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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR THE EMPLOYEES OF EVANGELINE BANK & TRUST COMPANY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1965

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE EVANGELINE BANK & TRUST COMPANY

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

2b Employer Identification Number (EIN) 72-0180410

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

2d Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2017	RANDEL CHAPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

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**	175
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)**	85
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	78
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	174
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	175
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
72-0180410

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	12634025
b Actuarial value	**2b**	13037812

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	41	4832892	4832892
b For terminated vested participants	49	1222946	1222946
c For active participants	85	4656912	4656912
d Total	175	10712750	10712750

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**	6.13 %
6 Target normal cost	**6**	2617

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/12/2017
Date

JAMES M. AMORY
Type or print name of actuary

17-07947
Most recent enrollment number

PENTEGRA SERVICES INC.
Firm name

914-821-9521
Telephone number (including area code)

701 WESTCHESTER AVENUE
SUITE 320E
WHITE PLAINS, NY 10604
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	218	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)	218	0
10	Interest on line 9 using prior year's actual return of 1.72%	4	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2052533
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 6.33 %		129925
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		2182458
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)	222	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.70%
15	Adjusted funding target attainment percentage	15	121.70%
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	104.66%
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
06/05/2017	1800000	0			
			Totals ► 18(b)	1800000	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	1653643

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ 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**	2617
b Excess assets, if applicable, but not greater than line 31a	**31b**	2617

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1653643

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1653643
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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(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)

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?
51 52	INVESTMENT MANAGER	112088	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PENTEGRA TRUST COMPANY

13-4021417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	2557	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
18	CUSTODIAL	450	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
72-0180410

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2239	2086
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37118	36846
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	502504	334913
(2) U.S. Government securities	1c(2)	748944	566168
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3349266	3413375
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1501435	1501612
(B) Common	1c(4)(B)	5848450	6120579
(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)	644069	670890
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	12634025	14446469
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	12634025	14446469

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	1800000	
	(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)**		1800000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	167223	
	(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)**	153	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		167376
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	206065	
	(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)**		206065
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	3798369	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	3840588	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-42219
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	304814	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		304814

		(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		2436036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	508497	
(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)		508497
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)	2557	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	112538	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		115095
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		623592
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1812444
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KOLDER, CHAMPAGNE, SLAVEN & COMPANY **(2)** EIN: 72-1369868

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3978724. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
72-0180410

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 38-3805189

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

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

Financial Report

For the Years Ended December 31, 2016 and 2015

TABLE OF CONTENTS

	Page
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)	17-19

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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, 2016 and 2015, 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

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.

Auditors' 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 3, which was certified by the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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, 2016 and 2015, 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) as of and for the year ended December 31, 2016, 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
September 22, 2017

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, 2016 and 2015

	2016	2015
ASSETS		
Interest bearing deposits	$ 334,913	$ 502,504
Investments, at fair value:		
Mutual funds	670,890	644,069
Corporate stocks	7,622,191	7,349,885
U. S. government securities	566,168	748,944
Corporate bonds	3,413,375	3,349,266
Total investments	12,272,624	12,092,164
Receivables:		
Employer contribution	1,800,000	-
Accrued interest	36,846	37,118
Total receivables	1,836,846	37,118
Cash - noninterest bearing	2,086	2,239
Total assets	14,446,469	12,634,025
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,446,469	$ 12,634,025

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, 2016 and 2015

	2016	2015
Additions to net assets attributed to:		
Investment income -		
Dividend	$ 206,065	$ 174,946
Interest	167,376	147,867
Net appreciation in fair value	262,595	-
Total investment income	636,036	322,813
Contributions -		
Employer	1,800,000	2,162,750
Total additions	2,436,036	2,485,563
Deductions from net assets attributed to:		
Investment loss -		
Net depreciation in fair value	-	133,885
Benefits paid to participants	508,497	477,487
Administrative expenses	115,095	102,953
Total deductions	623,592	714,325
Net change in net assets	1,812,444	1,771,238
Net assets available for benefits, beginning of year	12,634,025	10,862,787
Net assets available for benefits, end of year	$ 14,446,469	$ 12,634,025

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, 2016 and 2015

	2016	2015
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits -		
Participants currently receiving payments	$ 5,331,113	$ 4,802,765
Other participants	5,276,839	5,648,847
Total vested benefits	10,607,952	10,451,612
Nonvested benefits	-	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 10,607,952	$ 10,451,612

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, 2016 and 2015

	2016	2015
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 10,451,612	$ 10,362,597
Increase during the year attributable to:		
Benefits accumulated (gains) losses	52,515	(12,625)
Increase for interest as a result of the decrease in the discount period	713,815	708,670
Benefits paid	(508,497)	(477,487)
Change in actuarial assumptions	(101,493)	(129,543)
Net increase	156,340	89,015
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 10,607,952	$ 10,451,612

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 2016 and 2015, the Company made contributions of $1,800,000 and $2,162,750, respectively. The Company's contributions for 2016 and 2015 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.

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.

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, 2016 and 2015 were: (a) life expectancy of participants (the RP-2014 white collar worker table adjusted back to 2006, projected forward generationally with mortality improvement scale MP-2016 was used as of December 31, 2016, and the RP-2014 white collar worker table adjusted back to 2006, projected forward generationally with mortality improvement scale MP-2015 was used as of December 31, 2015), (b) retirement age assumptions (the assumed average retirement age was 65 for both years), and (c) investment return. The 2016 and 2015 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.

E. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(3) 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.

	2016	2015
Interest bearing deposits	$ 334,913	$ 502,504
Investments, at fair value:		
Mutual funds - growth funds	670,890	644,069
Corporate stocks	7,622,191	7,349,885
U.S. government securities	566,168	748,944
Corporate bonds	3,413,375	3,349,266
Cash	2,086	2,239
Net investment income	636,036	188,928

(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 active 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, 2016 and 2015.

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, 2016 and 2015:

	Fair Value	Level 1	Level 2	Level 3
December 31, 2016:				
Corporate stocks	$ 7,622,191	$ 7,622,191	$ -	$ -
U.S.government securities	566,168	-	566,168	-
Mutual funds- growth funds	670,890	670,890	-	-
Corporate bonds - investment grade	3,413,375	-	3,413,375	-
Total investments, at fair value	$ 12,272,624	$ 8,293,081	$ 3,979,543	$ -
December 31, 2015:				
Corporate stocks	$ 7,349,885	$ 7,349,885	$ -	$ -
U.S.government securities	748,944	-	748,944	-
Mutual funds- growth funds	644,069	644,069	-	-
Corporate bonds - investment grade	3,349,266	-	3,349,266	-
Total investments, at fair value	$ 12,092,164	$ 7,993,954	$ 4,098,210	$ -

(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, 2016 and 2015 amounted to $112,538 and $100,336, respectively. Fees paid to Pentegra Retirement Services for administrative services totaled $2,557 and $2,617 for the years ended December 31, 2016 and 2015. 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 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, 2016 and 2015, 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.

(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) Reclassifications

Certain reclassifications have been made in the December 31, 2015 financial statements to be consistent with reporting in the current year. These reclassifications had no effect on previously reported net assets available for benefits and changes in net assets available for benefits.

(12) Subsequent Event Review

The Plan's management has evaluated subsequent events through September 22, 2017, 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, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Investments:			
	Various publicly traded companies	Corporate stocks	$ 7,035,978	$ 7,622,191
	United States Treasury or Agency	U. S. government securities	570,087	566,168
	Mutual funds	Growth funds	689,140	670,890
	Various corporate bonds	Corporate debt instruments	3,413,082	3,413,375
	Total investments		11,708,287	12,272,624
	Interest bearing deposits:			
*	Pentegra Retirement Systems	Money market account	48,256	48,256
*	Merrill Lynch	Money market accounts	286,657	286,657
	Total interest bearing deposits		334,913	334,913
	Total		$ 12,043,200	$ 12,607,537

* Party-in-interest

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Baidu INC SPON ADR	253 shares	$ 38,308	$ 42,434
California Resources	2 shares	2	2
Omron Corp SP ADR	493 shares	14,820	17,738
Omnicom Group Com	11 shares	777	912
St Jude Medical Inc	83 shares	5,145	6,548
Transdigm Group Inc	6 shares	1,171	1,472
Unicredit Spa NPV	9,818 shares	41,694	34,199
Acuity Brands Inc	7 shares	1,284	1,770
Applied Material Inc	321 shares	6,806	8,158
EOG Resources Inc	42 shares	3,163	3,700
Kyowa Hakko Kirin CO LTD	259 shares	4,075	4,625
Celgene Corp Com	45 shares	4,802	4,578
Flextronics Intl LTD	128 shares	1,642	1,657
Intuitive Surgical Inc	13 shares	6,989	8,681
Intesa Sanpaolo Spon ADR	850 shares	13,713	9,630
Liberty Global Lilac A	46 shares	860	1,362
Mazda Motor Corp SHS	518 shares	4,461	3,512
SKF AB SPNSR KRI12.50 ADR	313 shares	5,808	4,755
Walgreens Boots Alliance	81 shares	6,778	6,530
Telefonica Brasil SP ADR	1,473 shares	15,440	21,458
AIA Group LTD	65 shares	1,530	1,703
Allergan PLC	11 shares	2,597	2,590
Becton Dickinson Co	4 shares	648	701
Bridgestone Corp ADR	56 shares	893	967
Fleetcor Technologies INC	10 shares	1,237	1,708
Heineken N V ADR	23 shares	1,057	993
Regeneron Pharmactcls	31 shares	11,973	12,196
Taiwan Manufacturing ADR	168 shares	4,376	4,863
Advantix Inc	2 shares	30	31
Biogen Inc	6 shares	1,942	1,748
Chipotle Mexican Grill	3 shares	1,384	1,100
Eastman Chemical CO COM	237 shares	17,137	15,524

(continued)

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
ICICI Bank LTD SPD ADR	466 shares	3,372	3,551
Illumina INC COM	53 shares	9,827	9,259
Koninkl Phil NV SH New	31 shares	832	901
Norfolk Southern Corp	74 shares	5,854	7,120
SK Telecom ADR	443 shares	8,998	9,717
Shire PLC-ADR	169 shares	31,429	32,096
Banco Bilbao Vizcaya	1,031 shares	6,155	7,383
Boston Scientific Corp	89 shares	1,946	1,841
Costco Wholesale CRP DEL	2 shares	301	295
Compagnie De Saint-UNSP	3,607 shares	27,271	32,035
Crown Castle Reit INC	22 shares	2,120	1,804
Liberty Global PLC CL A	225 shares	6,881	6,861
Randstad Hldg NV SHS	1,818 shares	39,483	46,546
Vodafone Group PLC SHS	853 shares	25,963	22,233
Anheuser- Busch INBEV ADR	16 shares	1,913	1,649
Concho Resources Inc	26 shares	2,360	3,518
Royal Bank of Canada	129 shares	3,313	3,038
W.R. Berkley Corp	6 shares	147	153
Entergy LA LLC	6 shares	151	151
Wells Fargo & Company	7 shares	151	154
RBS CAP FDG TR V	174 shares	4,095	4,350
Barclays Bank PLC	132 shares	3,286	3,403
BB&T Corporation	8 shares	200	209
Charles Schwab Corp	1 shares	25	27
Capital One Financial Co	1 shares	25	25
Entergy New Orleans Inc	10 shares	254	261
Entergy Arkansas Inc	4 shares	100	99
Entergy Louisiana, LLC	2 shares	50	49
GATX Corporation	9 shares	225	228
Goldman Sachs Group Inc	2 shares	53	54
Nextera Energy Cap Hldgs	3 shares	75	76
Public Storage	5 shares	125	127
SCE Trust TV	1 shares	25	29

(continued)

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Qwest Corp	3 shares	77	77
Senior Housing Properties	5 shares	123	130
The Southern Company	5 shares	124	125
Reinsurance Grp of America	1 shares	28	28
Totals		$ 409,899	$ 427,447

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 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data (EIN: 72-0180410/PN: 001)

	Years of Credited Service																			
	< 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+	
Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
< 25	0		0		0		0		0		0		0		0		0		0	
25-29	0		0		2		0		0		0		0		0		0		0	
30-34	0		0		0		0		0		0		0		0		0		0	
35-39	0		0		4		6		2		0		0		0		0		0	
40-44	0		0		3		4		3		5		0		0		0		0	
45-49	0		0		3		5		1		2		1		0		0		0	
50-54	0		0		2		1		6		4		3		0		0		0	
55-59	0		0		0		2		2		2		3		1		0		0	
60-64	0		0		1		2		3		1		1		3		2		2	
65-69	0		0		1		1		1		0		0		0		0		0	
> 69	0		0		0		0		0		0		0		0		0		0	
Total	0		0		16		21		18		14		8		4		2		2	

Grand Total: 85

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 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.

Asset Valuation Method

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

Actuarial Assumptions

The actuarial assumptions summarized below are either prescribed by law, or when not prescribed by law, selected by the plan's actuary as the best predictor of future experience, based on all available prior experience and future expectations. For any assumption not prescribed by law or selected by the plan's actuary, the individual or organization selecting such assumption is identified separately, and the report will note if the actuary has any disagreement with the appropriateness of the assumption.

Three-Segment Interest Rates	Years	MAP21/HATFA	Pre-MAP21
	1-5	4.43%	1.34%
	6-20	5.91%	4.03%
	21+	6.65%	5.06%
Effective Interest Rate		6.13%	

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (EIN: 72-0180410/PN: 001)

Compensation Increases

None

Mortality Table

2016 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:

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

Cost of Living Adjustments

None

Retirement Rates

Age 65 and 5 years of service.

Form of Payment

Participants are assumed to elect the normal form.

Disability Rates

None

Marriage Assumption

It is assumed that 100% of active participants are married, with males three years older than their spouses.

Expenses

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

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
72-0180410

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	2a	12,634,025
b Actuarial value	2b	13,037,812

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	41	4,832,892	4,832,892
b For terminated vested participants	49	1,222,946	1,222,946
c For active participants	85	4,656,912	4,656,912
d Total	175	10,712,750	10,712,750

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	6.13%
6 Target normal cost	6	2,617

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

7/12/2017
Date

JAMES M. AMORY
Type or print name of actuary

1707947
Most recent enrollment number

PENTEGRA SERVICES INC.
Firm name

914-821-9521
Telephone number (including area code)

701 WESTCHESTER AVENUE
SUITE 320E
WHITE PLAINS NY 10604
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	218	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)	218	0
10	Interest on line 9 using prior year's actual return of 1.72%	4	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,052,533
	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 6.33%		129,925
	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		2,182,458
	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)	222	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.70%
15	Adjusted funding target attainment percentage	15	121.70%
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	104.66%
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
06/05/2017	1,800,000	0			
			Totals ► 18(b)	1,800,000	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	1,653,643

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65 %	

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	2,617
b Excess assets, if applicable, but not greater than line 31a	31b	2,617

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0

	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	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,653,643
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	1,653,643
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 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 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	Number of Retirement	Rate of Retirement	Weighted Retirement
55	0.00%	1,000,000	0	0.00%	0.0000
56	0.00%	1,000,000	0	0.00%	0.0000
57	0.00%	1,000,000	0	0.00%	0.0000
58	0.00%	1,000,000	0	0.00%	0.0000
59	0.00%	1,000,000	0	0.00%	0.0000
60	0.00%	1,000,000	0	0.00%	0.0000
61	0.00%	1,000,000	0	0.00%	0.0000
62	0.00%	1,000,000	0	0.00%	0.0000
63	0.00%	1,000,000	0	0.00%	0.0000
64	0.00%	1,000,000	0	0.00%	0.0000
65	100.00%	1,000,000	1,000,000	100.00%	65.0000
		Expected Retirement Age			65.0000

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Effective Date	January 1, 1971. Plan was frozen effective April 1, 2009.
Eligibility	The earlier of attaining age 35 or the later of attaining age 21 and one year of service. However, if an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed. The 1,000 hours do not apply once the employee attains age 35.
Entry Date	The 1st of the month coincident with or next following the date on which the employee first satisfies such eligibility requirements. Participation was frozen effective April 1, 2009.
Credited Service	The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Service was frozen effective April 1, 2009.
Vesting Service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.
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 earned after April 1, 2009 will not be considered in determining the accrued benefit.
Normal Retirement	The first of the month coincident with or next following age 65 and 5 years of vesting service.

Retirement Plan for Employees of Evangeline Bank & Trust Company

Actuarial Valuation at 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Normal Retirement 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 Benefit

Life Annuity with 120 monthly payments guaranteed.

Early Retirement

Age 55 and 15 years of credited service.

Early Retirement Benefit

Accrued benefit as of early retirement date multiplied by the following early retirement factors.

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 1/1/2016 for Plan Year 1/1/2016 to 12/31/2016

2016 Form 5500 Schedule SB, Part V - Summary of Plan Provisions (EIN: 72-0180410/PN: 001)

Death Benefit	The participant's beneficiary will receive an income payable for life with 120 payments guaranteed 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 that the participant would have received had he retired as of his date of death.
Optional Forms	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.
Changes Since Last Valuation	None

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, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Investments:			
	Various publicly traded companies	Corporate stocks	$ 7,035,978	$ 7,622,191
	United States Treasury or Agency	U. S. government securities	570,087	566,168
	Mutual funds	Growth funds	689,140	670,890
	Various corporate bonds	Corporate debt instruments	3,413,082	3,413,375
	Total investments		11,708,287	12,272,624
	Interest bearing deposits:			
*	Pentegra Retirement Systems	Money market account	48,256	48,256
*	Merrill Lynch	Money market accounts	286,657	286,657
	Total interest bearing deposits		334,913	334,913
	Total		$ 12,043,200	$ 12,607,537

* Party-in-interest

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Baidu INC SPON ADR	253 shares	$ 38,308	$ 42,434
California Resources	2 shares	2	2
Omron Corp SP ADR	493 shares	14,820	17,738
Omnicom Group Com	11 shares	777	912
St Jude Medical Inc	83 shares	5,145	6,548
Transdigm Group Inc	6 shares	1,171	1,472
Unicredit Spa NPV	9,818 shares	41,694	34,199
Acuity Brands Inc	7 shares	1,284	1,770
Applied Material Inc	321 shares	6,806	8,158
EOG Resources Inc	42 shares	3,163	3,700
Kyowa Hakko Kirin CO LTD	259 shares	4,075	4,625
Celgene Corp Com	45 shares	4,802	4,578
Flextronics Intl LTD	128 shares	1,642	1,657
Intuitive Surgical Inc	13 shares	6,989	8,681
Intesa Sanpaolo Spon ADR	850 shares	13,713	9,630
Liberty Global Lilac A	46 shares	860	1,362
Mazda Motor Corp SHS	518 shares	4,461	3,512
SKF AB SPNSR KRI12.50 ADR	313 shares	5,808	4,755
Walgreens Boots Alliance	81 shares	6,778	6,530
Telefonica Brasil SP ADR	1,473 shares	15,440	21,458
AIA Group LTD	65 shares	1,530	1,703
Allergan PLC	11 shares	2,597	2,590
Becton Dickinson Co	4 shares	648	701
Bridgestone Corp ADR	56 shares	893	967
Fleetcor Technologies INC	10 shares	1,237	1,708
Heineken N V ADR	23 shares	1,057	993
Regeneron Pharmactcls	31 shares	11,973	12,196
Taiwan Manufacturing ADR	168 shares	4,376	4,863
Advantix Inc	2 shares	30	31
Biogen Inc	6 shares	1,942	1,748
Chipotle Mexican Grill	3 shares	1,384	1,100
Eastman Chemical CO COM	237 shares	17,137	15,524

(continued)

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
ICICI Bank LTD SPD ADR	466 shares	3,372	3,551
Illumina INC COM	53 shares	9,827	9,259
Koninkl Phil NV SH New	31 shares	832	901
Norfolk Southern Corp	74 shares	5,854	7,120
SK Telecom ADR	443 shares	8,998	9,717
Shire PLC-ADR	169 shares	31,429	32,096
Banco Bilbao Vizcaya	1,031 shares	6,155	7,383
Boston Scientific Corp	89 shares	1,946	1,841
Costco Wholesale CRP DEL	2 shares	301	295
Compagnie De Saint-UNSP	3,607 shares	27,271	32,035
Crown Castle Reit INC	22 shares	2,120	1,804
Liberty Global PLC CL A	225 shares	6,881	6,861
Randstad Hldg NV SHS	1,818 shares	39,483	46,546
Vodafone Group PLC SHS	853 shares	25,963	22,233
Anheuser- Busch INBEV ADR	16 shares	1,913	1,649
Concho Resources Inc	26 shares	2,360	3,518
Royal Bank of Canada	129 shares	3,313	3,038
W.R. Berkley Corp	6 shares	147	153
Entergy LA LLC	6 shares	151	151
Wells Fargo & Company	7 shares	151	154
RBS CAP FDG TR V	174 shares	4,095	4,350
Barclays Bank PLC	132 shares	3,286	3,403
BB&T Corporation	8 shares	200	209
Charles Schwab Corp	1 shares	25	27
Capital One Financial Co	1 shares	25	25
Entergy New Orleans Inc	10 shares	254	261
Entergy Arkansas Inc	4 shares	100	99
Entergy Louisiana, LLC	2 shares	50	49
GATX Corporation	9 shares	225	228
Goldman Sachs Group Inc	2 shares	53	54
Nextera Energy Cap Hldgs	3 shares	75	76
Public Storage	5 shares	125	127
SCE Trust TV	1 shares	25	29

(continued)

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, 2016

(a) Identity of Issue	*(b)* Description: Shares or Par Value	*(c)* Costs of Acquisitions	*(d)* Proceeds of Dispositions
Qwest Corp	3 shares	77	77
Senior Housing Properties	5 shares	123	130
The Southern Company	5 shares	124	125
Reinsurance Grp of America	1 shares	28	28
Totals		$ 409,899	$ 427,447

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