

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1988</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AMERICAN FEDERAL SAVINGS BANK</u> <u>9001 EDMONSTON RD STE 100</u> <u>GREENBELT, MD 20770-4073</u>	2b Employer Identification Number (EIN) <u>52-1289815</u>	2c Sponsor's telephone number <u>301-572-3778</u>	2d Business code (see instructions) <u>522120</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>CASSANDRA WALLACE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>CASSANDRA WALLACE</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AMERICAN FEDERAL SAVINGS BANK 9001 EDMONSTON RD STE 100 GREENBELT, MD 20770-4073	3b Administrator's EIN 52-1289815 3c Administrator's telephone number 301-572-3778
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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
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5 Total number of participants at the beginning of the plan year	5	152
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	123
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	53
d Subtotal. Add lines 6a , 6b , and 6c	6d	176
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	176
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	135
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	27

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. AMERICAN FEDERAL SAVINGS BANK		
		D Employer Identification Number (EIN) 52-1289815

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	425495	176	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3523	698

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CES INS AGENCY INC 1 UNIV OFFICE PARK 29 SAWYER ROAD WALTHAM, MA 02453-3483

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2850	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CFG INSURANCE SERVICES INC ATTN COMMISSIONS 11140 ROCKVILLE PIKE ROCKVILLE, MD 20852-3138

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
673	534	REFERRAL/SERVICE FEE	3

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

H BECK INC

11140 ROCKVILLE PIKE
FL 4
ROCKVILLE, MD 20852-3106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	164	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	57
5 Current value of plan's interest under this contract in separate accounts at year end	5	2602991

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	808
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	1	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	1
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d Total of balance and additions (add b and c(6))	7d	809
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	752	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	752
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f Balance at the end of the current year (subtract e(5) from d)	7f	57
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FEDERAL SAVINGS BANK	D Employer Identification Number (EIN) 52-1289815	

Part I	Service Provider Information (see instructions)
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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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	8502	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN FEDERAL SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>52-1289815</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN STOCK EMPH BAL SEP ACT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-032</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52018</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>343372</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100987</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP VALUE SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-031</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24033</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP GROWTH SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-018</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193801</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-030</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23495</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MORTGAGE SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135537
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330331
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-043	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 233054
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32858
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27853
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284409
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP VALUE III SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23265
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13722
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24168

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6957

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINT GRWTH STR SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-081	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82889

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS BAL STR SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219252

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS CON STR SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76334

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LFPT EQ GROWTH STR SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72219

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS MOD STR SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-085	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60234

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77738

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2015 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9431
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2025 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2035 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17351
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2045 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2055 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13316
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121804
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FEDERAL SAVINGS BANK	D Employer Identification Number (EIN) 52-1289815	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1957
(2) Participant contributions	1b(2)	0	14398
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	41111	75056
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	1638339	2602991
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	808	57
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1680258	2694459

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1680258	2694459
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	64459	
(B) Participants	2a(1)(B)	541777	
(C) Others (including rollovers)	2a(1)(C)	130022	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		736258

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1795	
(F) Other	2b(1)(F)	1	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1796
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		468961
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1207015

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184310	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		184310
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	8504	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8504
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		192814

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1014201
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCLEAN, KOEHLER, SPARKS & HAMMOND

(2) EIN: 52-0547375

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....		X	0
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.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>AMERICAN FEDERAL SAVINGS BANK 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN FEDERAL SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>52-1289815</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

McLean, Koehler, Sparks & Hammond

Certified Public Accountants/Business Consultants

Independent Auditor's Report

Plan Administrator
American Federal Savings Bank 401(K) Profit Sharing Plan
Greenbelt, Maryland

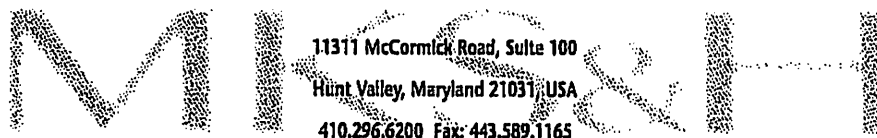
We were engaged to audit the accompanying statements of net assets available for benefits of American Federal Savings Bank 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the trustees of the Plan for the years ended December 31, 2009 and 2008, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

McLean, Koehler, Sparks & Hammond

Hunt Valley, Maryland
September 22, 2010



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**American Federal Savings Bank
401(K) Profit Sharing Plan**

Audited Financial Statements

December 31, 2009 and 2008

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McLean, Koehler, Sparks & Hammond

Certified Public Accountants/Business Consultants

Independent Auditor's Report

Plan Administrator
American Federal Savings Bank 401(K) Profit Sharing Plan
Greenbelt, Maryland

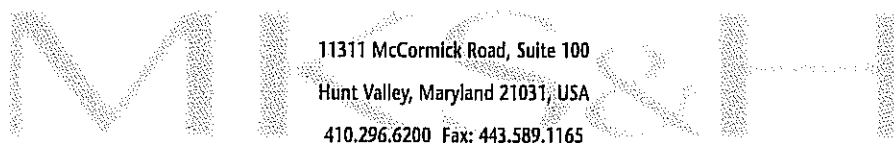
We were engaged to audit the accompanying statements of net assets available for benefits of American Federal Savings Bank 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the trustees of the Plan for the years ended December 31, 2009 and 2008, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

McLean, Koehler, Sparks & Hammond

Hunt Valley, Maryland
September 22, 2010



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**American Federal Savings Bank 401(K)
Profit Sharing Plan**

Statements of Net Assets Available for Benefits

December 31,	<u>2009</u>	<u>2008</u>
Assets		
Investments at fair value:		
Pooled separate accounts	\$ 2,602,992	\$ 1,638,339
Insurance company general accounts	57	808
Participant loans	<u>75,056</u>	<u>41,111</u>
Total investments	<u>2,678,105</u>	<u>1,680,258</u>
Receivables:		
Employer matching	12,479	-
Employee deferrals	<u>14,398</u>	<u>9,029</u>
Total receivables	<u>26,877</u>	<u>9,029</u>
Net Assets Available for Benefits	<u>\$ 2,704,982</u>	<u>\$ 1,689,287</u>

The notes to financial statements are an integral part of these statements.

**American Federal Savings Bank 401(K)
Profit Sharing Plan**

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31,	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Interest and dividends	\$ 1,796	\$ 4,117
Net appreciation in fair value of investments	<u>468,962</u>	<u>-</u>
	<u>472,554</u>	<u>4,117</u>
Contributions:		
Employer matching	65,952	37,833
Participant elective deferrals	541,777	355,760
Other income	-	11
Rollovers	<u>130,022</u>	<u>111,397</u>
Total contributions	<u>737,751</u>	<u>505,001</u>
 Total additions	 <u>1,208,509</u>	 <u>509,118</u>
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	771,297
Benefits paid to participants	179,692	385,449
Deemed distributions	4,619	94,306
Administrative fees	<u>8,503</u>	<u>8,969</u>
 Total deductions	 <u>192,814</u>	 <u>1,260,021</u>
 Net increase (decrease)	 1,015,695	 (750,903)
Net assets available for benefits:		
Beginning of year	<u>1,689,287</u>	<u>2,440,190</u>
 End of Year	 <u><u>\$ 2,704,982</u></u>	 <u><u>\$ 1,689,287</u></u>

The notes to financial statements are an integral part of these statements.

American Federal Savings Bank 401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

1. Description of Plan

The following description of the American Federal Savings Bank 401(K) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. American Federal Savings Bank (the "Company") is the Plan Sponsor, as defined by the Plan.

General

American Federal Savings Bank 401(K) Profit Sharing Plan is a prototype defined contribution salary deferral 401(k) profit sharing plan which provides an individual account for each participant and provides benefits upon retirement based on amounts contributed by the employee and employer matching and discretionary contributions plus earnings on those contributions. The Plan was established on January 1, 1988.

Effective January 1, 1997, the Plan was restated to update the Plan documents to enable them to meet the current IRS requirements. This restatement of the Plan document did not affect the Plan's provisions.

Effective January 1, 2002, the Company amended the Plan to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and certain provisions of the General Agreements on Tariffs and Trade, the Uniformed Services Employment and Reemployment Rights Act of 1994, the Small Business Job Protection Act of 1996, the Taxpayer Relief Act of 1997, the Internal Revenue Service Restructuring and Reform Act of 1998 and the Community Renewal Tax Relief Act of 2000, collectively known as "GUST".

In August 2009, the Plan Sponsor restated the Plan and related trust agreements to update the prior Plan documents and trust agreements (prepared under GUST) to the new EGTRRA documents. There were no changes to the Plan's provisions based on the restatement of the Plan documents and related trust agreements. The restatements of the Plan became effective on April 3, 2010.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

All employees of the Company are eligible to participate in the Plan. An employee must only be twenty one years of age to be eligible for the plan; there is no service requirement. An employee becomes eligible to enter in the Plan on the first day of the quarter after the age requirement is satisfied.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

1. Description of Plan (continued)

Contributions

Eligible participants may defer up to the maximum allowable not to exceed the limits of Internal Revenue Code (IRC) Sections 401(k), 402(g), 404 and 415, of \$16,500 and \$15,500 for 2009 and 2008, respectively. The Plan also allows for rollover of amounts from other qualified defined contribution and benefit plans.

The Company may also contribute a discretionary matching contribution which is determined by the Company on an annual basis as a percentage of the employee's elective deferral contributions. Once determined, the Company contributes the discretionary match throughout the Plan year for each pay period to all employees who were active at any time during that pay period. The discretionary Company matching contributions were 20% of the elective deferrals participants contributed to the Plan with a maximum match of 5% of their compensation for the years ended December 31, 2009 and 2008.

The Company may also contribute an additional discretionary contribution. The discretionary contribution is made subsequent to the Plan's year end, if it is made. Employees who have been employed by the Plan Sponsor at the end of the Plan year and have been credited with at least 1,000 hours or more of service during the Plan year are eligible for discretionary profit sharing contributions. The discretionary contributions are allocated only to non-highly compensated employees and are allocated to each eligible employee based on the ratio of the employee's annual pay (as defined by the Plan) to the total annual pay of all eligible employees. The Company did not make discretionary profit sharing contributions for the years ended December 31, 2009 or 2008. Forfeitures are allocated in the same manner as discretionary contributions and shall be deemed to be discretionary contributions.

Participant and Company contributions are directed by the participant into various investment options offered by the Plan.

All employees over the age of 50 before the close of the Plan year are eligible to make catch-up contributions totaling \$5,500 and \$5,000 per employee per year for 2009 and 2008, respectively, under IRC Sections 401(a)(30), 402(g) and 414(v).

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's matching and discretionary contributions, and Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. Vesting service is the total of an employee's countable periods of service beginning on their hire date. Failure to meet the requirement means that no vesting credit is given to the participant. A participant is one hundred percent vested after six years of credited service and participation in the Plan. Participants vest at a rate of twenty percent per year starting with year two. Any employer matching contributions and discretionary contributions which are not vested are forfeited upon termination.

Notwithstanding the above, a participant shall be fully vested in their entire account upon the attainment of age 59 ½ (normal retirement age), attainment of age 55 with six years of vesting service, death, total disability or if the Plan is terminated.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance (reduced by any outstanding loan balance) or \$50,000 (reduced by the highest outstanding loan balance, if any, during the 1 year period ending on the day before the loan is made.) The number of loans approved for a participant in any 12-month period shall be limited to four. Loan terms will be no longer than five years. The loans are secured by the vested balance in the participant's account and bear a reasonable rate of interest. Interest rates on current outstanding loans range from 3.25% to 5.00%. The Plan may charge a fee for the administrative expenses of processing the new loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon attainment of age 59 ½ (normal retirement age), attainment of age 55 with six years of vesting service, death, total disability and the participant's account balance is in excess of \$5,000, such participant or his or her beneficiary may elect to receive his or her individual account in a single lump-sum payment, installment payments or a direct rollover to a qualified retirement account. Involuntary distributions may be made by the Company for participant vested balances under \$5,000. The Plan has the option that in the event of a mandatory distribution that is greater than \$1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the Plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the Plan administrator.

A terminated or retired participant may elect to receive payment from their account soon after it is valued or postpone payment until a later date. A participant is required to take no less than the minimum distributions required by the IRC beginning on April 1 of the calendar year following the calendar year in which he/she attains 70 ½ years of age unless he or she has not yet retired.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

1. Description of Plan (continued)

Payment of Benefits (continued)

Upon the death of a participant before retirement or termination of employment, the current balance of such participant's individual account shall become payable as of the valuation date coincident with or next following his or her death.

Hardship withdrawals are permitted if certain criteria are met and are limited to the amount of the participant's elective deferral contributions and earnings thereon.

Forfeited Accounts

As of December 31, 2009 and 2008, forfeited nonvested accounts totaled \$4,125. The balance of the forfeiture account is allocated to participants of the plan in the same manner as discretionary contributions and shall be deemed to be discretionary contributions. Forfeitures totaling \$11,040 and \$9,364 were allocated to participant's accounts for the years ending December 31, 2009 and 2008, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

During the Plan years ended December 31, 2009 and 2008, shares of mutual funds held in pooled separate accounts and insurance company general accounts are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the fund at year end. See Note 4 for discussions regarding fair value measurements for the Plan years ended December 31, 2009 and 2008.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest and dividend income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains and losses from security transactions and unrealized appreciation and depreciation of investments are determined using an average cost basis.

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with such investments, and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risk in the near-term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Plan assets are not FDIC insured.

Plan Expenses

The employer sponsors the Plan. Personnel within the employer organization perform certain administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses. Expenses for the custodian, audit and outside administration services are paid directly by the Plan sponsor. Certain administrative processing and transaction fees are deducted directly from the Plan.

Funding Policy

Contributions are funded as accrued.

Payments of Benefits

Benefit payments are recorded when paid.

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, except for comparing such information certified by the trustees to information included in the Plan's financial statements and supplemental schedule. The following information was obtained from data that has been prepared and certified to be complete and accurate by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company as of and for the years ended December 31:

	2009	
	Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Investments at fair value as determined by quoted market price:		
Principal Life Insurance Company Money Market Separate Account	* \$ 343,372	\$ 824
Principal Life Insurance Company Bond and Mortgage Separate Account	-	16,978
Principal Life Insurance Company Diversified International Separate Account	* 135,537	30,002
Principal Life Insurance Company LargeCap S&P 500 Index Separate Account	* 330,331	60,666
Principal Life Insurance Company Stock Emphasis Balance Separate Account	52,018	5,592
Principal Life Insurance Company LargeCap Growth Separate Account	* 193,801	38,746
Principal Life Insurance Company SmallCap Value Separate Account	24,033	3,142
Principal Life Insurance Company SmallCap Growth Separate Account	23,495	4,524
Principal Life Insurance Company International Small Cap Separate Account	100,987	22,954

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information (continued)

	2009	
	Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Investments at fair value as determined by quoted market price (continued):		
Principal Life Insurance Company MidCap Value I Separate Account	* \$ 233,054	\$ 51,261
Principal Life Insurance Company SmallCap S&P 600 Index Separate Account	32,858	7,851
Principal Life Insurance Company MidCap S&P 400 Index Separate Account	27,853	7,340
Principal Life Insurance Company MidCap Growth III Separate Account	* 284,409	81,050
Principal Life Insurance Company Principal Financial Group Inc. Stock Separate Account	6,957	570
Principal Life Insurance Company LargeCap Value III Separate Account	23,265	4,586
Principal Life Insurance Company Real Estate Securities Separate Account	77,738	16,939
Principal Life Insurance Company Russell Lifepoints Growth Strategy Separate Account	82,889	18,445
Principal Life Insurance Company Russell Lifepoints Balance Strategy Separate Account	* 219,252	44,282
Principal Life Insurance Company Russell Lifepoints Conservative Strategy Separate Account	76,334	11,606
Principal Life Insurance Company Russell Lifepoints Equity Growth Strategy Separate Account	72,219	17,148
Principal Life Insurance Company Russell Lifepoints Moderate Strategy Separate Account	60,234	12,461
Principal Life Insurance Company Pimco Core Plus Bond I Separate Account	121,804	(515)
Principal Life Insurance Company Principal Lifetime Strategy Income Separate Account	24,168	4,206
Principal Life Insurance Company Principal Lifetime 2010 Separate Account	13,722	3,143

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information (continued)

**Investments at fair value as determined by
quoted market price (continued):**

	2009	
	Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Principal Life Insurance Company Principal Lifetime 2015 Separate Account	\$ 9,431	\$ 1,532
Principal Life Insurance Company Principal Lifetime 2020 Separate Account	234	49
Principal Life Insurance Company Principal Lifetime 2025 Separate Account	492	100
Principal Life Insurance Company Principal Lifetime 2030 Separate Account	508	116
Principal Life Insurance Company Principal Lifetime 2035 Separate Account	17,352	1,912
Principal Life Insurance Company Principal Lifetime 2040 Separate Account	531	114
Principal Life Insurance Company Principal Lifetime 2045 Separate Account	638	129
Principal Life Insurance Company Principal Lifetime 2050 Separate Account	160	33
Principal Life Insurance Company Principal Lifetime 2055 Separate Account	13,316	1,174
Guaranteed Interest Account	57	2
Participant Loans	75,056	-
	<u>\$ 2,678,105</u>	<u>\$ 468,962</u>

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information (continued)

		2008	
		Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Investments at fair value as determined by quoted market price:			
Principal Life Insurance Company Money Market Separate Account	*	\$ 485,655	\$ 3,192
Principal Life Insurance Company Bond and Mortgage Separate Account		63,571	(10,719)
Principal Life Insurance Company Diversified International Separate Account	*	87,367	(116,990)
Principal Life Insurance Company LargeCap S&P 500 Index Separate Account	*	185,013	(106,676)
Principal Life Insurance Company Stock Emphasis Balance Separate Account		28,940	(20,934)
Principal Life Insurance Company LargeCap Growth Separate Account	*	124,044	(67,151)
Principal Life Insurance Company SmallCap Value Separate Account		18,949	(12,692)
Principal Life Insurance Company SmallCap Growth Separate Account		9,022	(4,008)
Principal Life Insurance Company International Small Cap Separate Account		46,039	(60,882)
Principal Life Insurance Company MidCap Value I Separate Account	*	114,582	(60,194)
Principal Life Insurance Company SmallCap S&P 600 Index Separate Account		12,648	(5,855)
Principal Life Insurance Company MidCap S&P 400 Index Separate Account		7,412	(3,258)
Principal Life Insurance Company MidCap Growth III Separate Account	*	154,243	(115,507)
Principal Life Insurance Company Principal Financial Group Inc. Stock Separate Account		6,439	(12,502)

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information (continued)

	2008	
	Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Investments at fair value as determined by quoted market price (continued):		
Principal Life Insurance Company LargeCap Value III Separate Account	\$ 14,695	\$ (9,274)
Principal Life Insurance Company Real Estate Securities Separate Account	51,705	(25,128)
Principal Life Insurance Company Russell Lifepoints Growth Strategy Separate Account	32,175	(15,582)
Principal Life Insurance Company Russell Lifepoints Balance Strategy Separate Account	* 97,583	(23,383)
Principal Life Insurance Company Russell Lifepoints Conservative Strategy Separate Account	31,290	(4,798)
Principal Life Insurance Company Russell Lifepoints Equity Growth Strategy Separate Account	41,328	(23,450)
Principal Life Insurance Company Russell Lifepoints Moderate Strategy Separate Account	17,980	(5,921)
Principal Life Insurance Company Principal Lifetime 2010 Separate Account	2,306	(698)
Principal Life Insurance Company Principal Lifetime 2020 Separate Account	169	(63)
Principal Life Insurance Company Principal Lifetime 2030 Separate Account	450	(1,007)
Principal Life Insurance Company Principal Lifetime 2040 Separate Account	292	(120)
Principal Life Insurance Company Principal Lifetime 2050 Separate Account	36	(16)
Principal Life Insurance Company Principal Lifetime 2015 Separate Account	2,311	(383)
Principal Life Insurance Company Principal Lifetime 2025 Separate Account	299	(106)

American Federal Savings Bank
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Notes to Financial Statements

For the years ended December 31, 2009 and 2008

3. Certified Information (continued)

	2008	
	Investment Carrying Values	Net Appreciation (Depreciation) in Fair Value
Investments at fair value as determined by quoted market price (continued):		
Principal Life Insurance Company Principal Lifetime 2035 Separate Account	\$ 1,606	\$ (249)
Principal Life Insurance Company Principal Lifetime 2045 Separate Account	190	(77)
Guaranteed Interest Account	808	62
Principal Life Insurance Company LargeCap Growth II Separate Account	-	(25,325)
Principal Life Insurance Company MidCap Growth II Separate Account	-	(30,787)
Principal Life Insurance Company MidCap Value III Separate Account	-	(14,983)
Principal Life Insurance Company SmallCap Growth II Separate Account	-	(2,377)
Participant Loans	41,111	-
Investment at contract value:		
Principle Stable Value Fund	-	6,544
	<u>\$ 1,680,258</u>	<u>\$ (771,297)</u>

* Amount represents investments of the Plan of 5% or more of net assets available for benefits as of the end of the Plan year.

Principal Life Insurance Company also certified to the completeness and accuracy of \$468,962 and (\$771,297), respectively, of net appreciation (depreciation) in fair value of investments and \$1,796 and \$4,117 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2009 and 2008, respectively.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

4. Fair Value Measurements

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under accounting 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; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2009 and 2008:

Pooled Separate Accounts: Investments in pooled separate accounts (PSA's) are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The Net Asset Value (NAV) of a PSA is based on the market value of its underlying investments. The PSA NAV is not a publicly-quoted price in an active market.

Funds held in insurance company general accounts: Investments held in insurance company general accounts consist of guaranteed interest accounts. These accounts are considered to be defined contribution investment contracts. The fair value of these defined contribution investment contracts represents the amount plan sponsors would receive if they terminated the contract at the reporting date, which is book value less an early withdrawal charge.

Participant Loans: Valued at amortized cost, which approximates fair value.

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Notes to Financial Statements

For the years ended December 31, 2009 and 2008

4. Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	<i>Assets at Fair Value as of December 31, 2009</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ -	\$ 2,602,992	\$ -	\$ 2,602,992
Insurance Company General Account	-	-	57	57
Participant Loans	-	-	75,056	75,056
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,602,992</u>	<u>\$ 75,113</u>	<u>\$ 2,678,105</u>

	<i>Assets at Fair Value as of December 31, 2008</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ -	\$ 1,638,339	\$ -	\$ 1,638,339
Insurance Company General Account	-	-	808	808
Participant Loans	-	-	41,111	41,111
Total assets at fair value	<u>\$ -</u>	<u>\$ 1,638,339</u>	<u>\$ 41,919</u>	<u>\$ 1,680,258</u>

American Federal Savings Bank
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Notes to Financial Statements

For the years ended December 31, 2009 and 2008

4. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008:

	2009		2008	
	Insurance		Insurance	
	Company		Company	
	General	Participant	General	Participant
	Accounts	Loans	Accounts	Loans
Balance, beginning of year	\$ 808	\$ 41,111	\$ 6,965	\$ 118,499
Realized gains/(losses)	-	-	10	-
Unrealized gains/(losses)	-	-	56	-
Interest credited	2	-	-	-
Purchases, sales, issuances, and settlements (net)	(753)	33,945	(6,223)	(77,388)
Balance, end of year	<u>\$ 57</u>	<u>\$ 75,056</u>	<u>\$ 808</u>	<u>\$ 41,111</u>

5. Employer Matching and Employee Contributions Receivable

Employer matching and employee contributions receivable represent amounts receivable from the Plan Sponsor due to the Plan at December 31, 2009 and 2008. Employee contributions receivable represent employee deferrals for the last pay of December of the applicable Plan year which were not remitted/paid to the Plan until the end of the payroll period in January of the applicable subsequent Plan year. Included in employer matching contributions receivable at December 31, 2009 are amounts totaling \$1,957 relating to employer matching contributions for the last pay in December of the Plan year which were not remitted/paid to the Plan until the end of the payroll period in January of the subsequent Plan year and. During the 2009 Plan year, the Plan Sponsor detected an error in the formula that they had been utilizing to perform the computations related to employer matching contributions. Also included in employer matching contributions receivable at December 31, 2009 and 2008 were \$10,522 and \$9,029, representing additional employer matching contributions which are required to be remitted/paid by the Plan Sponsor to enable the Plan to be in compliance with the provisions of the Plan which is discussed below.

American Federal Savings Bank

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Notes to Financial Statements

For the years ended December 31, 2009 and 2008

5. Employer Matching and Employee Contributions Receivables (continued)

During 2009, the Plan Sponsor discovered that they were erroneously computing and remitting employer matching contributions which affected certain Plan participants during the years ended December 31, 2009 and prior. Upon discovery of the error, the Plan Sponsor computed the employer matching contributions for all Plan participants for the years ended December 31, 2009, 2008, 2007, and 2006. Based on these calculations, the Plan Sponsor has recorded the additional amounts due to the Plan for the Plan years ended December 31, 2009, 2008, 2007 and 2006. These receivable amounts have been remitted to the Plan to the applicable participant's accounts along with lost earnings subsequent to the Plan's December 31, 2009 year end as discussed below. The additional amounts owed as a result of the discovery of this error, excluding lost earnings, for Plan years 2009 and prior of \$10,522, is reflected as a receivable on the Statement of Net Assets Available for Benefits as of December 31, 2009. The additional amounts owed as a result of the discovery of this error for the Plan years 2008 and prior, of \$9,029 is reflected as a receivable on the Statement of Net Assets Available for Benefits as of December 31, 2008 since these amounts had not yet been remitted/paid as of December 31, 2008. This amount was also included in employer contributions for the applicable years and; therefore, in the net assets available for benefits at the beginning of the year in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008.

The Plan Sponsor has computed lost earnings relating to the 2009, 2008, 2007 and 2006 amounts and has utilized the Department of Labor's Voluntary Fiduciary Compliance Program Calculator to compute the lost earnings due to participants as a result of these errors. The Plan Sponsor has remitted these amounts relating to the 2009, 2008, 2007 and 2006 Plan years, including lost earnings during the 2010 Plan year. The Plan Sponsor has also recomputed amounts plus lost earnings related to the 2005 Plan year during the 2010 Plan year. Additionally, the Plan Sponsor plans to compute the amounts plus lost earnings for the Plan year ending December 31, 2004, since the 2004-2009 Plan years constitute the Plan years included in the statute of limitations for the Plan's current Form 5500 filing, as soon as possible. While the computations related to the 2005 Plan year have been performed and remitted, management has determined that these amounts, including lost earnings, are not material and; accordingly, these amounts have not been recorded in the accompanying financial statements as of and for the years ending December 31, 2009 and 2008. Likewise, while the computations related to the 2004 Plan year have not yet been performed, management has made an estimate of these amounts and does not feel that these amounts, including lost earnings, will be material. Accordingly, these amounts have also not been recorded in the accompanying financial statements as of and for the years ending December 31, 2009 and 2008.

American Federal Savings Bank

401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

6. Related Party Transactions

Certain Plan investments are mutual funds managed by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company. Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company were the trustees/custodians defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees for asset management services are paid by the Company.

7. Plan Termination

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

8. Tax Status

The prototype for this Plan obtained its latest opinion letter on March 31, 2008 in which the Internal Revenue Service stated that the prototype Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since the prototype received its opinion letter. However, 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.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2009	2008
Net assets available for benefits per the financial statements	\$ 2,704,982	\$ 1,689,287
Additional 2009-2006/2008-2006 employer receivables	(10,522)	(9,029)
Net assets available for benefits per Form 5500	<u>\$ 2,694,460</u>	<u>\$ 1,680,258</u>

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

9. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2009 and 2008:

	2009	2008
Increase/(decrease) in net assets available for benefits per the financial statements	\$ 1,015,695	(750,903)
Increase in additional 2009/2008 employer receivable	(1,493)	(1,306)
Adjustment from fair value to contract value for interest in common/collective trusts relating to fully benefit-responsive investment contracts	-	1,474
Increase in net assets available for benefits per Form 5500	<u>\$ 1,014,202</u>	<u>\$ (750,735)</u>

The following is a reconciliation of employer matching contributions per the financial statements to Form 5500 for the years ended December 31, 2009 and 2008:

	2009	2008
Employer matching contributions per the financial statements	\$ 65,952	\$ 37,833
Increase in employer contributions receivable	(1,493)	(1,307)
Employer matching contributions per Form 5500	<u>\$ 64,459</u>	<u>\$ 36,526</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the years ended December 31, 2009 and 2008:

	2009	2008
Benefits paid to participants per the financial statements	\$ 179,692	\$ 385,449
Plus: deemed distributions for the year ended December 31, 2009 and 2008 shown separately from distributions per the financial statements	4,619	94,306
Benefits paid to participants per 5500	<u>\$ 184,311</u>	<u>\$ 479,755</u>

American Federal Savings Bank
401(K) Profit Sharing Plan

Notes to Financial Statements

For the years ended December 31, 2009 and 2008

10. Subsequent Events

Missed Employer Matching Contributions

As more fully discussed in Note 5, the Plan Sponsor has remitted amounts owed related to erroneous computations of employer matching contributions, including lost earnings, which were computed for the Plan years 2005-2008 on June 23, 2010.

Subsequent events were evaluated through September 22, 2010, the date the financial statements were available to be issued.

Supplemental Schedule

American Federal Savings Bank 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes at End of Year Form 5500 - Schedule H, Item 4i

December 31, 2009

Employer Identification Number: 52-1289815

Plan Number: 001

(b) and (c)			(d)	(e)
(a)	Number of Shares/Units	Issuer and Description of Investment	Cost**	Current Value
*	6,732.71	Principal Life Insurance Company Money Market Separate Account		\$ 343,372
*	2,666.73	Principal Life Insurance Company Diversified International Separate Account		135,537
*	7,284.76	Principal Life Insurance Company LargeCap S&P 500 Index Separate Account		330,331
*	2,002.04	Principal Life Insurance Company Stock Emphasis Balance Separate Account		52,018
*	9,062.55	Principal Life Insurance Company LargeCap Growth Separate Account		193,801
*	721.00	Principal Life Insurance Company SmallCap Value Separate Account		24,033
*	1,344.00	Principal Life Insurance Company SmallCap Growth Separate Account		23,495
*	1,884.26	Principal Life Insurance Company International Small Cap Separate Account		100,987
*	7,844.33	Principal Life Insurance Company MidCap Value I Separate Account		233,054
*	1,653.48	Principal Life Insurance Company SmallCap S&P 600 Index Separate Account		32,858
*	1,400.75	Principal Life Insurance Company MidCap S&P 400 Index Separate Account		27,853
*	22,933.84	Principal Life Insurance Company MidCap Growth III Separate Account		284,409
*	487.15	Principal Life Insurance Company Principal Financial Group Inc. Stock Separate Account		6,957
*	2,046.23	Principal Life Insurance Company LargeCap Value III Separate Account		23,265
*	3,815.77	Principal Life Insurance Company Real Estate Securities Separate Account		77,738
*	5,873.92	Principal Life Insurance Company Russell Lifepoints Growth Strategy Separate Account		82,889
*	14,182.66	Principal Life Insurance Company Russell Lifepoints Balance Strategy Separate Account		219,252
*	4,837.31	Principal Life Insurance Company Russell Lifepoints Conservative Strategy Separate Account		76,334
*	1,757.99	Principal Life Insurance Company Principal Lifetime Strategy Income Separate Account		24,168
*	5,557.71	Principal Life Insurance Company Russell Lifepoints Equity Growth Strategy Separate		72,219
*	3,867.91	Principal Life Insurance Company Russell Lifepoints Moderate Strategy Separate Account		60,234
*	10,770.52	Principal Life Insurance Company Pimeco Core Plus Bond I Separate Account		121,804
*	989.09	Principal Life Insurance Company Principal Lifetime 2010 Separate Account		13,722
*	16.35	Principal Life Insurance Company Principal Lifetime 2020 Separate Account		234
*	36.21	Principal Life Insurance Company Principal Lifetime 2030 Separate Account		508
*	37.91	Principal Life Insurance Company Principal Lifetime 2040 Separate Account		531
*	11.93	Principal Life Insurance Company Principal Lifetime 2050 Separate Account		160
*	1,033.16	Principal Life Insurance Company Principal Lifetime 2015 Separate Account		9,431
*	55.27	Principal Life Insurance Company Principal Lifetime 2025 Separate Account		492
*	1,977.86	Principal Life Insurance Company Principal Lifetime 2035 Separate Account		17,352
*	28.10	Principal Life Insurance Company Principal Lifetime 2045 Separate Account		638
*	1,537.57	Principal Life Insurance Company Principal Lifetime 2055 Separate Account		13,316
*		Principal Life Insurance Company Guaranteed Interest Account		57
*		Participants Loans Receivables (3.25%-5.00%)		75,056
				<u>\$ 2,678,105</u>

* Principal Life Insurance Company (Principal) is the trustee of the Plan at December 31, 2009 - qualifies as a party-in-interest transaction.

** Cost is not required for a participant-directed plan.

American Federal Savings Bank 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes at End of Year Form 5500 - Schedule H, Item 4i

December 31, 2009

Employer Identification Number: 52-1289815

Plan Number: 001

(b) and (c)			(d)	(e)
(a)	Number of Shares/Units	Issuer and Description of Investment	Cost**	Current Value
*	6,732.71	Principal Life Insurance Company Money Market Separate Account		\$ 343,372
*	2,666.73	Principal Life Insurance Company Diversified International Separate Account		135,537
*	7,284.76	Principal Life Insurance Company LargeCap S&P 500 Index Separate Account		330,331
*	2,002.04	Principal Life Insurance Company Stock Emphasis Balance Separate Account		52,018
*	9,062.55	Principal Life Insurance Company LargeCap Growth Separate Account		193,801
*	721.00	Principal Life Insurance Company SmallCap Value Separate Account		24,033
*	1,344.00	Principal Life Insurance Company SmallCap Growth Separate Account		23,495
*	1,884.26	Principal Life Insurance Company International Small Cap Separate Account		100,987
*	7,844.33	Principal Life Insurance Company MidCap Value I Separate Account		233,054
*	1,653.48	Principal Life Insurance Company SmallCap S&P 600 Index Separate Account		32,858
*	1,400.75	Principal Life Insurance Company MidCap S&P 400 Index Separate Account		27,853
*	22,933.84	Principal Life Insurance Company MidCap Growth III Separate Account		284,409
*	487.15	Principal Life Insurance Company Principal Financial Group Inc. Stock Separate Account		6,957
*	2,046.23	Principal Life Insurance Company LargeCap Value III Separate Account		23,265
*	3,815.77	Principal Life Insurance Company Real Estate Securities Separate Account		77,738
*	5,873.92	Principal Life Insurance Company Russell Lifepoints Growth Strategy Separate Account		82,889
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*	4,837.31	Principal Life Insurance Company Russell Lifepoints Conservative Strategy Separate Account		76,334
*	1,757.99	Principal Life Insurance Company Principal Lifetime Strategy Income Separate Account		24,168
*	5,557.71	Principal Life Insurance Company Russell Lifepoints Equity Growth Strategy Separate Account		72,219
*	3,867.91	Principal Life Insurance Company Russell Lifepoints Moderate Strategy Separate Account		60,234
*	10,770.52	Principal Life Insurance Company Pimco Core Plus Bond I Separate Account		121,804
*	989.09	Principal Life Insurance Company Principal Lifetime 2010 Separate Account		13,722
*	16.35	Principal Life Insurance Company Principal Lifetime 2020 Separate Account		234
*	36.21	Principal Life Insurance Company Principal Lifetime 2030 Separate Account		508
*	37.91	Principal Life Insurance Company Principal Lifetime 2040 Separate Account		531
*	11.93	Principal Life Insurance Company Principal Lifetime 2050 Separate Account		160
*	1,033.16	Principal Life Insurance Company Principal Lifetime 2015 Separate Account		9,431
*	55.27	Principal Life Insurance Company Principal Lifetime 2025 Separate Account		492
*	1,977.86	Principal Life Insurance Company Principal Lifetime 2035 Separate Account		17,352
*	28.10	Principal Life Insurance Company Principal Lifetime 2045 Separate Account		638
*	1,537.57	Principal Life Insurance Company Principal Lifetime 2055 Separate Account		13,316
*		Principal Life Insurance Company Guaranteed Interest Account		57
*		Participants Loans Receivables (3.25%-5.00%)		75,056
				<u>\$ 2,678,105</u>

* Principal Life Insurance Company (Principal) is the trustee of the Plan at December 31, 2009 - qualifies as a party-in-interest transaction.

** Cost is not required for a participant-directed plan.