

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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
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 NORTHFIELD SAVINGS BANK 401(K) PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NORTHFIELD SAVINGS BANK P.O. BOX 347 33 SOUTH MAIN STREET NORTHFIELD, VT 05663-0347	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/2007	
	2b Employer Identification Number (EIN)	03-0145560	
	2c Sponsor's telephone number	802-485-5388	
	2d Business code (see instructions)	522120	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	KIMBERLY S. CHAPIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	THOMAS PELLETIER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

NORTHFIELD SAVINGS BANK

P.O. BOX 347
33 SOUTH MAIN STREET
NORTHFIELD, VT 05663-0347**3b** Administrator's EIN

03-0145560

3c Administrator's telephone number

802-485-5388

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

158

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**

141

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

10

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

151

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

151

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

144

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A</div> <div>Name of plan</div> <div>NORTHFIELD SAVINGS BANK 401(K) PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NORTHFIELD SAVINGS BANK</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>03-0145560</div>

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

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

(b)

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

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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)

PENTEGRA RETIREMENT SERVICES

13-3745616

(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?
15	RECORDKEEPER	3402	Yes ☒ No ☐	Yes ☐ No ☒	34644	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> 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>NORTHFIELD SAVINGS BANK 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHFIELD SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>03-0145560</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)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENTEGRA STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1159452</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MODERATE STRATEGIC BALANCED SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-111</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>331768</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE STRATEGIC BALANCED SL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>138855</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE STRATEGIC BALANCED SL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-112</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>306531</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TUCKERMAN US REIT INDEX NL SF CL A</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-352</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82839</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL INDEX SL SF CL I</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-462</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>462803</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. LONG TREASURY INDEX SL SF CL I</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>242557</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP R INDEX SL SF CL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354803

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 R INDEX SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1542219

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P LARGE CAP GROWTH R INDEX SL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178642

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P LARGE CAP VALUE R INDEX SL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193522

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P MIDCAP R INDEX SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-116	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1158573

a Name of MTIA, CCT, PSA, or 103-12 IE: NASDAQ 100 INDEX NL SF CL A		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259686

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. BOND INDEX SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-071	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19408

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6761

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146060

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2926

a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2015 SL SF CL I**
STATE STREET GLOBAL ADVISORS

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

c EIN-PN 90-0337987-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125634
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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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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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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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NORTHFIELD SAVINGS BANK 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHFIELD SAVINGS BANK	D Employer Identification Number (EIN) 03-0145560	

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1349622	751087
(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)	221299	425835
(9) Value of interest in common/collective trusts	1c(9)	4843057	6713039
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		16885

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	6413978	7906846

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6413978	7906846
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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)	339313	
(B) Participants	2a(1)(B)	508939	
(C) Others (including rollovers)	2a(1)(C)	541	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		848793

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6844	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	17005	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23849

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2871915	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2871915
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1814955
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1885
d Total income. Add all income amounts in column (b) and enter total.....	2d		1931487

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	393681	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		393681
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	34644	
(3) Investment advisory and management fees	2i(3)	6892	
(4) Other	2i(4)	3402	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44938
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		438619

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1492868
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BAKER, NEWMAN & NOYES, LLC**

(2) EIN: **01-0494526**

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	
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	
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	
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	
e Was this plan covered by a fidelity bond?.....	X		7000000
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)

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>NORTHFIELD SAVINGS BANK 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHFIELD SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>03-0145560</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>13-3745616</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.
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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): _____

Northfield Savings Bank 401(k) Plan

Financial Statements and Schedule

Year Ended December 31, 2009 and 2008

With Independent Auditors' Report

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Northfield Savings Bank 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Northfield Savings Bank 401(k) Plan (the 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 of assets held for investment purposes as of December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

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*, 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 Reliance Trust Company, the current trustee of the Plan and The Bank of New York Mellon/BNY Mellon, N.A., the former trustee of the Plan, except for comparing the 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/held the Plan's investment assets and executes/executed investment transactions. As disclosed in note 3, the Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the current trustee as of and for the period from April 2, 2009 to December 31, 2009, and the former trustee as of and for the year ended December 31, 2008 and from January 1, 2009 to April 1, 2009.

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 of assets held for investment purposes 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 current and former trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

Portland, Maine
September 30, 2010

Baker Newman & Noyes
Limited Liability Company

NORTHFIELD SAVINGS BANK 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value (notes 3 and 4):		
Common collective trust funds	\$5,553,587	\$ 4,192,334
Money market fund	751,087	1,349,622
Self directed brokerage account	16,885	—
Stable Value Fund	1,178,655	645,157
Participant loans	<u>425,835</u>	<u>221,299</u>
Net assets available for benefits at fair value	7,926,049	6,408,412
Adjustment from fair value to contract value for fully benefit-responsive investment contracts (note 3)	<u>(19,203)</u>	<u>5,566</u>
Net assets available for benefits	<u>\$7,906,846</u>	<u>\$ 6,413,978</u>

See accompanying notes.

NORTHFIELD SAVINGS BANK 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Investment income (loss) (note 3):		
Dividends and interest	\$ 28,346	\$ 45,917
Net appreciation (depreciation) in fair value of investments	<u>1,054,231</u>	<u>(1,898,791)</u>
	1,082,577	(1,852,874)
Contributions:		
Employer	339,313	319,340
Employee	508,939	476,181
Rollovers	<u>541</u>	<u>2,163</u>
	<u>848,793</u>	<u>797,684</u>
Total additions (subtractions)	1,931,370	(1,055,190)
Deductions:		
Benefits paid to participants	393,682	271,607
Administrative fees (note 6)	<u>44,820</u>	<u>43,320</u>
Total deductions	<u>438,502</u>	<u>314,927</u>
Net increase (decrease)	1,492,868	(1,370,117)
Net assets available for benefits, beginning of year	<u>6,413,978</u>	<u>7,784,095</u>
Net assets available for benefits, end of year	<u>\$7,906,846</u>	<u>\$ 6,413,978</u>

See accompanying notes.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

1. Description of Plan

The following description of Northfield Savings Bank 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Northfield Savings Bank (the Bank). It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Prior to 2007, Northfield Savings Bank participated in a multiple employer plan maintained by Pentegra Retirement Services, Inc. Effective January 1, 2007, the Bank established this individually designed Plan in order to continue to provide retirement benefits to employees of the Bank and their beneficiaries; the assets for active employees were transferred into this Plan.

Eligibility

Employees become eligible to participate on the first day of the calendar month following the date of hire.

Contributions

Participants may voluntarily contribute a portion of their compensation subject to Internal Revenue Service (IRS) limits. The Bank matches 100% of the first 6% of the participants' compensation. Additional amounts may be contributed to the Plan at the option of the Bank's Board of Trustees. Moreover, for each of the years beginning on January 1, 2007 and ending on December 31, 2011, the Bank will make a special profit sharing contribution in a fixed dollar amount to certain employees who have completed 15 years of service and attained age 40 as of January 1, 2007.

Participant Accounts

Upon enrollment into the Plan, a participant may direct employee and employer contributions in one or more investment options offered by the Plan or into self-directed brokerage accounts. Each participant's account is credited with an allocation of contributions and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Rollover Accounts

Employees may rollover into the Plan, assets distributed as vested interest upon their termination from a qualified defined benefit plan or a qualified defined contribution plan in which they were formerly participants on or before the sixtieth day after the day that they received the distribution.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

1. Description of Plan (Continued)

Vesting

Participants are immediately vested in their voluntary contributions and rollover accounts, as well as the Bank's matching and profit sharing contributions.

Plan Termination

Although it has not expressed any intent to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Payment of Benefits

On termination of service due to disability or retirement, a participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. Upon death, the participant's beneficiary will receive all vested amounts in a lump sum payment. A participant may also be entitled to a hardship withdrawal determined in accordance with the Plan's provisions.

Participant Loans

Upon application, loans may be granted to participants. In no event shall the total of any such loan to any participant exceed the lesser of (a) 50 percent of the present value of the participant's vested interest in his or her account in the fund, or (b) \$50,000. No loan shall be for a term exceeding 5 years, unless the loan proceeds are used to acquire a dwelling unit. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent.

Administrative Costs

Administrative costs are paid by the Plan to the extent they are not paid by the Bank.

Subsequent Events

Events occurring after the date of the statement of net assets available for benefits are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through September 30, 2010, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies of the Plan:

Basis of Presentation

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

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

2. Summary of Significant Accounting Policies (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The State Street Bank and Trust Company Pentegra Stable Value Fund is considered a fully benefit-responsive investment contract.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Valuation of Investments and Revenue Recognition

The Plan's investments are stated at fair value. See note 4 for disclosure of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Risks and Uncertainties

The Plan provides for investment options in a money market fund, common collective trust funds and a stable value fund which invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Net Assets Available for Benefits

Net assets available for benefits are reported at fair value for all investments other than the Stable Value Fund, which is reported at an amount that reflects contract value since that amount is the most relevant measure for the Plan's participants.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

3. Investments (Unaudited)

The Plan's investments including participant loans, related investment income and investment transactions, including net appreciation and depreciation of investments, were certified by Reliance Trust Company for the period of April 2, 2009 to December 31, 2009 and The Bank of New York Mellon/BNY Mellon, N.A., as of and for the year ended December 31, 2008 and for the period January 1, 2009 to April 1, 2009. Therefore, in accordance with the request of the Plan's Administrator and as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, this information was not subjected to generally accepted auditing procedures by the Plan's independent public accountants.

At December 31, 2009, the trustee has certified as complete and accurate the fair value of each common collective trust fund, money market fund and participant loans. The trustee has also certified the contract value of the stable value fund totaling \$1,159,452. The fair value of \$1,178,655 and related adjustment from fair value to contract value of \$19,203 has been audited at December 31, 2009.

At December 31, 2008, the trustee certified as complete and accurate the fair value of each common collective trust fund, money market fund and participant loans. The trustee has also certified the contract value and market value of the stable value fund.

The following summarizes the certified and the audited components as of and for the years ended December 31, 2009 and 2008:

	<u>Certified</u>	<u>Audited</u>	<u>Total</u>
<u>2009</u>			
Investments at fair value:			
Common collective trust funds	\$ 5,553,587	\$ —	\$ 5,553,587
Money market fund	751,087	—	751,087
Self directed brokerage account	—	16,885	16,885
Participant loans	425,835	—	425,835
Stable value fund:			
Contract value	1,159,452	—	1,159,452
Adjustment to fair value from contract value for fully benefit-responsive contracts	<u>—</u>	<u>19,203</u>	<u>19,203</u>
	<u>1,159,452</u>	<u>19,203</u>	<u>1,178,655</u>
Total net assets available for benefits at fair value	<u>\$ 7,889,961</u>	<u>\$ 36,088</u>	<u>\$ 7,926,049</u>
Investment income:			
Net appreciation of investments	\$ 1,054,231	\$ —	\$ 1,054,231
Interest and dividends	<u>28,346</u>	<u>—</u>	<u>28,346</u>
	<u>\$ 1,082,577</u>	<u>\$ —</u>	<u>\$ 1,082,577</u>

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

3. Investments (Unaudited) (Continued)

	<u>Certified</u>	<u>Audited</u>	<u>Total</u>
<u>2008</u>			
Investments at fair value:			
Common collective trust funds	\$ 4,192,334	\$ —	\$ 4,192,334
Money market fund	1,349,622	—	1,349,622
Participant loans	221,299	—	221,299
 Stable value fund:			
Contract value	650,723	—	650,723
Adjustment to fair value from contract value for fully benefit-responsive contracts	<u>(5,566)</u>	<u>—</u>	<u>(5,566)</u>
	<u>645,157</u>	<u>—</u>	<u>645,157</u>
 Total investments at fair value	<u>\$ 6,408,412</u>	<u>\$ —</u>	<u>\$ 6,408,412</u>
 Investment (loss) income:			
Net depreciation of investments	\$(1,898,791)	\$ —	\$(1,898,791)
Interest and dividends	<u>45,917</u>	<u>—</u>	<u>45,917</u>
	<u>\$(1,852,874)</u>	<u>\$ —</u>	<u>\$(1,852,874)</u>

The Plan's Stable Value Fund is a commingled fund managed by State Street Bank and Trust Company. Invested funds receive crediting interest rate; at December 31, 2009 and 2008 the rate was 2.79% and 3.28%, respectively. The average yield based on actual income of the fund was 2.4% and the average yield based on interest rate credited to participants was 2.70% for the year ended December 31, 2009. Withdrawals are permitted at any time without penalty and determined to be fully benefit-responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. In certain circumstances, the amount withdrawn from the fund would be payable at fair value rather than at contract value. The circumstances include, but are not limited to, termination of the fund or changes in laws or regulations. Because the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expense. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The adjustment from fair value to contract value for fully benefit-responsive investment contract at December 31, 2009 and 2008, respectively, relates entirely to the Stable Value Fund.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

3. Investments (Unaudited) (Continued)

The following investments are greater than or equal to 5% of net assets available for benefits, at fair value as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
State Street Advisors Pentegra Stable Value Fund	\$1,178,655	\$ 645,157
State Street Advisors Equity S&P 500 Index Fund	1,542,219	1,167,989
State Street Advisors Midcap 400 Fund	1,158,573	802,455
State Street Advisors EAFE Index Fund	462,803	338,416
State Street Advisors Passive Long-Term Fund	*	465,112
State Street Advisors Government Money Market Fund	751,087	1,349,622
Participant loans	425,835	*

* Was less than 5% of net assets available for benefits at December 31, 2009 or December 31, 2008.

During 2009 and 2008, the net appreciation (depreciation) in fair value of investments was substantially all in common collective trust funds.

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 are described below:

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.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

4. Fair Value Measurements (Continued)

The asset's 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 observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money market fund: Valued at closing price reported in active market in which security was traded.

Common collective trust funds: Valued based upon the market value of the underlying investments based upon market information provided by the trust's pricing agent.

Stable Value Fund: The fair value of State Street Bank and Trust Pentegra Stable Value Fund is determined by the investment manager using a combination of methodologies that include discounted cash flows at prevailing rates and quoted market prices for the underlying investments.

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

The methods described above may produce a fair calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 a different fair value measurement at the reporting date.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets at fair value as of December 31, 2009:				
Common collective trust funds:				
Target retirement funds	\$ —	\$ 281,381	\$ —	\$ 281,381
Balanced funds	—	777,154	—	777,154
Index funds	—	3,778,084	—	3,778,084
Real estate funds	—	82,839	—	82,839
Bond funds	—	261,965	—	261,965
Growth fund	—	178,642	—	178,642
Value fund	—	193,522	—	193,522
Money market fund	751,087	—	—	751,087
Self directed brokerage account	16,885	—	—	16,885
Stable Value Fund	—	1,178,655	—	1,178,655
Participant loans	—	—	425,835	425,835
	<u>\$ 767,972</u>	<u>\$6,732,242</u>	<u>\$425,835</u>	<u>\$7,926,049</u>

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

4. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets at fair value as of December 31, 2008:				
Common collective trust funds:				
Target retirement funds	\$ —	\$ 58,008	\$ —	\$ 58,008
Balanced funds	—	780,820	—	780,820
Index funds	—	2,622,425	—	2,622,425
Real estate funds	—	39,263	—	39,263
Bond funds	—	482,857	—	482,857
Growth fund	—	98,938	—	98,938
Value fund	—	110,023	—	110,023
Money market fund	1,349,622	—	—	1,349,622
Stable Value Fund	—	645,157	—	645,157
Participant loans	<u>—</u>	<u>—</u>	<u>221,299</u>	<u>221,299</u>
	<u>\$1,349,622</u>	<u>\$4,837,491</u>	<u>\$221,299</u>	<u>\$6,408,412</u>

The table below 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:

	<u>2009 Participant Loans</u>	<u>2008 Participant Loans</u>
Balance, beginning of the year	\$221,299	\$178,654
Purchases, sales, issuances and settlements, net	<u>204,536</u>	<u>42,645</u>
Balance, end of year	<u>\$425,835</u>	<u>\$221,299</u>

5. Tax Status

A qualifying plan is one for which the employer may currently deduct contributions on its income tax return, the employee is not currently taxed on the contribution, and the plan income is not taxable.

The Bank adopted a standardized Safe Harbor prototype Plan sponsored by Pentegra Retirement Services, Inc. The IRS has issued an opinion letter dated March 31, 2008 for the standardized Safe Harbor Plan stating that the prototype Plan is acceptable under Section 401(a) of the Internal Revenue Code.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

6. Party-in-Interest Transactions

The Plan invests in the State Street Bank and Trust Company Pentegra Stable Value Fund. Pentegra Retirement Services, Inc. is the third party Administrator, and therefore, transactions with this party qualify as party-in-interest.

Administrative fees are paid to the Plan trustee.

NORTHFIELD SAVINGS BANK 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
*	SSgA Pentegra Stable Value Fund	Common Collective Trust	\$ —	\$1,178,655
	SSgA Target Retirement 2025 Fund	Common Collective Trust	—	6,761
	SSgA Target Retirement 2035 Fund	Common Collective Trust	—	146,060
	SSgA Target Retirement 2045 Fund	Common Collective Trust	—	2,926
	SSgA Moderate Strategic Balanced Fund	Common Collective Trust	—	331,768
	SSgA Conservative Strategic Balanced Fund	Common Collective Trust	—	138,855
	SSgA Aggressive Strategic Balanced Fund	Common Collective Trust	—	306,531
	SSgA Russell 2000 Fund	Common Collective Trust	—	354,803
	SSgA Equity S&P 500 Index Fund	Common Collective Trust	—	1,542,219
	SSgA Security Lending FD	Common Collective Trust	—	125,634
	SSgA S&P 500 Growth Fund	Common Collective Trust	—	178,642
	SSgA S&P 500 Value Fund	Common Collective Trust	—	193,522
	SSgA Midcap 400 Fund	Common Collective Trust	—	1,158,573
	SSgA NASDAQ 100 Index Fund	Common Collective Trust	—	259,686
	SSgA USReal Estate Investment Fund	Common Collective Trust	—	82,839
	SSgA EAFE Index Fund	Common Collective Trust	—	462,803
	SSgA Passive Long-Term Fund	Common Collective Trust	—	242,557
	SSgA Aggregate Bond Fund	Common Collective Trust	—	19,408
	SSgA Government Money Market Fund	Money Market Fund	—	751,087
	Charles Schwab Self Directed Brokerage Account	Various	—	16,885
*	Participant Loans	4.25% – 9.0%	—	<u>425,835</u>
				<u>\$7,926,049</u>

* Party-in-interest.

** Not required as Plan is participant directed.

The above information has been certified by Reliance Trust Company, the trustee, as complete and accurate (except that the trustee certified the contract value of \$1,159,452 for the SSgA Pentegra Stable Value Fund rather than the fair value).

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Northfield Savings Bank 401(k) Plan

EIN: 03-0145560

Plan Sponsor's Name Northfield Savings Bank

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SSGA	PENTEGRA STABLE VALUE	1,123,436	1,159,452
	SSGA	TARGET RETIREMENT 2045 SL SF CL I	2,610	2,926
	SSGA	TARGET RETIREMENT 2035 SL SF CL I	122,302	146,060
	SSGA	TARGET RETIREMENT 2025 SL SF CL I	6,164	6,761
	SSGA	TARGET RETIREMENT 2015 SL SF CL I	117,214	125,634
	SSGA	S&P LARGE CAP GROWTH R INDEX SL SF CL I	164,147	178,642
	SSGA	S&P LARGE CAP VALUE R INDEX SL SF CL I	198,563	193,522

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Northfield Savings Bank 401(k) Plan

EIN: 03-0145560

Plan Sponsor's Name Northfield Savings Bank

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SSGA	U.S. LONG TREASURY INDEX SL SF CL I	230,031	242,557
	SSGA	NASDAQ 100 INDEX R NL SF CL A	234,625	259,686
	SSGA	S&P MIDCAP R INDEX SL SF CL I	1,169,571	1,158,573
	SSGA	U.S. BOND INDEX SL SF CL I	17,621	19,408
	SSGA	INTL INDEX SL SF CL I	508,152	462,803
	SSGA	S&P 500 R INDEX SL SF CL I	1,703,358	1,542,219
	SSGA	AGGRESSIVE STRATEGIC BALANCED SL FUND	326,110	306,531

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Northfield Savings Bank 401(k) Plan

EIN: 03-0145560

Plan Sponsor's Name Northfield Savings Bank

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SSGA	MODERATE STRATEGIC BALANCED SL FUND	317,997	331,768
	SSGA	CONSERVATIVE STRATEGIC BALANCED SL FUND	126,159	138,855
	SSGA	RUSSELL SMALL CAP R INDEX SL SF CL I	357,648	354,803
	SSGA	TUCKERMAN U.S. REIT INDEX NL SF CL A	77,253	82,839
	SCHWAB	PERSONAL CHOICE RETIREMENT ACCOUNT	16,885	16,885
		4.25% - 9.25%		
*	PARTICIPANT LOANS		425,835	425,835