

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>NORTHFIELD SAVINGS BANK 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2007</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>NORTHFIELD SAVINGS BANK</u> <u>P.O. BOX 347</u> <u>33 SOUTH MAIN STREET</u> <u>NORTHFIELD, VT 05663-0347</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>03-0145560</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>802-485-5388</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>03-0145560</u>	2c Sponsor's telephone number <u>802-485-5388</u>	2d Business code (see instructions) <u>522120</u>	
2b Employer Identification Number (EIN) <u>03-0145560</u>					
2c Sponsor's telephone number <u>802-485-5388</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	Filed with authorized/valid electronic signature.	10/11/2011	KIMBERLY S. CHAPIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	KIMBERLY S. CHAPIN
	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 (2010)
v.092307.1

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
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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	138
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	142
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	
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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

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) ☐ **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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

<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

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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	6232	Yes ☒ No ☐	Yes ☐ No ☒	42569	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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan NORTHFIELD SAVINGS BANK 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORTHFIELD SAVINGS BANK		D Employer Identification Number (EIN) 03-0145560
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: PENTEGRA STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE STRATEGIC BALANCED SL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-111	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425083
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE STRATEGIC BALANCED SL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334450
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE STRATEGIC BALANCED SL FD		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-112	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 352591
a Name of MTIA, CCT, PSA, or 103-12 IE: TUCKERMAN US REIT INDEX NL SF CL A		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-352	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130117
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL INDEX SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-462	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584319
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG TREASURY INDEX SL SF CL I		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304813
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL R CAP INDX SL SF CL I		
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) 477031

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) 1621903

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P LRG CAP GRW R INDX SL SF CL I		
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) 173543

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P LRG CAP VAL R INDEX SL SF CL I		
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) 225402

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) 1656396

a Name of MTIA, CCT, PSA, or 103-12 IE: NASDAQ 100 INDEX R 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) 244687

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) 27138

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) 17218

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) 135775

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) 6457

a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2015 SL SF CL I****b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

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) 86601
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO STABLE VALUE FUND****b** Name of sponsor of entity listed in (a): **INVESCO NATIONAL TRUST COMPANY**

c EIN-PN 84-1142974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 955174
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a Name of MTIA, CCT, PSA, or 103-12 IE: **US INFLATION PRO BND INDX NL SF CLA****b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 04-0025081-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37133
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

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
---------------	--------------------------------------

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)	751087	550469
(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)	425835	538078
(9) Value of interest in common/collective trusts	1c(9)	6713039	7795831
(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	19518

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	7906846	8903896

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	7906846	8903896
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	329198	
(B) Participants	2a(1)(B)	502054	
(C) Others (including rollovers)	2a(1)(C)	6940	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		838192
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1814	
(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)	22898	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24712
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1032073	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1032073
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1894977

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	841516	
(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)		841516
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)	42569	
(3) Investment advisory and management fees	2i(3)	7610	
(4) Other	2i(4)	6232	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		56411
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		897927

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		997050
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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
---------------	----------------------

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)
----------------	--

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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

Schedule R (Form 5500) 2010
v.092308.1

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

Years Ended December 31, 2010 and 2009

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, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental 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 assets and execute/executed transactions. As disclosed in note 3, the Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the information provided to the Plan Administrator by the current trustee as of December 31, 2010 and December 31, 2009, and for the year ended December 31, 2010 and the period from April 2, 2009 to December 31, 2009, and the former trustee for the period 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 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*.

As described in note 2, the Plan adopted Financial Accounting Standards Update 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This update was retrospectively applied to December 31, 2009.

As discussed in note 1 to the financial statements, subsequent to December 31, 2010, the Plan Sponsor communicated its intent to terminate the Plan effective October 1, 2011.

Manchester, New Hampshire
September 29, 2011

Baker Newman & Noyes
Limited Liability Company

NORTHFIELD SAVINGS BANK 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value (notes 3 and 4):		
Common collective trust funds	\$6,840,657	\$5,553,587
Money market fund	550,469	751,087
Self directed brokerage account	19,518	16,885
Stable value fund	<u>982,509</u>	<u>1,178,655</u>
Total investments at fair value	8,393,153	7,500,214
Notes receivable from participants (note 3)	<u>538,078</u>	<u>425,835</u>
Net assets available for benefits at fair value	8,931,231	7,926,049
Adjustment from fair value to contract value for fully benefit-responsive investment contracts (note 3)	<u>(27,335)</u>	<u>(19,203)</u>
Net assets available for benefits	<u>\$8,903,896</u>	<u>\$7,906,846</u>

See accompanying notes.

NORTHFIELD SAVINGS BANK 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions:		
Investment income (note 3):		
Dividends and interest	\$ 1,737	\$ 11,340
Net appreciation in fair value of investments	<u>1,032,150</u>	<u>1,054,231</u>
Net investment income	1,033,887	1,065,571
Interest income on notes receivable from participants	22,898	17,006
Contributions:		
Employer	329,198	339,313
Employee	502,054	508,939
Rollovers	<u>6,940</u>	<u>541</u>
	<u>833,192</u>	<u>848,793</u>
Total additions	1,894,977	1,931,370
Deductions:		
Benefits paid to participants	841,516	393,682
Administrative fees (note 6)	<u>56,411</u>	<u>44,820</u>
Total deductions	<u>897,927</u>	<u>438,502</u>
Net increase	997,050	1,492,868
Net assets available for benefits, beginning of year	<u>7,906,846</u>	<u>6,413,978</u>
Net assets available for benefits, end of year	<u>\$8,903,896</u>	<u>\$7,906,846</u>

See accompanying notes.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

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.

In July 2011, the Bank communicated its intent to terminate the Plan effective October 1, 2011. At this time, all Plan assets will be transferred to a multiple employer plan maintained by Pentegra Retirement Services, Inc.

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 October 1, 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.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

1. Description of Plan (Continued)

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.

Vesting

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

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.

Notes Receivable from Participants

Upon application, notes receivable may be granted to participants. In no event shall the total of any such note 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 note shall be for a term exceeding 5 years, unless the loan proceeds are used to acquire a dwelling unit. The notes 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.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

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.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

2. Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Revenue Recognition

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

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 Plan invested in the State Street Bank and Trust Company Pentegra Stable Value Fund (SSgA Stable Value Fund) through December 10, 2010. The SSgA Stable Value Fund was considered a fully benefit-responsive investment contract. Effective December 10, 2010, the Invesco Stable Value Fund replaced the SSgA Stable Value Fund as the investment fund option for the stable value asset class. The Invesco Stable Value Fund is also considered a fully benefit-responsive investment contract.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

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, 2010 and 2009

2. Summary of Significant Accounting Policies (Continued)

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 23, 2011, which is the date the financial statements were available to be issued.

Adoption of New Accounting Standard

In January 2010, the Financial Accounting Standards Board (FASB) released Accounting Standards Update No. 2010-06 (ASU 2010-06), *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. The update requires the Plan to (a) disclose transfers in and out of Levels One and Two, in addition to transfers in and out of Level Three and (b) separately disclose purchases, sales, issuances, and settlements of Level Three securities. Additionally, ASU 2010-06 clarifies the information the Plan currently discloses regarding valuation techniques, inputs used in those valuation models, and at what level of detail fair value disclosures should be provided. ASU 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disaggregation of the Level Three activity, which is effective for interim and annual periods beginning after December 15, 2010. Required adoption of ASU 2010-06 provisions had no significant impact on the Plan's 2010 financial statements. The pending update is not expected to materially impact the Plan's current fair value disclosures.

In September 2010, the Financial Accounting Standards Board (FASB) issued an amendment, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest.

This amendment was adopted as of and for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of ASU 2010-25. The adoption resulted in the reclassification of notes receivable from participants totaling \$538,078 and \$425,835 as of December 31, 2010 and 2009, respectively. Interest income on notes receivable from participants totaling \$22,898 and \$17,006 was also reclassified for 2010 and 2009, respectively. The adoption of this pronouncement had no impact on net assets available for benefits.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

3. Plan Assets

The Plan's assets including investments, notes receivable from participants, related investment income and investment transactions, including net appreciation and depreciation of investments and interest income on notes receivable from participants were certified by Reliance Trust Company for the year ended December 31, 2010 and the period of April 2, 2009 to December 31, 2009, and by the Bank of New York Mellon/BNY Mellon, N.A., 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, 2010, the trustee has certified as complete and accurate the fair value of each common collective trust fund and money market fund. The trustee has also certified the contract value of the stable value fund totaling \$955,174. The related adjustment from fair value to contract value of \$27,335 has been audited at December 31, 2010.

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

The following summarizes the certified and the audited components as of and for the years ended December 31, 2010 and 2009:

	<u>Certified</u>	<u>Audited</u>	<u>Total</u>
<u>2010</u>			
Investments at fair value:			
Common collective trust funds	\$6,840,657	\$ —	\$6,840,657
Money market fund	550,469	—	550,469
Self directed brokerage account	—	19,518	19,518
Stable value fund:			
Contract value	955,174	—	955,174
Adjustment to fair value from contract value for fully benefit-responsive contracts	<u>—</u>	<u>27,335</u>	<u>27,335</u>
Total investments at fair value	<u>\$8,346,300</u>	<u>\$46,853</u>	<u>\$8,393,153</u>
Notes receivable from participants	<u>\$ 538,078</u>	<u>\$ —</u>	<u>\$ 538,078</u>
Investment income:			
Interest and dividends	\$ 1,737	\$ —	\$ 1,737
Net appreciation of investments	<u>1,032,150</u>	<u>—</u>	<u>1,032,150</u>
	<u>\$1,033,887</u>	<u>\$ —</u>	<u>\$1,033,887</u>
Interest income on notes receivable from participants	<u>\$ 22,898</u>	<u>\$ —</u>	<u>\$ 22,898</u>

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

3. Plan Assets (Continued)

	<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
 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>
 Total investments at fair value	<u>\$7,464,126</u>	<u>\$36,088</u>	<u>\$7,500,214</u>
 Notes receivable from participants	<u>\$ 425,835</u>	<u>\$ —</u>	<u>\$ 425,835</u>
 Investment income:			
Interest and dividends	\$ 11,340	\$ —	\$ 11,340
Net appreciation of investments	<u>1,054,231</u>	<u>—</u>	<u>1,054,231</u>
	<u>\$1,065,571</u>	<u>\$ —</u>	<u>\$1,065,571</u>
 Interest income on notes receivable from participants	<u>\$ 17,006</u>	<u>\$ —</u>	<u>\$ 17,006</u>

The Plan's investment fund option for the stable value asset class at December 31, 2010 was a common collective investment fund managed by Invesco National Trust Company. The Plan's investment fund option for the stable value asset class at December 31, 2009 was a commingled fund managed by State Street Bank and Trust Company. The investment fund options for the stable value asset class are fully benefit-responsive and are reported at fair value in the statement of net assets available for plan benefits. The adjustment from fair value to contract value for fully benefit-responsive investment contracts at December 31, 2010 and 2009, respectively, relates entirely to the stable value asset class.

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.

Invested funds under the stable value asset class receive crediting interest rate. At December 31, 2010, the crediting interest rate for the Invesco stable value fund was 3.36%. At December 31, 2009, the crediting interest rate for the State Street stable value fund was 2.79%.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

3. Plan Assets (Continued)

The actual yields realized by each stable value asset class at December 31 were as follows:

	<u>2010</u>
Average yields – Invesco stable value fund:	
Based on actual earnings	2.39%
Based on interest credited to participants	3.26
	<u>2009</u>
Average yields – State Street stable value fund:	
Based on actual earnings	2.40%
Based on interest credited to participants	3.26

The following investments are greater than or equal to 5% of net assets available for benefits, at fair value, as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Invesco Stable Value Fund	\$ 982,509	\$ **
State Street Advisors Pentegra Stable Value Fund	**	1,178,655
State Street Advisors Equity S&P 500 Index Fund	1,621,903	1,542,219
State Street Advisors Midcap 400 Fund	1,656,396	1,158,573
State Street Advisors EAFE Index Fund	584,319	462,803
State Street Advisors Russell 2000 Index Fund	477,031	*
State Street Advisors Government Money Market Fund	550,469	751,087

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

** Invesco Stable Value Fund replaced the State Street Advisors Pentegra Stable Value Fund during 2010.

During 2010 and 2009, the net appreciation 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.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

4. **Fair Value Measurements (Continued)**

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'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, 2010 and 2009.

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

Common collective trust funds: Valued based upon the net asset value of the funds as reported by the fund managers.

Stable Value Fund: The fair value of the Plan's interest in the Invesco Stable Value Fund is based upon the net asset value of such fund reflecting all investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported by the fund manager.

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.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets at fair value as of December 31, 2010:				
Common collective trust funds:				
Target retirement funds	\$ —	\$ 246,051	\$ —	\$ 246,051
Balanced funds	—	1,112,124	—	1,112,124
Index funds	—	4,584,336	—	4,584,336
Real estate funds	—	130,117	—	130,117
Bond funds	—	369,084	—	369,084
Growth fund	—	173,543	—	173,543
Value fund	—	225,402	—	225,402
Money market fund	550,469	—	—	550,469
Self directed brokerage account	19,518	—	—	19,518
Stable Value Fund	<u>—</u>	<u>982,509</u>	<u>—</u>	<u>982,509</u>
	<u>\$569,987</u>	<u>\$7,823,166</u>	<u>\$ —</u>	<u>\$8,393,153</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	<u>—</u>	<u>1,178,655</u>	<u>—</u>	<u>1,178,655</u>
	<u>\$767,972</u>	<u>\$6,732,242</u>	<u>\$ —</u>	<u>\$7,500,214</u>

5. Tax Status

The Internal Revenue Service (IRS) has issued a favorable determination letter dated June 24, 2011 indicating that the Plan qualifies under Section 401(a) of the IRC and is, therefore, not subject to tax under present income tax laws. Accordingly, participants are not subject to federal income taxes until such time as the benefits are distributed to them.

NORTHFIELD SAVINGS BANK 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

5. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by a plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Management evaluated the Plan's tax positions and concluded that as of December 31, 2010 the Plan had taken no uncertain tax positions that require recognition of a liability (or asset) in the financial statements. With few exceptions, the Plan is no longer subject to the income tax examinations by federal, state, or local tax authorities for the years prior to 2007.

6. Party-in-Interest Transactions

Pentegra Retirement Services, Inc. is the third party administrator for the Plan. The Plan invests in various funds managed by State Street Bank Global Advisor (SSgA), who serves as Pentegra's investment manager. Therefore, transactions with SSgA qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. In addition, loans to participants qualify as party-in-interest transactions.

Administrative fees are paid to the Plan trustee.

7. Reconciliation to Form 5500

Participant notes are reflected as investments on the Form 5500 for 2010 and 2009, and related interest income is shown as investment income on the Form 5500.

NORTHFIELD SAVINGS BANK 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN #03-0145560 – Plan #002

December 31, 2010

(a)	(b) Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Value</u>	(d) <u>Cost**</u>	(e) Current <u>Value</u>
	Invesco Stable Value Fund	Stable Value Fund	\$ –	\$ 982,509
*	SSgA Target Retirement 2025 Fund	Common Collective Trust	–	17,218
*	SSgA Target Retirement 2035 Fund	Common Collective Trust	–	135,775
*	SSgA Target Retirement 2045 Fund	Common Collective Trust	–	6,457
*	SSgA Moderate Strategic Balanced Fund	Common Collective Trust	–	425,083
*	SSgA Conservative Strategic Balanced Fund	Common Collective Trust	–	334,450
*	SSgA Aggressive Strategic Balanced Fund	Common Collective Trust	–	352,591
*	SSgA Russell 2000 Index Fund	Common Collective Trust	–	477,031
*	SSgA Equity S&P 500 Index Fund	Common Collective Trust	–	1,621,903
*	SSgA Security Lending FD	Common Collective Trust	–	86,601
*	SSgA S&P 500 Growth Fund	Common Collective Trust	–	173,543
*	SSgA S&P 500 Value Fund	Common Collective Trust	–	225,402
*	SSgA Midcap 400 Fund	Common Collective Trust	–	1,656,396
*	SSgA NASDAQ 100 Index Fund	Common Collective Trust	–	244,687
*	SSgA US Real Estate Investment Fund	Common Collective Trust	–	130,117
*	SSgA EAFE Index Fund	Common Collective Trust	–	584,319
*	SSgA Passive Long-Term Fund	Common Collective Trust	–	27,138
*	SSgA Treasury Inflation SECS Index Fund	Common Collective Trust	–	37,133
*	SSgA Long US Treasury Index Fund	Common Collective Trust	–	304,813
*	SSgA Government Money Market Fund	Money Market Fund	–	550,469
	Charles Schwab Self-Directed Brokerage Account	Various	–	19,518
*	Notes receivable from participants	4.25% – 9.25%	–	538,078
				<u>\$8,931,231</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 \$955,174 for the Invesco Stable Value Fund rather than the fair value).

Attachment to 2010 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
	INVESCO NATIONAL TRUST CO	INVESCO STABLE VALUE FUND	902,011	955,174
	SSGA	TARGET RETIREMENT 2045 SL SF CL I	5,517	6,457
	SSGA	TARGET RETIREMENT 2035 SL SF CL I	112,139	135,775
	SSGA	TARGET RETIREMENT 2025 SL SF CL I	14,669	17,218
	SSGA	TARGET RETIREMENT 2015 SL SF CL I	74,538	86,601
	SSGA	S&P LARGE CAP GROWTH R INDEX SL SF CL I	143,467	173,543
	SSGA	S&P LARGE CAP VALUE R INDEX SL SF CL I	201,729	225,402

Attachment to 2010 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	284,963	304,813
	SSGA	NASDAQ 100 INDEX R NL SF CL A	192,866	244,687
	SSGA	S&P MIDCAP R INDEX SL SF CL I	1,334,469	1,656,396
	SSGA	U.S. BOND INDEX SL SF CL I	24,300	27,138
	SSGA	INTL INDEX SL SF CL I	581,504	584,319
	SSGA	S&P 500 R INDEX SL SF CL I	1,545,610	1,621,903
	SSGA	AGGRESSIVE STRATEGIC BALANCED SL FUND	325,993	352,591

Attachment to 2010 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	368,957	425,083
	SSGA	CONSERVATIVE STRATEGIC BALANCED SL FUND	304,564	334,450
	SSGA	RUSSELL SMALL CAP R INDEX SL SF CL I	384,505	477,031
	SSGA	TUCKERMAN U.S. REIT INDEX NL SF CL A	108,917	130,117
	SSGA	US INFLATION PRO BOND INDEX NL SF CL A	37,016	37,133
*	CHARLES SCHWAB & COMPANY	PERSONAL CHOICE RETIREMENT ACCOUNT	19,518	19,518
	PARTICIPANT LOANS	INTEREST RATE 4.25% - 9.25%	538,078	538,078