCTIONS	393,375
NET INCREASE	1,268,053
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning	9,857,217
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Ending	$ 11,125,270

See accompanying notes.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General - Texas Gulf Bancshares, Inc. Employee Savings Plan (the Plan) was adopted effective January 1, 1984, to establish a savings and investment plan for the exclusive benefit of the employees of Texas Gulf Bancshares, Inc. and its subsidiary Texas Gulf Bank, N.A. (the Company and Plan Administrator) and their beneficiaries. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Basis of Presentation - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (GAAP). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned.

Estimates - The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for several investment options, which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Valuation of Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the policy of stating investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for plan benefits and the changes in the net investment gain or loss are reflected in the statement of changes in net assets available for plan benefits.

Fully benefit-responsive investments are stated at contract value which is equal to the principal balance plus accrued interest. The Voya Fixed Income Account (formerly ING Fixed Income Account), which is fully benefit-responsive, is presented at contract value which approximates fair value on the statements of net assets available for plan benefits at December 31, 2014 and 2013. The fair value of fully benefit-responsive investment contracts is calculated using a discounted cash flow model which considers recent bids as determined by recognized dealers, the discount rate, the announced crediting rate and the duration of the underlying portfolio securities. See Note D for discussion of fair value measurements.

Participant Loans Receivable - Loans to participants are reported as a receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Federal Income Tax - The Company adopted a non-standardized prototype 401(k) and profit sharing plan (the "Prototype Plan") with deferral arrangements. The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Prototype Plan qualifies under Section 401(a) of the Internal Revenue Code and is therefore, exempt from federal income taxes. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Administrator believes the Plan was qualified and the related trust is tax-exempt as of December 31, 2014.

The Plan Administrator believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2014, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2011 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

Subsequent Events - The Plan Administrator has evaluated subsequent events through September 9, 2015, the date the financial statements were available to be issued. No subsequent events occurred, which require disclosure in or adjustment to the financial statements at December 31, 2014.

New Accounting Pronouncement – Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the Emerging Issues Task Force)*, amends guidance related to the presentation and disclosure of fully benefit-responsive investments. Among other amendments, the ASU designates contract value as the only required measurement for fully benefit-responsive investment contracts and eliminates the required presentation of the adjustment from contract value to fair value on the statement of net assets available for plan benefits. This ASU also eliminates the requirements to disclose certain disaggregated investment information and significant specific investments. ASU 2015-12 is effective for periods beginning after December 15, 2015 and earlier adoption is permitted. The ASU is to be applied retrospectively to all periods presented. Plan management does not expect the financial statements to be significantly impacted when this ASU is implemented.

NOTE B PLAN DESCRIPTION

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

Participation - A non-union, non-leased employee is eligible to become a participant in the Plan upon employment with Texas Gulf Bank, N.A. The Plan excludes interns, seasonal employees, and part-time employees working less than 20 hours per week. An employee will become a participant of the Plan as of the first day of the quarter following the date participation requirements are met. Entry dates into the Plan are January 1st, April 1st, July 1st and October 1st.

Contributions - Participants may elect to make pre-tax contributions to the Plan in an annual amount not to exceed the maximum allowed by law. Eligible compensation in 2014 is limited to $260,000. Contributions are made through authorized payroll reductions. These contributions by individual employees were limited for the year ended December 31, 2014 to $17,500 (participants under 50 years of age) and $23,000 (participants 50 years of age or older). This limitation is periodically adjusted to reflect cost-of-living increases.

The Company makes matching contributions each payroll period during the year amounting to 50 percent of each participant's elective deferrals up to 4 percent of annual compensation. The Company may also make discretionary profit-sharing contributions. For the year ended December 31, 2014, the Company made a profit-sharing contribution of $254,000. All participants employed at December 31, 2014 and having at least 1,000 hours of service are eligible for the discretionary profit-sharing contribution.

Participant Accounts - Each participant account is credited with the participant's contribution, the Company's contributions and an allocation of Plan earnings. Additionally, each participant account is charged with an allocation of administrative expenses. Expense allocations are based on participant earnings on account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account.

Investments - Each participant directs the investment of their contributions into any of the investment options designated by the Plan Administrator. Participants may elect to invest in the fixed income account, which is considered fully benefit-responsive. For the year ended December 31, 2014, the stated contract rate for the Fixed Income Account is 1.40 percent, and the net average yield earned by the Plan is 1.18 percent. Participants may also elect to invest in pooled separate accounts which are measured in units and represent unitized investments in publically traded mutual fund investments.

NOTE B PLAN DESCRIPTION (CONTINUED)

Vesting - Participants are immediately vested in their salary reduction and rollover amounts plus actual earnings thereon. Company matching contributions, profit-sharing contributions, and related earnings vest as follows:

Years of Vesting Service	Vested Percentage
Less than 1 year of service	0%
1 year of service but less than 2	20%
2 years of service but less than 3	40%
3 years of service but less than 4	60%
4 years of service but less than 5	80%
5 years of service or more	100%

Forfeitures of account balances not fully vested will be used to reduce employer contributions or to pay Plan expenses if the Company elects not to pay such expenses directly. No forfeitures were used to offset Plan expenses during the year ended December 31, 2014. At December 31, 2014, forfeitures amounting to $47,002 can be used to offset future employer contributions and/or administrative expenses.

Form of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest or annual installments as outlined in the Plan document. If the amount payable is $5,000 or less, the participant will receive a lump sum distribution as soon as feasible following the date of termination. Benefits are recorded when paid.

Participant Loans - Participants may borrow from their fund accounts an amount no less than $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer between investment funds and participant loans receivable. Loan terms range from 1 to 5 years unless the funds are for the purchase of a primary residence. The loans are secured by the balance in the participants' accounts and bear interest at a fixed rate ranging from prime rate to prime rate plus 1.00 percent. Interest rates on loans outstanding at December 31, 2014 were from 3.25 percent to 4.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Administration - The Company, as the Plan Administrator, may, at its discretion, pay the Plan's administrative expenses. Any Plan expenses not paid by the Company will be paid by the Plan. Substantially all Plan expenses other than each fund's administration expenses were paid by the Company for the year ended December 31, 2014.

NOTE B PLAN DESCRIPTION (CONTINUED)

Plan Termination - Although the Company has not made a determination to terminate the Plan, the Company has the right under the Plan to terminate the Plan subject to provisions set forth in ERISA. Upon Plan termination, all participants would become fully vested in their accrued benefits.

NOTE C INVESTMENTS AND CERTIFIED INFORMATION

The following investments at December 31 are recorded at fair value as determined and certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company):

Individual Investments Which Comprise 5% or More of Plan Net Assets:	2014	2013
Voya Fixed Income Account	$ 732,722	$ 703,514
Pooled Separate Accounts:		
Voya Large Cap Growth Portfolio Fund	1,289,537	1,067,954
Voya T Rowe Price Capital Appreciation Fund	885,977	635,686
BlackRock Equity Dividend Fund	794,053	786,277
Mann & Napier Equity Fund	726,589	667,104
PIMCO Total Return Fund	712,113	703,744
American Funds Capital World Growth and Income Fund	701,793	622,501
Voya JP Morgan Small Cap Core Equity Fund	585,389	478,999
Voya American Century Small-Mid Cap Fund	347,956	567,694
Summary of Other Smaller Individual Investments:		
Pooled Separate Accounts	4,064,673	3,458,871
	$ 10,840,802	$ 9,692,344

2014 income as certified by Voya Retirement Insurance and Annuity Company is as follows:

Net investment gain in pooled separate accounts	$ 617,755
Net investment gain in fixed income account	$ 8,494
Other	$ 373

Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company) has also certified the information contained in the supplemental schedule of assets (held at end of year), except for participant loans.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. These inputs are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical financial instruments in active markets that the Plan has the ability to access.

Level 2 – Other significant observable inputs (including quoted prices in active or inactive markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the financial instruments.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. The fair value of Level 3 financial instruments may be determined using pricing models for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation techniques used for investments measured at fair value. There have been no changes in the techniques used during the years ended December 31, 2014 and 2013.

Pooled separate accounts are valued at fair value by the trustee of the funds based upon the net asset value of the underlying investments.

The stated contract value of the Fixed Income Account approximates fair value, which is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

The fair values of investments are categorized as follows at December 31, 2014 and 2013:

	Level 1	Level 2	Level 3	Total
2014				
Pooled Separate Accounts:				
Small Cap Growth Funds	$ -	$ 289,434	$ -	$ 289,434
Mid Cap Growth Funds	-	337,076	-	337,076
Large Cap Growth Funds	-	3,879,405	-	3,879,405
Balanced Funds	-	1,495,450	-	1,495,450
Fixed Income Funds	-	1,656,184	-	1,656,184
Target Date Funds	-	1,011,272	-	1,011,272
Value Funds	-	1,439,259	-	1,439,259
Fixed Income Account	-	732,722	-	732,722
Total Investments at Fair Value	$ -	$ 10,840,802	$ -	$ 10,840,802
2013				
Pooled Separate Accounts:				
Small Cap Growth Funds	$ -	$ 91,143	$ -	$ 91,143
Mid Cap Growth Funds	-	313,986	-	313,986
Large Cap Growth Funds	-	3,553,741	-	3,553,741
Balanced Funds	-	1,131,923	-	1,131,923
Fixed Income Funds	-	1,563,220	-	1,563,220
Target Date Funds	-	796,625	-	796,625
Value Funds	-	1,538,192	-	1,538,192
Fixed Income Account	-	-	703,514	703,514
Total Investments at Fair Value	$ -	$ 8,988,830	$ 703,514	$ 9,692,344

During the year ended December 31, 2014, the Fixed Income Account was transferred from Level 3 to Level 2. The transfer to Level 2 is based on information provided by Voya Retirement Insurance and Annuity Company which indicated the Fixed Income Account should be categorized as Level 2 based on reevaluation of underlying investments. There were no other significant transfers in and/or out of the fair value categories during the years ended December 31, 2014 and 2013.

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments:

Balance, as of December 31, 2012	$ 709,277
Interest income	9,758
Purchases	80,303
Sales	(95,824)
Balance, as of December 31, 2013	703,514
Interest income	8,494
Purchases	158,006
Sales	(137,292)
Balance, as of December 31, 2014, transferred to Level 2	(732,722)
Balance, Level 3 as of December 31, 2014	$ -

NOTE E PARTY-IN-INTEREST

The Plan invests in various funds offered by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company). These investments are considered party-in-interest transactions because Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company) serves as asset custodian of the Plan. The Plan Administrator has approved these investment options.

NOTE F RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The financial statements classify certain investments as pooled separate accounts, whereas, the Form 5500 classifies these same investments as registered investment companies.

Plan Number 001 EIN 74-1774826

(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
*	(A)	8,494.992 units - Oppenheimer Developing Markets Fund	**	$ 283,550
*	(A)	56,514.529 units - American Funds Capital World Growth and Income Fund	**	701,793
*	(A)	24,030.702 units - Thornburg International Value Fund	**	250,278
*	(A)	8,042.833 units - Oppenheimer International Growth Fund	**	200,261
*	(A)	1,315.155 units - CRM Mid Cap Value Fund	**	24,083
*	(A)	13,001.695 units - Voya American Century Small-Mid Cap Fund	**	347,956
*	(A)	25,550.636 units - Voya JP Morgan Small Cap Core Equity Fund	**	585,389
*	(A)	10,569.864 units - Wanger Select Fund	**	240,395
*	(A)	4,513.763 units - Voya Clarion Real Estate Fund	**	96,682
*	(A)	15,733.972 units - Voya Columbia Small Cap Value II Fund	**	273,319
*	(A)	822.813 units - Eagle Small Cap Growth Fund	**	16,115
*	(A)	24,922.978 units - Fidelity Advisor New Insights Fund	**	427,397
*	(A)	37,734.384 units - Mann & Napier Equity Fund	**	726,589
*	(A)	59,312.663 units - Voya Large Cap Growth Portfolio Fund	**	1,289,537
*	(A)	19,491.405 units - Allianz NFJ Dividend Value Fund	**	297,250
*	(A)	28,344.657 units - BlackRock Equity Dividend Fund	**	794,053
*	(A)	38,498.853 units - Voya T Rowe Price Capital Appreciation Fund	**	885,977
*	(A)	10,903.294 units - Voya Index Solution 2015 Fund	**	148,129
*	(A)	23,140.736 units - Voya Index Solution 2025 Fund	**	330,268

Plan Number 001 EIN 74-1774826

(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
*	(A)	17,178.811 units - Voya Index Solution 2035 Fund	**	252,967
*	(A)	4,391.408 units - Voya Index Solution 2045 Fund	**	64,649
*	(A)	13,261.058 units - Voya Index Solution 2055 Fund	**	215,260
*	(A)	27,920.007 units - Voya Index Solution Income Portfolio Fund	**	387,476
*	(A)	12,722.874 units - PIMCO VIT Real Return Portfolio Fund	**	187,773
*	(A)	3,442.238 units - Voya High Yield Portfolio Fund	**	64,813
*	(A)	15,876.400 units - Pioneer Strategic Income Fund	**	248,737
*	(A)	57,513.819 units - PIMCO Total Return Fund	**	712,113
*	(A)	1,394.262 units - Templeton Global Bond Fund	**	15,649
*	(A)	3,417.361 units - Voya Money Market Fund	**	39,622
*	(A)	Voya Fixed Income Account, interest rate of 1.40%	**	732,722
*	Participant Loans	Loans to participants at interest rates between 3.25 - 4.25%	-	284,468
				$ 11,125,270

* Represents a party-in-interest.
** Cost omitted for participant directed investments.
(A) Transactions were with Voya Retirement Insurance and Annuity Company.

Attachment to Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Texas Gulf Bancshares, Inc Employees Savings Pln
EIN#74-1774826
Plan#001
As Of December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AllianzGI NFJ Divdnd Vl Fd Ins	Registered Investment Company		$297,250
	American Funds CapWld G&I R3	Registered Investment Company		$701,793
	BlkRck Equity Dividend Fnd R	Registered Investment Company		$794,053
	CRM Mid Cap Value Fund Inv	Registered Investment Company		$24,083
	Eagle Small Cap Growth Fund R3	Registered Investment Company		$16,115
	Fidelity Adv Nw Insight Fd T	Registered Investment Company		$427,397
	MnNpr Fund Eqty Srs	Registered Investment Company		$726,589
	Oppenhmr Developing Mkts Fnd A	Registered Investment Company		$283,550
	Oppenhmr Intl Growth Fnd R	Registered Investment Company		$200,261
	PIMCO Total Return Fund R	Registered Investment Company		$712,113
	PIMCO VIT Real Rtn Port(Adm)	Registered Investment Company		$187,773
	Pioneer Strategic Income Fnd Y	Registered Investment Company		$248,737
	Templeton Global Bond Fund R	Registered Investment Company		$15,649
	Thornburg Intl Value Fnd R4	Registered Investment Company		$250,278
*	Voya Fixed Account	Insurance Company General Account		$732,722
*	Voya High Yield Port Srv	Registered Investment Company		$64,813
*	Voya Indx Solution 2015 P Adv	Registered Investment Company		$148,129
*	Voya Indx Solution 2025 P Adv	Registered Investment Company		$330,268
*	Voya Indx Solution 2035 P Adv	Registered Investment Company		$252,967
*	Voya Indx Solution 2045 P Adv	Registered Investment Company		$64,649
*	Voya Indx Solution 2055 P Adv	Registered Investment Company		$215,260
*	Voya Indx Solution Inc P Adv	Registered Investment Company		$387,476
*	Voya Large Cap Growth Prt Srv	Registered Investment Company		$1,289,538
*	Voya Mny Mkt Fd A (Hold Acct)	Registered Investment Company		$39,622
*	VY AmCen Sm-MdCp Vl Port I	Registered Investment Company		$347,956
*	VY Clarion Rl Estate Prt Srv	Registered Investment Company		$96,682
*	VY Columbia SmCp Vl II Pl	Registered Investment Company		$273,319
*	VY JPM SmCp Cr Eq Port Srv	Registered Investment Company		$585,389
*	VY TRwPr Cap Apprec Port Srv	Registered Investment Company		$885,977
	Wanger Select	Registered Investment Company		$240,395
		Participant Loans - Rates 4.25% to 4.25%		$284,468
	TOTAL			$11,125,270

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

TEXAS GULF BANCSHARES, INC.
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Texas Gulf Bancshares, Inc. Employee Savings Plan
Lake Jackson, Texas

We were engaged to audit the accompanying financial statements of Texas Gulf Bancshares, Inc. Employee Savings Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 the 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 C, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the asset custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the asset custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the asset custodian 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.

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Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the asset custodian, have been audited by us in accordance with generally accepted auditing standards 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.

Harper & Pearson Company, P.C.

Houston, Texas
September 9, 2015

TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments:		
Pooled separate accounts	$ 10,108,080	$ 8,988,830
Fixed income account	732,722	703,514
Total Investments	10,840,802	9,692,344
Receivables:		
Participant loans receivable	284,468	164,873
TOTAL ASSETS	11,125,270	9,857,217
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,125,270	$ 9,857,217

See accompanying notes.

TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS ATTRIBUTED TO:	
INVESTMENT INCOME	
Net investment gain in pooled separate accounts	$ 617,755
Interest income from fixed income account	8,494
Other	373
TOTAL INVESTMENT INCOME	626,622
Interest income from participant loans	8,403
CONTRIBUTIONS	
Employer	381,151
Employee	501,895
Rollovers	143,357
TOTAL CONTRIBUTIONS	1,026,403
TOTAL ADDITIONS	1,661,428
DEDUCTIONS ATTRIBUTED TO:	
Benefits paid to participants	388,001
Administrative expenses	5,374
TOTAL DEDUCTIONS	393,375
NET INCREASE	1,268,053
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning	9,857,217
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Ending	$ 11,125,270

See accompanying notes.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General - Texas Gulf Bancshares, Inc. Employee Savings Plan (the Plan) was adopted effective January 1, 1984, to establish a savings and investment plan for the exclusive benefit of the employees of Texas Gulf Bancshares, Inc. and its subsidiary Texas Gulf Bank, N.A. (the Company and Plan Administrator) and their beneficiaries. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Basis of Presentation - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (GAAP). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned.

Estimates - The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for several investment options, which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Valuation of Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the policy of stating investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for plan benefits and the changes in the net investment gain or loss are reflected in the statement of changes in net assets available for plan benefits.

Fully benefit-responsive investments are stated at contract value which is equal to the principal balance plus accrued interest. The Voya Fixed Income Account (formerly ING Fixed Income Account), which is fully benefit-responsive, is presented at contract value which approximates fair value on the statements of net assets available for plan benefits at December 31, 2014 and 2013. The fair value of fully benefit-responsive investment contracts is calculated using a discounted cash flow model which considers recent bids as determined by recognized dealers, the discount rate, the announced crediting rate and the duration of the underlying portfolio securities. See Note D for discussion of fair value measurements.

Participant Loans Receivable - Loans to participants are reported as a receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Federal Income Tax - The Company adopted a non-standardized prototype 401(k) and profit sharing plan (the "Prototype Plan") with deferral arrangements. The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Prototype Plan qualifies under Section 401(a) of the Internal Revenue Code and is therefore, exempt from federal income taxes. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Administrator believes the Plan was qualified and the related trust is tax-exempt as of December 31, 2014.

The Plan Administrator believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2014, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2011 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

Subsequent Events - The Plan Administrator has evaluated subsequent events through September 9, 2015, the date the financial statements were available to be issued. No subsequent events occurred, which require disclosure in or adjustment to the financial statements at December 31, 2014.

New Accounting Pronouncement – Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the Emerging Issues Task Force)*, amends guidance related to the presentation and disclosure of fully benefit-responsive investments. Among other amendments, the ASU designates contract value as the only required measurement for fully benefit-responsive investment contracts and eliminates the required presentation of the adjustment from contract value to fair value on the statement of net assets available for plan benefits. This ASU also eliminates the requirements to disclose certain disaggregated investment information and significant specific investments. ASU 2015-12 is effective for periods beginning after December 15, 2015 and earlier adoption is permitted. The ASU is to be applied retrospectively to all periods presented. Plan management does not expect the financial statements to be significantly impacted when this ASU is implemented.

NOTE B PLAN DESCRIPTION

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

Participation - A non-union, non-leased employee is eligible to become a participant in the Plan upon employment with Texas Gulf Bank, N.A. The Plan excludes interns, seasonal employees, and part-time employees working less than 20 hours per week. An employee will become a participant of the Plan as of the first day of the quarter following the date participation requirements are met. Entry dates into the Plan are January 1st, April 1st, July 1st and October 1st.

Contributions - Participants may elect to make pre-tax contributions to the Plan in an annual amount not to exceed the maximum allowed by law. Eligible compensation in 2014 is limited to $260,000. Contributions are made through authorized payroll reductions. These contributions by individual employees were limited for the year ended December 31, 2014 to $17,500 (participants under 50 years of age) and $23,000 (participants 50 years of age or older). This limitation is periodically adjusted to reflect cost-of-living increases.

The Company makes matching contributions each payroll period during the year amounting to 50 percent of each participant's elective deferrals up to 4 percent of annual compensation. The Company may also make discretionary profit-sharing contributions. For the year ended December 31, 2014, the Company made a profit-sharing contribution of $254,000. All participants employed at December 31, 2014 and having at least 1,000 hours of service are eligible for the discretionary profit-sharing contribution.

Participant Accounts - Each participant account is credited with the participant's contribution, the Company's contributions and an allocation of Plan earnings. Additionally, each participant account is charged with an allocation of administrative expenses. Expense allocations are based on participant earnings on account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account.

Investments - Each participant directs the investment of their contributions into any of the investment options designated by the Plan Administrator. Participants may elect to invest in the fixed income account, which is considered fully benefit-responsive. For the year ended December 31, 2014, the stated contract rate for the Fixed Income Account is 1.40 percent, and the net average yield earned by the Plan is 1.18 percent. Participants may also elect to invest in pooled separate accounts which are measured in units and represent unitized investments in publically traded mutual fund investments.

NOTE B PLAN DESCRIPTION (CONTINUED)

Vesting - Participants are immediately vested in their salary reduction and rollover amounts plus actual earnings thereon. Company matching contributions, profit-sharing contributions, and related earnings vest as follows:

Years of Vesting Service	Vested Percentage
Less than 1 year of service	0%
1 year of service but less than 2	20%
2 years of service but less than 3	40%
3 years of service but less than 4	60%
4 years of service but less than 5	80%
5 years of service or more	100%

Forfeitures of account balances not fully vested will be used to reduce employer contributions or to pay Plan expenses if the Company elects not to pay such expenses directly. No forfeitures were used to offset Plan expenses during the year ended December 31, 2014. At December 31, 2014, forfeitures amounting to $47,002 can be used to offset future employer contributions and/or administrative expenses.

Form of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest or annual installments as outlined in the Plan document. If the amount payable is $5,000 or less, the participant will receive a lump sum distribution as soon as feasible following the date of termination. Benefits are recorded when paid.

Participant Loans - Participants may borrow from their fund accounts an amount no less than $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer between investment funds and participant loans receivable. Loan terms range from 1 to 5 years unless the funds are for the purchase of a primary residence. The loans are secured by the balance in the participants' accounts and bear interest at a fixed rate ranging from prime rate to prime rate plus 1.00 percent. Interest rates on loans outstanding at December 31, 2014 were from 3.25 percent to 4.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Administration - The Company, as the Plan Administrator, may, at its discretion, pay the Plan's administrative expenses. Any Plan expenses not paid by the Company will be paid by the Plan. Substantially all Plan expenses other than each fund's administration expenses were paid by the Company for the year ended December 31, 2014.

NOTE B PLAN DESCRIPTION (CONTINUED)

Plan Termination - Although the Company has not made a determination to terminate the Plan, the Company has the right under the Plan to terminate the Plan subject to provisions set forth in ERISA. Upon Plan termination, all participants would become fully vested in their accrued benefits.

NOTE C INVESTMENTS AND CERTIFIED INFORMATION

The following investments at December 31 are recorded at fair value as determined and certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company):

Individual Investments Which Comprise 5% or More of Plan Net Assets:	2014	2013
Voya Fixed Income Account	$ 732,722	$ 703,514
Pooled Separate Accounts:		
Voya Large Cap Growth Portfolio Fund	1,289,537	1,067,954
Voya T Rowe Price Capital Appreciation Fund	885,977	635,686
BlackRock Equity Dividend Fund	794,053	786,277
Mann & Napier Equity Fund	726,589	667,104
PIMCO Total Return Fund	712,113	703,744
American Funds Capital World Growth and Income Fund	701,793	622,501
Voya JP Morgan Small Cap Core Equity Fund	585,389	478,999
Voya American Century Small-Mid Cap Fund	347,956	567,694
Summary of Other Smaller Individual Investments:		
Pooled Separate Accounts	4,064,673	3,458,871
	$ 10,840,802	$ 9,692,344

2014 income as certified by Voya Retirement Insurance and Annuity Company is as follows:

Net investment gain in pooled separate accounts	$ 617,755
Net investment gain in fixed income account	$ 8,494
Other	$ 373

Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company) has also certified the information contained in the supplemental schedule of assets (held at end of year), except for participant loans.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. These inputs are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical financial instruments in active markets that the Plan has the ability to access.

Level 2 – Other significant observable inputs (including quoted prices in active or inactive markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the financial instruments.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. The fair value of Level 3 financial instruments may be determined using pricing models for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation techniques used for investments measured at fair value. There have been no changes in the techniques used during the years ended December 31, 2014 and 2013.

Pooled separate accounts are valued at fair value by the trustee of the funds based upon the net asset value of the underlying investments.

The stated contract value of the Fixed Income Account approximates fair value, which is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

The fair values of investments are categorized as follows at December 31, 2014 and 2013:

	Level 1	Level 2	Level 3	Total
2014				
Pooled Separate Accounts:				
Small Cap Growth Funds	$ -	$ 289,434	$ -	$ 289,434
Mid Cap Growth Funds	-	337,076	-	337,076
Large Cap Growth Funds	-	3,879,405	-	3,879,405
Balanced Funds	-	1,495,450	-	1,495,450
Fixed Income Funds	-	1,656,184	-	1,656,184
Target Date Funds	-	1,011,272	-	1,011,272
Value Funds	-	1,439,259	-	1,439,259
Fixed Income Account	-	732,722	-	732,722
Total Investments at Fair Value	$ -	$ 10,840,802	$ -	$ 10,840,802
2013				
Pooled Separate Accounts:				
Small Cap Growth Funds	$ -	$ 91,143	$ -	$ 91,143
Mid Cap Growth Funds	-	313,986	-	313,986
Large Cap Growth Funds	-	3,553,741	-	3,553,741
Balanced Funds	-	1,131,923	-	1,131,923
Fixed Income Funds	-	1,563,220	-	1,563,220
Target Date Funds	-	796,625	-	796,625
Value Funds	-	1,538,192	-	1,538,192
Fixed Income Account	-	-	703,514	703,514
Total Investments at Fair Value	$ -	$ 8,988,830	$ 703,514	$ 9,692,344

During the year ended December 31, 2014, the Fixed Income Account was transferred from Level 3 to Level 2. The transfer to Level 2 is based on information provided by Voya Retirement Insurance and Annuity Company which indicated the Fixed Income Account should be categorized as Level 2 based on reevaluation of underlying investments. There were no other significant transfers in and/or out of the fair value categories during the years ended December 31, 2014 and 2013.

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments:

Balance, as of December 31, 2012	$ 709,277
Interest income	9,758
Purchases	80,303
Sales	(95,824)
Balance, as of December 31, 2013	703,514
Interest income	8,494
Purchases	158,006
Sales	(137,292)
Balance, as of December 31, 2014, transferred to Level 2	(732,722)
Balance, Level 3 as of December 31, 2014	$ -

NOTE E PARTY-IN-INTEREST

The Plan invests in various funds offered by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company). These investments are considered party-in-interest transactions because Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company) serves as asset custodian of the Plan. The Plan Administrator has approved these investment options.

NOTE F RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The financial statements classify certain investments as pooled separate accounts, whereas, the Form 5500 classifies these same investments as registered investment companies.

Plan Number 001 EIN 74-1774826

(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
*	(A)	8,494.992 units - Oppenheimer Developing Markets Fund	**	$ 283,550
*	(A)	56,514.529 units - American Funds Capital World Growth and Income Fund	**	701,793
*	(A)	24,030.702 units - Thornburg International Value Fund	**	250,278
*	(A)	8,042.833 units - Oppenheimer International Growth Fund	**	200,261
*	(A)	1,315.155 units - CRM Mid Cap Value Fund	**	24,083
*	(A)	13,001.695 units - Voya American Century Small-Mid Cap Fund	**	347,956
*	(A)	25,550.636 units - Voya JP Morgan Small Cap Core Equity Fund	**	585,389
*	(A)	10,569.864 units - Wanger Select Fund	**	240,395
*	(A)	4,513.763 units - Voya Clarion Real Estate Fund	**	96,682
*	(A)	15,733.972 units - Voya Columbia Small Cap Value II Fund	**	273,319
*	(A)	822.813 units - Eagle Small Cap Growth Fund	**	16,115
*	(A)	24,922.978 units - Fidelity Advisor New Insights Fund	**	427,397
*	(A)	37,734.384 units - Mann & Napier Equity Fund	**	726,589
*	(A)	59,312.663 units - Voya Large Cap Growth Portfolio Fund	**	1,289,537
*	(A)	19,491.405 units - Allianz NFJ Dividend Value Fund	**	297,250
*	(A)	28,344.657 units - BlackRock Equity Dividend Fund	**	794,053
*	(A)	38,498.853 units - Voya T Rowe Price Capital Appreciation Fund	**	885,977
*	(A)	10,903.294 units - Voya Index Solution 2015 Fund	**	148,129
*	(A)	23,140.736 units - Voya Index Solution 2025 Fund	**	330,268

Plan Number 001 EIN 74-1774826

(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
*	(A)	17,178.811 units - Voya Index Solution 2035 Fund	**	252,967
*	(A)	4,391.408 units - Voya Index Solution 2045 Fund	**	64,649
*	(A)	13,261.058 units - Voya Index Solution 2055 Fund	**	215,260
*	(A)	27,920.007 units - Voya Index Solution Income Portfolio Fund	**	387,476
*	(A)	12,722.874 units - PIMCO VIT Real Return Portfolio Fund	**	187,773
*	(A)	3,442.238 units - Voya High Yield Portfolio Fund	**	64,813
*	(A)	15,876.400 units - Pioneer Strategic Income Fund	**	248,737
*	(A)	57,513.819 units - PIMCO Total Return Fund	**	712,113
*	(A)	1,394.262 units - Templeton Global Bond Fund	**	15,649
*	(A)	3,417.361 units - Voya Money Market Fund	**	39,622
*	(A)	Voya Fixed Income Account, interest rate of 1.40%	**	732,722
*	Participant Loans	Loans to participants at interest rates between 3.25 - 4.25%	-	284,468
				$ 11,125,270

* Represents a party-in-interest.
** Cost omitted for participant directed investments.
(A) Transactions were with Voya Retirement Insurance and Annuity Company.