

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2015</u>	<u>RANDEL CHAPMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE EVANGELINE BANK & TRUST COMPANY P.O. BOX 346 VILLA PLATTE, LA 70586-0000	3b Administrator's EIN 72-0180410
	3c Administrator's telephone number 337-363-5541
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 176
6 Number of participants as of the end of the plan year 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) 93
a(2) Total number of active participants at the end of the plan year	6a(2) 66
b Retired or separated participants receiving benefits	6b 42
c Other retired or separated participants entitled to future benefits.....	6c 52
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 160
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 160
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	9571563	
b Actuarial value	2b	9199682	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	40	4811553	4811553
b For terminated vested participants	43	969147	969147
c For active participants	93	4057318	4057318
d Total	176	9838018	9838018
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.54%	
6 Target normal cost	6	2560	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>04/27/2015</div>
<div>MICHAEL HARA</div>	<div>14-04882</div>
<div>PENTEGRA SERVICES INC.</div>	<div>914-821-9433</div>
<div>108 CORPORATE PARK DRIVE WHITE PLAINS, NY 10604-3805</div>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	183	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	183	0
10 Interest on line 9 using prior year's actual return of <u>12.40</u> %	23	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		47
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		3
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		50
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	206	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.50 %
15 Adjusted funding target attainment percentage	15	93.50 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	34675	0			
07/11/2014	34675	0			
07/28/2014	1200000	0			
			Totals ▶	18(b)	1269350
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1225074
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2560	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	638542	122937	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	125497	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	125497	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1225074	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1099577	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVANGELINE BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-0180410	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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)

PENTEGRA TRUST COMPANY

13-4021417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	2667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE EVANGELINE BANK & TRUST COMPANY</u>		D Employer Identification Number (EIN) <u>72-0180410</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	2112	4295
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	147885	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	30845	33447
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	289475	417648
	(2) U.S. Government securities	1c(2)	1382067	792123
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	2317003	2994712
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	953691
	(B) Common.....	1c(4)(B)	4678994	5153979
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	723482	512892
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9571863	10862787

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9571863	10862787
---	-----------	---------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1269350	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1269350

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	146860	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		146860

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	200063	
(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)		200063

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5063727	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4413442	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		650285

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-409730	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-409730

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1856828

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	471636	
(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)		471636
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)	2667	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	91601	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		94268
j Total expenses. Add all expense amounts in column (b) and enter total	2j		565904

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1290924
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KOLDER, CHAMPAGNE, SLAVEN & COMPANY

(2) EIN: 72-1369868

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

- 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.)
- 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.)

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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 <u>RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE EVANGELINE BANK & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>72-0180410</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-3805189</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

Financial Report

For the Years Ended December 31, 2014 and 2013

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Statements of accumulated plan benefits	6
Statements of changes in accumulated plan benefits	7
Notes to financial statements	8-14
SUPPLEMENTAL INFORMATION	
Schedule of assets (held at end of year)	16
Schedule of assets (acquired and disposed of within year)	17-20

KOLDER, CHAMPAGNE, SLAVEN & COMPANY, LLC

CERTIFIED PUBLIC ACCOUNTANTS

OFFICES

C. Burton Kolder, CPA*
Russell F. Champagne, CPA*
Victor R. Slaven, CPA*
Gerald A. Thibodeaux, Jr., CPA*
Robert S. Carter, CPA*
Arthur R. Mixon, CPA*
Brad E. Kolder, CPA, JD*
Stephen J. Anderson, CPA*
Penny Angelle Scruggins, CPA
Christine C. Doucet, CPA
Wanda F. Arcement, CPA, CVA
Bryan K. Joubert, CPA
Matthew E. Margaglio, CPA

Casey L. Ardoin, CPA
Allen J. LaBry, CPA
Albert R. Leger, CPA, PFS, CSA*
Marshall W. Guidry, CPA
Stephen R. Moore, Jr., CPA, PFS, CFP®, ChFC®
James R. Roy, CPA
Robert J. Metz, CPA
Alan M. Taylor, CPA
Kelly M. Doucet, CPA
Mandy B. Self, CPA
Paul L. Delcambre, Jr., CPA
Jane R. Hebert, CPA
Deidre L. Stock, CPA
Karen V. Fontenot, CPA

* A Professional Accounting Corporation

183 South Beadle Rd.
Lafayette, LA 70508
Phone (337) 232-4141
Fax (337) 232-8660

450 East Main Street
New Iberia, LA 70560
Phone (337) 367-9204
Fax (337) 367-9208

113 East Bridge St.
Breaux Bridge, LA 70517
Phone (337) 332-4020
Fax (337) 332-2867

200 South Main Street
Abbeville, LA 70510
Phone (337) 893-7944
Fax (337) 893-7946

1234 David Dr. Ste 203
Morgan City, LA 70380
Phone (985) 384-2020
Fax (985) 384-3020

1013 Main Street
Franklin, LA 70538
Phone (337) 828-0272
Fax (337) 828-0290

434 East Main Street
Ville Platte, LA 70586
Phone (337) 363-2792
Fax (337) 363-3049

133 East Waddell St.
Marksville, LA 71351
Phone (318) 253-9252
Fax (318) 253-8681

332 West Sixth Avenue
Oberlin, LA 70655
Phone (337) 639-4737
Fax (337) 639-4568

1428 Metro Drive
Alexandria, LA 71301
Phone (318) 442-4421
Fax (318) 442-8833

WEB SITE
WWW.KCSRCPAS.COM

Retired:
Conrad O. Chapman, CPA* 2006

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of The Evangeline Bank & Trust Co., which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audit 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 11, which was certified by the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, and has certified that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Lafayette, Louisiana
October 5, 2015

FINANCIAL STATEMENTS

RETIREMENT PLAN FOR EMPLOYEES OF THE
EVANGELINE BANK & TRUST COMPANY

EIN 72-0180410

Plan #001

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Interest bearing deposits	\$ 417,648	\$ 289,475
Investments, at fair value:		
Mutual funds	512,892	723,482
Corporate stocks	6,107,670	4,678,994
U. S. government securities	792,123	1,382,067
Corporate bonds	2,994,712	2,317,003
Total investments	<u>10,407,397</u>	<u>9,101,546</u>
Receivables:		
Employer contribution	-	147,885
Accrued interest	33,447	30,845
Total receivables	<u>33,447</u>	<u>178,730</u>
Cash - noninterest bearing	<u>4,295</u>	<u>2,112</u>
Total assets	10,862,787	9,571,863
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,862,787</u>	<u>\$ 9,571,863</u>

The accompanying notes are an integral part of this statement.

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

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income -		
Dividend	\$ 200,063	\$ 125,810
Interest	146,860	159,582
Unrealized gains on investments	-	371,280
Realized gains on sales of investments	650,285	416,006
Total investment income	<u>997,208</u>	<u>1,072,678</u>
Contributions -		
Employer	<u>1,269,350</u>	<u>147,885</u>
Total additions	<u>2,266,558</u>	<u>1,220,563</u>
Deductions from net assets attributed to:		
Investment loss -		
Unrealized losses on investments	409,730	-
Benefits paid to participants	471,636	473,259
Administrative expenses	<u>94,268</u>	<u>80,346</u>
Total deductions	<u>975,634</u>	<u>553,605</u>
Net change in net assets	1,290,924	666,958
Net assets available for benefits, beginning of year	<u>9,571,863</u>	<u>8,904,905</u>
Net assets available for benefits, end of year	<u>\$ 10,862,787</u>	<u>\$ 9,571,863</u>

The accompanying notes are an integral part of this statement.

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

Statements of Accumulated Plan Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits -		
Participants currently receiving payments	\$ 4,853,782	\$4,560,561
Other participants	<u>5,508,815</u>	<u>4,768,958</u>
Total vested benefits	10,362,597	9,329,519
Nonvested benefits	<u>-</u>	<u>-</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 10,362,597</u>	<u>\$9,329,519</u>

The accompanying notes are an integral part of this statement.

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

Statements of Changes in Accumulated Plan Benefits
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 9,329,519</u>	<u>\$ 9,121,983</u>
Increase during the year attributable to:		
Benefits accumulated	29,770	45,495
Increase for interest as a result of the decrease in the discount period	636,559	621,975
Benefits paid	(471,636)	(473,259)
Change in actuarial assumptions	<u>838,385</u>	<u>13,325</u>
Net increase	<u>1,033,078</u>	<u>207,536</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 10,362,597</u>	<u>\$ 9,329,519</u>

The accompanying notes are an integral part of this statement.

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

Notes to Financial Statements

(1) Description of Plan

The following description of the Retirement Plan for Employees of The Evangeline Bank & Trust Co. ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In 2009, the Plan adopted an amendment to cease all benefit accruals effective April 1, 2009. The Plan, as amended, covers all full-time employees of The Evangeline Bank & Trust Company ("Company") who had at least one year of service and were age twenty-one or older, or are age thirty-five on or before April 1, 2009.

B. Contributions

Participants are not permitted to contribute to the Plan. All contributions are made by the Company based on actuarial cost methods.

C. Vesting

Participants are 100% vested in their benefits upon completion of five years of vesting service. According to the Plan, vesting service is the number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours on or before April 1, 2009.

D. Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding calculated using actuarial cost methods. During 2014 and 2013, the Company made contributions of \$1,269,350 and \$147,885, respectively. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.

E. Payment of Benefits

The normal retirement benefit, which is based on a formula, is paid the first month coincident with or next following age 65 and 5 years of vesting service (see the Summary of Principal Plan Provisions for the monthly benefit formula). The normal retirement benefit is paid for life, with 120 payments guaranteed.

An early retirement benefit can be received if the participant is age 55 and has at least 15 years of credited service. The monthly benefit is the normal retirement benefit, less 3.3% for each year before the normal retirement age of 65.

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

Notes to Financial Statements (Continued)

If retirement occurs after age 65, the monthly retirement will be based on the greater of the normal retirement benefit using credited service and final average monthly compensation as of the late retirement date, or the income provided by the single-sum value of the retirement income payable as of the normal retirement date if employment had then terminated, accumulated with interest to actual retirement.

F. Death and Disability Benefits

If death occurs before normal retirement, the participant's beneficiary will receive an income payable for life with 120 payments guaranteed that can be provided by the greater of the present value of the accrued benefit; or the smaller of the following: 1) a multiple of 12 times the final average monthly compensation, or 2) 100 times the monthly retirement income the participant would have received had he remained in the service of the Company until his normal retirement date and his last regular rate of compensation had continued unchanged.

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

Disability benefits are paid for life, with 120 payments guaranteed. The monthly benefit will be the greater of the present value of the accrued benefit payment, or a multiple of 12 times the final average monthly compensation. Disability benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

(2) Summary of Significant Accounting Policies

A. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and the changes therein. Accordingly, actual results may differ from those estimates.

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

Notes to Financial Statements (Continued)

C. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of pooled funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as revenue when earned. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

D. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 were (a) life expectancy of participants (the male and female static mortality tables for non-annuitants and annuitants as published in proposed regulation 1.43(h)(3)-(1)(e) was used for both years), (b) retirement age assumptions (the assumed average retirement age was 65 for both years), and (c) investment return. The 2014 and 2013 valuations included assumed discount rates of 7%, including a reduction to reflect anticipated administrative expenses associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

Notes to Financial Statements (Continued)

E. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(3) Investments

The following are investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets available for benefits:

	<u>2014</u>	<u>2013</u>
Merrill Lynch-		
Corporate stocks	\$ 6,107,670	\$ 4,678,994
U.S. government securities	792,123	1,382,067
Corporate bonds	2,994,712	2,317,003
Mutual funds - growth funds	512,892	723,482

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$240,555 as follows:

	<u>Realized Gain</u>	<u>Unrealized Losses</u>	<u>Net Appreciation in Value</u>
Merrill Lynch-			
Corporate stocks/corporate bonds/ U.S. government securities	<u>\$ 650,285</u>	<u>\$ (409,730)</u>	<u>\$ 240,555</u>

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

	<u>Realized Gain</u>	<u>Unrealized Gains</u>	<u>Net Appreciation in Value</u>
Merrill Lynch-			
Corporate stocks/corporate bonds/ U.S. government securities	<u>\$ 416,006</u>	<u>\$ 371,280</u>	<u>\$ 787,286</u>

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

Notes to Financial Statements (Continued)

(4) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under professional standards are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in inactive markets, quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Corporate stocks: Valued at the closing price reported on the active market which the individual securities are traded.

U.S. government securities and corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Fair Value	Level 1	Level 2	Level 3
December 31, 2014:				
Corporate stocks	\$ 6,107,670	\$ 6,107,670	\$ -	\$ -
U.S.government securities	792,123	-	792,123	-
Mutual funds- growth funds	512,892	512,892	-	-
Corporate bonds - investment grade	2,994,712	-	2,994,712	-
Total investments	<u>\$ 10,407,397</u>	<u>\$ 6,620,562</u>	<u>\$ 3,786,835</u>	<u>\$ -</u>
December 31, 2013:				
Corporate stocks	\$ 4,678,994	\$ 4,678,994	\$ -	\$ -
U.S.government securities	1,382,067	-	1,382,067	-
Mutual funds- growth funds	723,482	723,482	-	-
Corporate bonds - investment grade	2,317,003	-	2,317,003	-
Total investments	<u>\$ 9,101,546</u>	<u>\$ 5,402,476</u>	<u>\$ 3,699,070</u>	<u>\$ -</u>

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

Notes to Financial Statements (Continued)

(5) Party-in-Interest Transactions

Merrill Lynch, as investment custodian and advisor, is a party-in-interest. Fees paid to Merrill Lynch for investment management services for the years ended December 31, 2014 and 2013 amounted to \$91,601 and \$77,786, respectively. Fees paid to Pentegra Retirement Services for administrative services totaled \$2,667 and \$2,560 for the years ended December 31, 2014 and 2013. Pentegra Retirement System, as the Plan's third party administrator, is a party-in-interest.

(6) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(7) Plan Administration

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

(8) Guaranteed Benefits

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

(9) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 25, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC); therefore, the Plan administrator and the Plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is qualified as tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has undertaken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, respectively, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

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

Notes to Financial Statements (Continued)

(10) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

(11) Information Prepared and Certified by Trustee (Unaudited)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Evangeline Bank & Trust Company, the trustee of the Plan.

	2014	2013
Interest bearing deposits	\$ 417,648	\$ 289,475
Investments, at fair value:		
Mutual funds - growth funds	512,892	723,482
Corporate stocks	6,107,670	4,678,994
U.S. government securities	792,123	1,382,067
Corporate bonds	2,994,712	2,317,003
Cash	4,295	2,112
Net investment income	587,478	1,072,678

(12) Subsequent Event Review

The Plan's management has evaluated subsequent events through October 5, 2015, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

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

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Investments:			
	Various publicly traded companies	Corporate stocks	\$ 5,471,552	\$ 6,107,670
	United States Treasury or Agency	U. S. government securities	789,794	792,123
	Mutual funds	Growth funds	510,358	512,892
	Various corporate bonds	Corporate debt instruments	2,988,329	2,994,712
	Total investments		9,760,033	10,407,397
	Interest bearing deposits:			
*	Pentegra Retirement Systems	Money market account	42,202	42,202
*	Merrill Lynch	Money market accounts	375,446	375,446
	Total interest bearing deposits		417,648	417,648
	Total		\$ 10,177,681	\$ 10,825,045

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

* Party-in-interest

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

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2014

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
BK of Amer Corp 1.5% 2015	75,000 shares	\$ 75,629	\$ 75,727
Federal Natl Mtg .62% 14	60,000 shares	60,116	60,129
CNOOC Ltd ADR	28 shares	5,065	4,391
Sanofi ADR	178 shares	8,816	8,424
Vodafone Grop PLC SP ADR	189 shares	6,992	6,883
Zoomlion Heavy Industry	173 shares	1,415	1,352
Eutelsat Communications	205 shares	6,263	6,536
China Construct UNSPN AD	362 shares	4,923	4,815
Dongfeng Motor GRP H UNS	108 shares	7,946	7,002
Orange ADR	682 shares	8,492	8,505
Danske BK A/S UNSPNS ADR	243 shares	3,052	3,275
Enel Societa Per AZIONI	2,067 shares	9,872	11,227
Genmab A/S SHS	558 shares	14,981	9,700
Industria De Diseno	327 shares	9,889	9,834
Jiangsu Express CO SP AD	85 shares	2,066	1,910
Lumber Liquidators	62 shares	6,033	5,470
Mercadolibre INC	26 shares	2,541	2,187
Solcarcity Corp	122 shares	8,515	7,265
Tata Motors LTD ADR	1,000 shares	29,258	37,642
Yandex N V CL A	412 shares	15,238	9,880
Carnival Corp Paired SHS	145 shares	5,748	5,705
Eastman Chemical CO COM	37 shares	2,773	3,103
Enel Societa Per AZIONI	3,413 shares	16,301	18,861
HSBC HLDG PLC SP ADR	290 shares	15,165	15,133
Swatch Group AG UNSPOND	249 shares	7,415	7,433
Veeco Instruments INC	78 shares	2,868	2,520
Vivendi SHS UNSP ADR	90 shares	2,336	2,290
Intercontinental	23 shares	4,718	4,374
MasterCard INC	199 shares	15,085	15,016
Schneider ELEC SA ADR	1,995 shares	33,810	36,687
Time INC SHS	14 shares	291	321
Yelp INC CL A	91 shares	7,779	5,917
Anheuser-Busch INBEV ADR	166 shares	16,444	18,992
FMC TECHS INC COM	140 shares	7,080	8,410
Rio Tinto PLC SPNSRD ADR	500 shares	27,957	29,065
Rogers Communications B	242 shares	10,141	9,505
Shire PLC-ADR	47 shares	6,799	11,945

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

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

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2014

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Time Warner INC SHS	111 shares	6,850	7,726
UnitedHealth Group INC	183 shares	13,906	15,015
Veritiv Corp	2 shares	35	72
Whirlpool Corp	83 shares	11,333	12,184
Japan Tobacco 2014	351 shares	10,788	12,808
ERSTE Group Bank AG	590 shares	22,103	14,812
Abbott Labs	441 shares	17,289	18,558
American Airls Group INC	360 shares	13,373	12,962
Arcelormittal SA	1,378 shares	23,321	19,426
Biomarin Pharmaceuticals	90 shares	5,288	5,907
Baidu INC SPON ADR	55 shares	10,082	11,688
Berkshire Hathaway INC	38 shares	4,847	4,821
Crown Castle INTL Corp	57 shares	4,729	4,573
CME Group INC	47 shares	3,470	3,499
Express Scripts HLDG CO	57 shares	4,021	3,998
Emerson ELEC CO	168 shares	12,884	13,790
Gulfport Energy NEW	147 shares	9,886	6,882
Gilead Sciences INC COM	27 shares	1,987	2,475
Intuit INC COM	168 shares	12,884	13,790
Lockheed Martin Corp	24 shares	3,626	4,018
Morgan Stanley	108 shares	3,266	3,427
Mitsubishi UFJ FINL GRP	1,546 shares	9,580	8,797
Netflix COM Inc	20 shares	7,248	8,501
Netapp INC	85 shares	3,265	3,280
Twenty-First Century	435 shares	13,762	13,896
Nike INC CL B	90 shares	6,476	7,073
Pentair PLC SHS	145 shares	10,455	10,111
Perrigo CO PLC	32 shares	4,898	4,855
Qlik Technologies INC	400 shares	10,208	9,994
Salesforce COM INC	146 shares	8,348	7,796
Tripadvisor INC SHS	94 shares	9,476	8,797
ASML HLDG NV NY REG SHS	53 shares	4,730	5,293
BRF SA ADR	1,154 shares	24,811	27,578
Honda Motor ADR New	1,048 shares	35,654	36,195
LinkedIn Corp	6 shares	1,295	1,359
Liberty Global PLC CL C	203 shares	8,189	8,245

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

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

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2014

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Makita Corp SPOND ADR	425 shares	\$ 23,679	\$ 23,868
Mitsubishi ELEC ADR	558 shares	13,499	14,343
Nokia Corp SPON ADR	1,256 shares	9,512	10,425
Regeneron Pharmactcls	20 shares	5,589	7,819
Roche HLDG LTD SPN ADR	344 shares	11,663	12,851
Softbank Corp SHS	110 shares	4,141	3,776
Sberbank Sponsored ADR	589 shares	6,679	4,825
THK CO LTD SHS	1,329 shares	14,768	15,807
Yamaha Motor 7272 FN	884 shares	13,138	17,388
Biogen IDEC INC	2 shares	601	609
Credit Suisse GP SP ADR	693 shares	20,191	17,853
Delphi Automotive PLC	28 shares	1,689	1,863
Laredo Petroleum INC	159 shares	4,145	3,436
MeadWestvaco Corp	15 shares	542	608
McDonalds Corp COM	97 shares	9,516	8,823
Medtronic INC COM	219 shares	13,539	14,532
Mylan INC	557 shares	27,568	26,349
Noble INC	816 shares	22,617	17,414
SABMiller PLC SPON ADR	559 shares	21,449	21,653
Transocean LTD	565 shares	17,271	21,340
Wynn Resorts LTD	17 shares	3,611	2,928
Abbvie INC SHS	75 shares	3,531	5,112
Amer Express Company	4 shares	345	365
Grupo Televisa SA ADR	107 shares	3,274	3,756
Genworth FINL INC COM	758 shares	12,585	6,227
Unicredit SPA NPV	5,292 shares	43,117	33,709
Biogen IDEC INC	144 shares	46,490	48,272
BG Group PLC SPON ADR	2,920 shares	35,525	2,613
ING GP NV SPSD ADR	598 shares	8,043	8,100
Teva Pharmactcl INDS ADR	125 shares	6,111	7,035
Vipshop HLDGS LTD	285 shares	5,911	5,509
Morgan Stanley CAP TR VI	39 shares	982	980
US Cellular CORP (USM)	10 shares	256	251
Realty Income Corp	54 shares	1,363	1,358
Barclays Bank PLC	38 shares	976	981
Vornado RLTY LP CLD	175 shares	4,493	4,375

(continued)

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

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

Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2014

(a) Identity of Issue	(b) Description: Shares or Par Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Allstate Corp	4 shares	\$ 100	\$ 105
American Financial Group	1 share	25	25
Capital One Financial Co	4 shares	98	99
Citigroup INC	5 shares	125	129
Digital Realty Trust INC	1 share	25	26
Goldman Sachs GRP INC	3 shares	75	77
JP Morgan Chase & Co	8 shares	198	206
Morgan Stanley	9 shares	231	236
Public Storage	2 shares	49	51
Regions Financial Corp	2 shares	49	51
Telephone & Data System	14 shares	351	352
Verizon Comm INC. (VZ)	4 shares	100	104
Wells Fargo & Company	2 shares	52	56
Totals		<u>1,244,063</u>	<u>1,210,301</u>

The above data is based on the information which has been certified as complete and accurate by the Trustee of the Plan.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data (EIN: 72-0180410/PN: 001)

Age	Years of Credited Service									
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
< 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	3	0	0	0	0	0	0	0
30-34	0	0	2	1	0	0	0	0	0	0
35-39	0	0	12	3	3	0	0	0	0	0
40-44	0	0	5	4	4	2	0	0	0	0
45-49	0	0	4	2	5	1	1	0	0	0
50-54	0	0	3	3	3	3	4	1	0	0
55-59	0	0	0	3	1	1	1	2	1	0
60-64	0	0	3	4	1	2	1	2	1	1
65-69	0	0	0	0	0	0	0	0	0	0
> 69	0	0	0	0	0	0	0	0	0	0
Total	0	0	32	20	17	9	7	5	2	1

Grand Total: 93



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Actuarial Cost Method

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

The benefits taken into account in determining the funding target and target normal cost are all benefits earned or accrued under the plan, including retirement-type and ancillary benefits. The determination of the funding target and target normal cost is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year.

Assets Two-year smoothed value of plan assets determined in accordance with IRS Notice 2009-22.

Three-Segment Interest Rates	<u>Years</u>	<u>Percent</u>
	1-5	4.99%
	6-20	6.32%
	21+	6.99%

Effective Interest Rate 6.54%

Three-Segment Interest Rates (Pre-MAP-21)	<u>Years</u>	<u>Percent</u>
	1-5	1.37%
	6-20	4.05%
	21+	5.06%

Compensation Increases None



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Mortality 2014 male and female static mortality tables for non-annuitants and annuitants as published in IRS final regulation 1.430(h)(3)-1(e).

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

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

Cost-of-Living Adjustments None

Retirement Age 65 and 5 years of service.

Form of Payment Participants are assumed to elect the normal form.

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

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

Expenses Administrative-related expenses paid from the plan during the previous year are added to the target normal cost.



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Summary of Plan Sponsor Elections for January 1, 2014 Valuation

Interest rates used for determining funding target	Three-segment rates based on 24-month segment rates for September 2013, as modified by MAP-21 and further amended by HATFA.
Asset valuation method	Two-year smoothed value per IRS Notice 2009-22
Mortality basis	2014 Separate Static
Voluntary reduction of carryover balance	None
Voluntary reduction of prefunding balance	None
Deemed reduction of carryover balance	None
Deemed reduction of prefunding balance	None
Amount added to the prefunding balance	\$0
Choice to reflect amendment effective after 1/1/2014	Not Applicable



SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE EVANGELINE BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-0180410
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....		2a	9571563
b Actuarial value.....		2b	9199682
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	40	4811553	4811553
b For terminated vested participants.....	43	969147	969147
c For active participants.....	93	4057318	4057318
d Total.....	176	9838018	9838018
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....	5	6.54%	
6 Target normal cost.....	6	2560	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>4.27.2015</u>
MICHAEL HARA		Date
Type or print name of actuary		1404882
PENTEGRA SERVICES INC.		Most recent enrollment number
Firm name		914-821-9433
108 CORPORATE PARK DRIVE		Telephone number (including area code)
WHITE PLAINS NY 10604-3805		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	183	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	183	0
10 Interest on line 9 using prior year's actual return of <u>12.40</u> %	23	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		47
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		3
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		50
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	206	0

Part III Funding Percentages

14 Funding target attainment percentage	14	93.50%
15 Adjusted funding target attainment percentage	15	93.50%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.55%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	34675	0			
07/11/2014	34675	0			
07/28/2014	1200000	0			
Totals ▶			18(b)	1269350	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1225074

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2560	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	638542	122937	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	125497	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	125497	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1225074	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1099577	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011
42 Amount of acceleration adjustment	42			
43 Excess installment acceleration amount to be carried over to future plan years	43			

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age (EIN: 72-0180410/PN: 001)

Retirement Rates

Calculation of expected retirement age:

Age	Probability of Retirement	lx	Retirement	Rate of Retirement	Retirement
55	0.00%	1,000	0	0.00%	0.000
56	0.00%	1,000	0	0.00%	0.000
57	0.00%	1,000	0	0.00%	0.000
58	0.00%	1,000	0	0.00%	0.000
59	0.00%	1,000	0	0.00%	0.000
60	0.00%	1,000	0	0.00%	0.000
61	0.00%	1,000	0	0.00%	0.000
62	0.00%	1,000	0	0.00%	0.000
63	0.00%	1,000	0	0.00%	0.000
64	0.00%	1,000	0	0.00%	0.000
65	100.00%	1,000	1,000	100.00%	65.000
Expected Retirement Age				65.0000	



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Effective Date	January 1, 1971. Most recently amended and restated effective January 1, 2002.
Eligibility Requirements	<p>The earlier of attaining age 35 or the later of attaining age 21 and one year of service.</p> <p>However, if an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed. The 1,000 hours do not apply once the employee attains age 35.</p>
Entry Date	The 1st of the month coincident with or next following the date on which the employee first satisfies such eligibility requirements. Participation was frozen effective April 1, 2009.
Credited Service	The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Service was frozen effective April 1, 2009.
Vesting Service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.
Covered Compensation	A 35-year average of the Maximum Taxable Wages (MTW) under social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.
Average Monthly Compensation	The monthly average of the 5 consecutive years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to 200,000 (\$150,000 indexed beginning in 1995) as required. Compensation earned after April 1, 2009 will not be considered in determining the accrued benefit.



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Normal Retirement

Normal Retirement Date

The first of the month coincident with or next following age 65 and 5 years of vesting service.

Monthly Benefit

a) 2.5% of his final average monthly compensation times credited service up to 10 years; plus

b) 0.65% of the excess of final average monthly compensation over the applicable covered compensation multiplied by the lesser of credited service up to 35 years; this product is then multiplied by a factor that will effect a reduction of 1/180th for each month, if any, that the Normal Retirement Date (or, if he continues employment beyond such date, the date of his actual retirement or Annuity Starting Date, whichever is earlier) precedes the date on which Social Security Retirement Age; plus

c) 1.25% of final average monthly compensation multiplied by number of years of credited service that are in excess of 10 years but not in excess of 35 years.

Normal Form of Retirement Benefit

Life Annuity with 120 payments guaranteed.

Late Retirement

If retirement occurs after the Normal retirement Date, the late retirement income will be based on the greater of:

1. The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

2. The income provided by the single-sum value of the retirement income payable as of normal retirement had then terminated, accumulated with interest to actual retirement.



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Accrued Benefit

The participants accrued benefit at any given date determined under the normal retirement formula(s), but is based on current credited service, final average monthly compensation, and covered compensation. Benefit accruals were frozen effective April 1, 2009.

Early Retirement

Eligibility

Age 55 and 15 years of credited service.

Monthly Benefit

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.3%
58	60.0%
57	56.7%
56	53.3%
55	50.0%



Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

2014 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Death Benefit

Eligibility

Participant in active service in plan.

Benefit

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

(a) The present value of the accrued benefit.

(b) The smaller of:

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

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

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

Optional Normal Form

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



Name of Plan:			
▶ RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY			
Employer Identification Number:▶	72-0180410		
For plan year (beginning/ending):▶	JANUARY 1, 2014 - DECEMBER 31, 2014	Plan number:▶	001

[illegible]

10,177,681.00 10,825,045.00

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2014 for Plan Year 1/1/2014 to 12/31/2014

**2014 Form 5500 Schedule SB, line 32 -
Schedule of Shortfall Amortization Bases (EIN: 72-0180410/PN: 001)**

Year <u>Established</u>	Shortfall Amortization <u>Installment</u>	Present Value <u>Factor</u>	Present Value <u>of SAI</u>
2013	138,700	5.28285	732,731
2014	<u>(15,763)</u>	5.97518	<u>(94,189)</u>
	122,937		638,542