

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>THIRD FEDERAL SAVINGS BANK RETIREMENT 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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1955</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1955</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1955</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THIRD FEDERAL SAVINGS BANK</u> <u>3 PENNS TRAIL</u> <u>NEWTOWN, PA 18940-1812</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-1151162</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>215-579-4600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-1151162</u>	2c Sponsor's telephone number <u>215-579-4600</u>	2d Business code (see instructions) <u>522120</u>	
2b Employer Identification Number (EIN) <u>23-1151162</u>					
2c Sponsor's telephone number <u>215-579-4600</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.	10/17/2011	BETH A. MALLAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	DENNIS R. STEWART
	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") THIRD FEDERAL SAVINGS BANK 3 PENNS TRAIL NEWTOWN, PA 18940-1812	3b Administrator's EIN 23-1151162 3c Administrator's telephone number 215-579-4600
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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	168
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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	130
b Retired or separated participants receiving benefits.....	6b	11
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	15

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:
 1A 1G

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)

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

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

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

A Name of plan <u>THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THIRD FEDERAL SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>23-1151162</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>6755695</u>
b Actuarial value	2b <u>6755695</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>9</u> <u>407383</u>
b For terminated vested participants	3b <u>20</u> <u>603680</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>413985</u>
(2) Vested benefits	3c(2) <u>2328301</u>
(3) Total active	3c(3) <u>139</u> <u>2742286</u>
d Total	3d <u>168</u> <u>3753349</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.74</u> %
6 Target normal cost	6 <u>428779</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/10/2011</u>
Signature of actuary	Date
<u>LAWRENCE C. BRISMAN</u>	<u>11-04972</u>
Type or print name of actuary	Most recent enrollment number
<u>BEYER-BARBER COMPANY</u>	<u>610-435-9577</u>
Firm name	Telephone number (including area code)
<u>1136 HAMILTON STREET</u> <u>ALLENTOWN, PA 18101-1081</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2581569	810317
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	376228	0
9	Amount remaining (Item 7 minus item 8).....	2205341	810317
10	Interest on item 9 using prior year's actual return of <u>14.10</u> %	310953	114255
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1415896
b	Interest on (a) using prior year's effective rate of <u>6.47</u> %		91608
c	Total available at beginning of current plan year to add to prefunding balance		1507504
d	Portion of (c) to be added to prefunding balance.....		1507504
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	2516294	2432076

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	48.15 %
15	Adjusted funding target attainment percentage.....	15	179.99 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	115.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
12/17/2010	442993	0	
		Totals ▶	18(b)
		442993	18(c)
			0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 416135
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	428779
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	428779
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	428779	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	416135
38 Interest-adjusted excess contributions for current year (see instructions).....	38	416135
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<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 Name of plan</div> <div>THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>THIRD FEDERAL SAVINGS BANK</div>	<div>D Employer Identification Number (EIN)</div> <div>23-1151162</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

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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)

WILMINGTON TRUST FIDUCIARY SERVICES

34 EXCHANGE PLACE
803 PLAZA THREE
JERSEY CITY, NJ 07311

26-3523944

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	BROKERAGE	30096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT ADVISOR	25461	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

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 THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN		B Three-digit plan number (PN) ► 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THIRD FEDERAL SAVINGS BANK		D Employer Identification Number (EIN) 23-1151162
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: FIXED INCOME INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1237075
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 862567
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 627633
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 774526
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP FUNDAMENTAL VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194097
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114737
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET PORTFOLIO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-3523944-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306032
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: S&P 500 INDEX PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	619331
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT DURATION PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	844730
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CO GROWTH PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	115448
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CO DIVERSIFIED VALUE PORT.**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	192486
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a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC BOND PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	619766
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a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC GROWTH PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	855041
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a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN REIT PORTFOLIO**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN 26-3523944-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	401854
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THIRD FEDERAL SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>23-1151162</u>	

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)	972	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1526905	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	6338	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	4952475	7765323
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	269055	0

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	6755745	7765323

Liabilities

g Benefit claims payable	1g	50	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	4304
k Total liabilities (add all amounts in lines 1g through 1j)	1k	50	4304

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6755695	7761019
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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)	442993	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		442993

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	544	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		544

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	618	
(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)		618

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	268171	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	308598	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-40427

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	39491	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		39491
(6) Net investment gain (loss) from common/collective trusts	2b(6)		807120
(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		261
d Total income. Add all income amounts in column (b) and enter total.....	2d		1250600

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	189717	
(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)		189717
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)		
(3) Investment advisory and management fees	2i(3)	55559	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		55559
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		245276

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1005324
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: S. R. SNODGRASS, A.C.

(2) EIN: 25-1616561

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THIRD FEDERAL SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>23-1151162</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.....	<u>1</u>	<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>23-2697472</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.....	<u>3</u>	<u>5</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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

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):

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
NEWTOWN, PENNSYLVANIA

AUDIT REPORT
DECEMBER 31, 2010

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
DECEMBER 31, 2010

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REPORT OF INDEPENDENT AUDITORS

Plan Administrator
Third Federal Savings Bank Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Third Federal Savings Bank Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010; the statement of accumulated Plan benefits as of December 31, 2009, and the related statement of changes in accumulated Plan benefits for the year ended December 31, 2009; and the supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted in 29 CFR 2520.103-8 of the United States Department of Labor ("DOL")'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 7, which was certified by Wilmington Trust, the current custodian of the Plan and Merrill Lynch Co., the former custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The Plan administrator has informed us that the custodians holds the Plan's investment assets and executes investment transactions. As disclosed in Note 7, the Plan administrator has obtained certifications from the custodians regarding the completeness and accuracy of the investment information provided to the Plan administrator by the current custodian as of and for the year ended December 31, 2010, and as of and for the period from December 22, 2009 to December 31, 2009, and the former custodian from January 1, 2009 to December 31, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A.R. Snodgrass, A.C.

Wexford, Pennsylvania
October 14, 2011

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value:		
Collective trust	\$ 7,765,323	\$ 4,952,475
Equities	-	6,338
Other assets	-	269,055
Total investments	<u>7,765,323</u>	<u>5,227,868</u>
Accrued dividends receivable	-	972
Cash-interest bearing	<u>-</u>	<u>1,526,905</u>
Total assets	<u>7,765,323</u>	<u>6,755,745</u>
LIABILITIES		
Amount due participant	-	50
Amount due broker	<u>4,304</u>	<u>-</u>
Total liabilities	<u>4,304</u>	<u>50</u>
Net assets available for benefits	<u>\$ 7,761,019</u>	<u>\$ 6,755,695</u>

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

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

	<u>2010</u>
INVESTMENT INCOME	
Net appreciation in fair value of investments	\$ 807,063
Interest and dividends	<u>544</u>
Total investment income	807,607
EMPLOYER CONTRIBUTIONS	<u>442,993</u>
Total additions	<u>1,250,600</u>
BENEFITS PAID DIRECTLY TO PARTICIPANTS	(189,717)
ADMINISTRATIVE EXPENSES	<u>(55,559)</u>
Total deductions	<u>(245,276)</u>
Net increase	1,005,324
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of the year	<u>6,755,695</u>
End of the year	\$ <u><u>7,761,019</u></u>

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

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2009
ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS	
Vested benefits:	
Participants currently receiving payments	\$ 366,250
Other participants	<u>2,439,322</u>
	2,805,572
Nonvested benefits	<u>333,184</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS	\$ <u><u>3,138,756</u></u>

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

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2009

Actuarial present value of accumulated benefits at beginning of year	\$ 2,302,732
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	387,117
Benefits accumulated and experience gains	386,030
Interest on prior obligations	201,157
Benefits paid to participants	<u>(138,280)</u>
Net increase	<u>836,024</u>
Actuarial present value of accumulated benefits at end of year	<u><u>\$ 3,138,756</u></u>

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

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Third Federal Savings Bank Retirement 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 benefit pension plan covering substantially all employees of Third Federal Bank (the "Bank"), which is a wholly owned subsidiary of TF Financial Corporation. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees are eligible to become participants after completing one year of service and attaining 21 years of age. The normal form of pension payable to an unmarried participant is a single life annuity. A participant is 100 percent vested upon attainment of his/her early or normal retirement date; otherwise, the participant becomes vested in his/her accrued benefit after five years of service.

Death and Disability Benefits

If a vested, married, active employee dies, a death benefit equal to 50 percent of the value of the employee's accumulated pension benefits is paid to the employee's spouse. No death benefits are payable to unmarried employees under this Plan, except when necessary requirements are met. Active employees who become totally and permanently disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies of the Plan:

Basis of Accounting

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

Use of Estimates

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments and Income Recognition

Investments of the Plan are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Note 3 - Fair Value Measurements provides additional disclosure related to valuation methodologies. Purchase and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated Plan benefits are based on career average compensation. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

An actuary estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment by means of decrements (such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations as of December 31 2009, are as follows:

Actuarial cost method	• Unit Credit Actuarial Cost Method
Assumed average rate of return on investment	• 8 percent per year pre-retirement compounded annually
Mortality scale	• IRS 2010 Combined Static Mortality Table
Retirement	• Retirement is assumed at normal retirement age

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Benefits Paid

Benefit payments to participants are recorded upon distribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status

The Internal Revenue Service has determined and informed the Bank by a letter dated January 28, 2002, that the Plan are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and tax counsel believe that the Plan is in compliance with the applicable requirements of the code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Administrative Expenses

Administrative expenses of the Plan relating to investment management and recordkeeping fees are paid by the Plan. Fees relating to accounting, miscellaneous administrative expenses, and the insurance premium of the Pension Benefit Guaranty Corporation are paid by the Plan's sponsor. Such expenses amounted to \$35,220 for the year ended December 31, 2010.

NOTE 3 - FAIR VALUE MEASUREMENTS

U.S. generally accepted accounting principles establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of input significant to the fair value measurement.

The three levels of the fair value hierarchy are described below:

- Level I: Quoted prices are available in active markets for identical assets or liabilities as of the reported date.
- Level II: Pricing inputs are other than the quoted prices in active markets, which are either directly or indirectly observable as of the reported date. The nature of these assets and liabilities includes items for which quoted prices are available but traded less frequently and items that are fair-valued using other financial instruments, the parameters of which can be directly observed.
- Level III: Valuations are derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

NOTE 3 - 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, respectively;

	December 31, 2010			
	Level I	Level II	Level III	Total
Assets:				
Investment in collective trusts	\$ -	\$ 7,765,323	\$ -	\$ 7,765,323
Total assets at fair value	\$ -	\$ 7,765,323	\$ -	\$ 7,765,323
	December 31, 2009			
	Level I	Level II	Level III	Total
Assets:				
Investment in collective trusts	\$ -	\$ 4,952,475	\$ -	\$ 4,952,475
Investment in equities				
Financial services	3,212	-	-	3,212
Utilities	3,126	-	-	3,126
Investment in other assets	269,055	-	-	269,055
Total assets at fair value	\$ 275,393	\$ 4,952,475	\$ -	\$ 5,227,868

The 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.

Equities	Valued at quoted prices in active markets.
Collective investment trust funds	The collective investment trust funds fair value is classified in Level II using the asset fair value provided by Wilmington Trust, the trustee of the fund. Net asset value (NAV) unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.
Other assets	Valued at the net asset value of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. The Plan custodian engages a third-party pricing agent as well as an internal pricing service to determine fair value. Furthermore, although the Plan believes the 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 estimate of fair value measurement at the reporting date.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial instruments are defined as cash, evidence of ownership interest in an entity, or a contract which creates an obligation or right to receive or deliver cash or another financial instrument from/to a second entity on potentially favorable or unfavorable terms. Fair value is defined as the amount at which a financial instrument could be exchanged in a current transaction between willing parties other than in a forced liquidation or sale. If a quoted market price is available for a financial instrument, the fair value would be calculated based upon the market price per trading unit of the instrument.

Investments in collective investment trusts, equities, accrued dividends receivable, other assets, and cash would be considered financial instruments. At December 31, 2010, the carrying amounts of these financial instruments approximate fair value.

NOTE 5 - FUNDING POLICY

The Bank's funding policy is to make annual contributions to the Plan that are between the minimum amount required to satisfy the funding standards of ERISA and the maximum tax-deductible contribution for federal income tax purposes, such that all employees' benefits will be fully provided for by the time they retire.

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.

NOTE 6 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (1) To that portion of participant Accrued Benefit which is derived from participant contributions made to the Plan.
- (2) Equally among:
 - (a) Retired participants and their beneficiaries to whom payment commenced at least three years prior to the date of termination.
 - (b) Participants who could have retired and received payment of their benefits at least three years prior to the date of termination.
- (3) To all benefits guaranteed and insured by the Pension Benefit Guaranty Corporation.
- (4) To all other vested accrued benefits not insured by the Pension Benefit Guaranty Corporation.
- (5) To all other accrued benefits provided under the Plan.

Any excess funds shall revert to the employer.

NOTE 7 - INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520-103-8 of the Department of Labor (“DOL”)’s Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974. In December 2009, the Plan administrator changed the custodian of Plan assets from Merrill Lynch Trust Co., FSB to Wilmington Trust. Merrill Lynch Trust Co., FSB and Wilmington Trust have certified that the data included in the following financial statements and supplemental schedules is complete and accurate:

- Investments at fair value as shown in the Statement of Net Assets Available for Benefits, December 31, 2010 and 2009
- Investment activity (interest and dividend income, net appreciation (depreciation) in fair value of investments) as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010
- Schedule of assets (held at end of year) as of December 31, 2010
- Schedule of reportable (5 percent) transactions for the year ended December 31, 2010

	December 31,	
	2010	2009
Equities		
Common stock	\$ -	\$ 6,338
Total Equities	<u>-</u>	<u>6,338</u>
Collective Trust		
Fixed Income Index	* 1,237,075	* 996,695
Fundamental Value Portfolio	* 862,567	* 592,442
International Growth Portfolio	* 627,633	* 397,908
International Value Portfolio	* 774,526	* 494,506
Mid-Cap Fundamental Value Portfolio	194,097	123,384
Mid-Cap Growth Portfolio	114,737	73,929
Money Market Portfolio	306,032	149,344
S&P 500 Index Portfolio	* 619,331	* 393,878
Short Duration Portfolio	* 844,730	298,567
Small Co Growth Portfolio	115,448	73,662
Small Company Diversified Value Portfolio	192,486	122,566
Strategic Bond Portfolio	* 619,766	* 500,088
Strategic Growth Portfolio	* 855,041	* 493,803
Total Return REIT Portfolio	* 401,854	241,703
Total Collective Trust	<u>7,765,323</u>	<u>4,952,475</u>
Other Assets		
Campbell Strategic Allocation Fund	-	269,055
Total Other Assets	<u>-</u>	<u>269,055</u>
Total investment securities at fair value	\$ <u>7,765,323</u>	\$ <u>5,227,868</u>

*Represents 5% or more of Plan net assets

NOTE 7 - INFORMATION CERTIFIED BY THE CUSTODIAN (Continued)

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) as follows:

	December 31, 2010
Appreciation (depreciation)	
Collective investment trust	\$ 847,490
Other assets	(40,427)
Total	\$ <u>807,063</u>

Interest and dividend income for 2010 was \$544.

NOTE 8 - RISKS AND UNCERTAINTIES

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

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

NOTE 9 - SUBSEQUENT EVENTS

The Plan assessed events occurring subsequent to December 31, 2010 through October 14, 2011, for potential recognition and disclosure in the financial statements. No other events have occurred that would require adjustment to or disclosure in the financial statements which were issued October 14, 2011.

SUPPLEMENTAL SCHEDULES

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 23-1151162
PLAN NUMBER 003
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fixed Income Index	18.79	\$ 1,171,982	\$ 1,237,075
*	Fundamental Value Portfolio	56.95	752,032	862,567
*	International Growth Portfolio	17.49	554,767	627,633
*	International Value Portfolio	21.07	751,193	774,526
*	Mid-Cap Fundamental Value Portfolio	10.71	165,661	194,097
*	Mid-Cap Growth Portfolio	11.43	94,385	114,737
*	Money Market Portfolio	1.00	306,032	306,032
*	S&P 500 Index Portfolio	15.68	551,233	619,331
*	Short Duration Portfolio	12.68	826,683	844,730
*	Small Co Growth Portfolio	97.24	87,909	115,448
*	Small Company Diversified Value Portfolio	11.14	160,756	192,486
*	Strategic Bond Portfolio	27.00	556,317	619,766
*	Strategic Growth Portfolio	16.57	747,124	855,041
*	Total Return REIT Portfolio	21.81	324,912	401,854
	Total Investments			\$ 7,765,323

* Party-in-interest

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER 23-1151162
PLAN NUMBER - 003
DECEMBER 31, 2010

(b)Description of Assets	(c)Purchases	(d)Sales	(g)Cost of Assets Sold/Purchased	(i)Net Gain (Loss)
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Type (i) Transactions - a single transaction in excess of 5 percent of the fair value of Plan assets

- None -

Type (ii) Transactions - series of transactions other than securities transactions in excess of 5 percent of the fair value of Plan assets

- None -

Type (iii) Transactions - series of security transactions of the same issue aggregating in excess of 5 percent of the fair value of Plan assets

Fixed Income Index	\$ 431,527	-	-	-
Short Duration Portfolio	\$ 541,733	-	-	-

Type (iv) Transactions - transactions in securities with a person if any single transaction was in excess of 5 percent of the fair value of Plan assets

- None -

PLAN NO. 003

SCHEDULE SB, LINE 26-SCHEDULE OF ACTIVE PARTICIPANT DATA

ATT'N AGES	YEARS OF CREDITED SERVICE																				
	<1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 AND UP		
	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	NO.	AVG COMP.	
< 25	-		9	-		-		-		-		-		-		-		-		-	
25 - 29	-		13	-		4	-		-		-		-		-		-		-		-
30 - 34	-		9	-		6	-		-		-		-		-		-		-		-
35 - 39	-		5	-		3	-		2	-		-		-		-		-		-	
40 - 44	-		8	-		1	-		1	-		-		-		-		-		-	
45 - 49	-		11	-		5	-		2	-		-		-		-		-		-	
50 - 54	-		8	-		6	-		9	-		-		1	-		-		1	-	
55 - 59	-		5	-		3	-		3	-		-		-		1	-		-		1
60 - 64	-		7	-		4	-		5	-		-		-		-		-		-	
65 - 69	-		1	-		1	-		1	-		-		-		-		-		-	
70 - UP	-		1	-		-			-			-		-		-		-		-	

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL VALUATION METHODS

I. ACTUARIAL COST METHOD

The method used to determine the costs of this Plan is the Unit Credit Actuarial Cost Method. Under this method, the annual cost of the Plan consists of two parts: (1) Amortization of Funding Shortfall and (2) Target Normal Cost.

An individual's accrued benefit for valuation purposes on any date (i.e., a valuation date) related to a particular separation date is the accrued benefit described under the Plan, using the credited service as of the determination date.

The benefit deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for valuation purposes at the beginning of the plan year.

An individual's Funding Target is the present value of the accrued benefit for valuation purposes at the beginning of the plan year, and the Target Normal Cost is the present value of the benefit deemed to accrue in the plan year.

II. ASSET VALUATION METHOD

Assets shall be valued using their current fair market price.

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL VALUATION ASSUMPTIONS

In determining the value of future benefits and costs, the actuarial factors and assumptions used for your Plan are:

Mortality:

Funding, PBGC Premium
& Ongoing Basis: IRS 2010 Combined Static Mortality Table.

Interest:

Funding: September 2009 Segment Rates:

1 st Segment	5.03%
2 nd Segment	6.73%
3 rd Segment	6.82%

PBGC Premium: January 2010 Segment Rates:

1 st Segment	2.35%
2 nd Segment	5.65%
3 rd Segment	6.45%

Ongoing Basis FAS 35: A rate of 8.0% per annum.

Retirement Age: Retirement is assumed at Normal Retirement Age.

Termination: Annual rates based on the following scale as a percentage:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	7.72%	7.72%
40	5.15%	5.15%
55	0.94%	0.94%

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL VALUATION ASSUMPTIONS (Cont'd)

Expenses:	None assumed.
Annuity Form:	Straight Life Annuity.
Salary Scale:	Salaries are assumed to increase at the rate of 6% per annum.
Hours Worked:	This Valuation Report reflects actual hours worked for the prior calendar year. It is assumed that for the current year and future years, all Members will have enough hours for full vesting and benefit accruals.
Incidence of Disability, Active Lives:	None assumed.
Calculation of Benefits:	Benefits are calculated as of the last completed computation period, December 31, 2009.

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER 23-1151162
PLAN NUMBER - 003
DECEMBER 31, 2010

(b)Description of Assets	(c)Purchases	(d)Sales	(g)Cost of Assets Sold/Purchased	(i)Net Gain (Loss)
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Type (i) Transactions - a single transaction in excess of 5 percent of the fair value of Plan assets

- None -

Type (ii) Transactions - series of transactions other than securities transactions in excess of 5 percent of the fair value of Plan assets

- None -

Type (iii) Transactions - series of security transactions of the same issue aggregating in excess of 5 percent of the fair value of Plan assets

Fixed Income Index	\$ 431,527	-	-	-
Short Duration Portfolio	\$ 541,733	-	-	-

Type (iv) Transactions - transactions in securities with a person if any single transaction was in excess of 5 percent of the fair value of Plan assets

- None -

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

► Round off amounts to nearest dollar.

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

A Name of plan THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THIRD FEDERAL SAVINGS BANK	D Employer Identification Number (EIN) 23-1151162	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	6755695	
b Actuarial value.....	2b	6755695	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	9	407383
b For terminated vested participants	3b	20	603680
c For active participants:			
(1) Non-vested benefits.....	3c(1)		413985
(2) Vested benefits.....	3c(2)		2328301
(3) Total active	3c(3)	139	2742286
d Total.....	3d	168	3753349
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.74%	
6 Target normal cost.....	6	428779	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary LAWRENCE C. BRISMAN Type or print name of actuary BEYER-BARBER COMPANY Firm name 1136 HAMILTON STREET ALLENTOWN PA 18101-1081 Address of the firm	Date 1104972 Most recent enrollment number 610-435-9577 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2581569	810317
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	376228	0
9 Amount remaining (Item 7 minus item 8)	2205341	810317
10 Interest on Item 9 using prior year's actual return of <u>14.10%</u>	310953	114255
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1415896
b Interest on (a) using prior year's effective rate of <u>6.47%</u>		91608
c Total available at beginning of current plan year to add to prefunding balance		1507504
d Portion of (c) to be added to prefunding balance		1507504
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2516294	2432076

Part III Funding percentages

14 Funding target attainment percentage	14	48.15%
15 Adjusted funding target attainment percentage	15	179.99%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.86%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/17/2010	442993	0			
Totals ▶			18(b)	442993	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	416135

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.03%2nd segment:
6.73%3rd segment:
6.82%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

428779

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)**34**

428779

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

428779

0

428779

36 Additional cash requirement (item 34 minus item 35)**36**

0

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

416135

38 Interest-adjusted excess contributions for current year (see instructions)**38**

416135

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Part V – Summary of Plan Provisions

SALIENT FEATURES

I. ELIGIBILITY

Each Employee shall become a participant on the January 1, or July 1 coincident with or next following the completion of one (1) Year of Service and the attainment of age 21.

II. RETIREMENT DATES

- A. Normal Retirement Date - First day of the month coinciding with or next following the attainment of age 65 or the 5th anniversary of joining the plan, if later.
- B. Early Retirement Date – First day of the month coinciding with or next following the attainment of age 55 and completion of 5 Years of Service
- C. Postponed Retirement Date – Retirement after Normal Retirement Date.
- D. Disability Retirement Date – The disability of a participant shall be determined by a licensed physician chosen by the Plan Administrator. Participant becomes totally and permanently disabled and such condition continues for a period of six (6) consecutive months and by reason thereof such Participant's status as an Employee ceases. The benefit shall be computed as of the Anniversary Date subsequent to termination of employment.

III. RETIREMENT BENEFITS

- A. Normal Retirement Benefit - The monthly accrued benefit as of any date of determination is equal to the sum of:
 - (1) The accrued benefit as of December 31, 1997, and

Plan Name: Third Federal Savings Bank Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

III. RETIREMENT BENEFITS (cont'd)

- (2) 1.5% of career average monthly compensation multiplied by Years of Credited Service after December 31, 1997. Years of Service shall not exceed the difference between 30 and the number of Years of Credited Service before January 1, 1998.

In no event shall the accrued benefit be less than the greater of:

- (1) The accrued benefit under the old formula calculated as of December 31, 1988.
- (2) The accrued benefit under the old formula calculated as of December 31, 1993.
- (3) The accrued benefit as of November 15, 1992 (merger date) for prior participants of Doylestown Federal Savings and Loan Association Defined Benefit Pension Plan.
- (4) The benefit under the December 31, 1996 formula multiplied by Years of Credited Service at December 31, 1997 divided by the total Years of Credited Service at Retirement Date (not to exceed 30 years).

B. Early Retirement Benefit –

- (1) Early Deferred Benefit – Equal to the Participant's Accrued Benefit payable at the Participant's Normal Retirement Date.
- (2) Early Immediate Benefit – Pension benefit determined as of Early Retirement Date, reduced 0.5555% for each of the first 60 months and 0.2777% for each of the next 60 months and reduced actuarially for each additional year by which retirement precedes Normal Retirement Date.

Plan Name: Third Federal Savings Bank Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

III. RETIREMENT BENEFITS (cont'd)

- C. Postponed Retirement Benefit – Benefit is equal to the greater of the equivalent actuarial value of the Participant's benefit calculated using years of service and average monthly compensation to his Normal Retirement Date, or the benefit calculated using years of service and average monthly compensation as of the date of actual retirement.
- D. Disability Retirement Benefit – Actuarial equivalent of Participant's vested Accrued Benefit.

IV. VESTED BENEFIT

- A. Accrued Benefit – The Normal Retirement Benefit as of the Date of Determination.
- B. Vested Benefit – A percentage of the Participant's Accrued Benefit based on the number of Years of Service according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting %</u>
Less than 5 years	0%
5 years or more	100%

V. DEATH BENEFIT

- A. Pre-Retirement - In accordance with the provisions of the Retirement Equity Act, a monthly benefit is payable to the spouse of certain vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
- B. Post-Retirement – Based on optional form of benefit elected.

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
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Schedule SB, Part V – Summary of Plan Provisions

VI. COMPENSATION

Compensation with respect to any Participant means total taxable compensation paid by the Employer during a Plan Year as calculated for federal income tax purposes for the Participant's Form W-2, except as otherwise provided herewith with respect to Participants who receive incentive compensation for loan and deposit product sales as described below; provided, however, that for purposes of this Section, the determination of Compensation shall be made by:

- (1) including amounts which are contributed by the Employer pursuant to a salary reduction agreement and which are not includible in the gross income of the Participant under Code Sections 125, 132(f)(4) for Plan Years beginning after December 31, 2000, 402(e)(3), 402(h)(1)(B), 403(b) or 457(b), and Employee contributions described in Code Section 414(h)(2) that are treated as Employer contributions; and
- (2) including stock bonus awards in the Plan Year in which a Participant is Vested in any such award, notwithstanding any language contained herein to the contrary and regardless of the compensation reported as taxable income on a Participant's W-2 for a Plan Year

Prior to January 1, 1998, Average Monthly Compensation means Compensation averaged over the five (5) consecutive full plan years of service which produce the highest average within the last 10 completed years of participation.

After December 31, 1997, Career Average Monthly Compensation means – Compensation averaged over a Participant's full Plan Years of Service beginning after December 31, 1997.

Effective for Plan Years beginning after December 31, 2008, the Annual Compensation limitation of \$200,000 shall be adjusted for cost-of-living increases in accordance with Code Section 401(a)(17)(B).

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Part V – Summary of Plan Provisions

VII. RETIREMENT BENEFIT PAYMENTS

- A. Normal Retirement Benefit – A life annuity payable during the Participant's lifetime, ceasing at death
- B. Ten Year Certain Benefit – A life annuity with 120 monthly payments guaranteed.
- C. Twenty Year Certain Benefit – A life annuity with 240 monthly payments guaranteed.
- D. Qualified Joint and Survivor Options:
 - (1) 100% - A life annuity payable during the Participant's lifetime, with 100% of the annuity continuing to his Beneficiary after his death.
 - (2) 75% - A life annuity payable during the Participant's lifetime, with 75% of the annuity continuing to his Beneficiary after his death.
 - (3) 50% - A life annuity payable during the Participant's lifetime, with 50% of the annuity continuing to his Beneficiary after his death.
- E. Lump Sum – A single payment equal to the equivalent actuarial value of the Normal Retirement Benefit.
- F. If a Participant is entitled to receive a Qualified Joint and Survivor Annuity, but fails to file an election, the automatic benefit is the Joint and 50% Survivor Annuity.

VIII. ANNIVERSARY DATE

January 1st.

Plan Name: Third Federal Savings Bank Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

IX. EFFECTIVE DATE

- A. Original Plan – January 1, 1955
- B. ERISA Plan – January 1, 1976
- C. Amended and Restated plan – January 1, 1997

THIRD FEDERAL SAVINGS BANK RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 23-1151162
PLAN NUMBER 003
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fixed Income Index	18.79	\$ 1,171,982	\$ 1,237,075
*	Fundamental Value Portfolio	56.95	752,032	862,567
*	International Growth Portfolio	17.49	554,767	627,633
*	International Value Portfolio	21.07	751,193	774,526
*	Mid-Cap Fundamental Value Portfolio	10.71	165,661	194,097
*	Mid-Cap Growth Portfolio	11.43	94,385	114,737
*	Money Market Portfolio	1.00	306,032	306,032
*	S&P 500 Index Portfolio	15.68	551,233	619,331
*	Short Duration Portfolio	12.68	826,683	844,730
*	Small Co Growth Portfolio	97.24	87,909	115,448
*	Small Company Diversified Value Portfolio	11.14	160,756	192,486
*	Strategic Bond Portfolio	27.00	556,317	619,766
*	Strategic Growth Portfolio	16.57	747,124	855,041
*	Total Return REIT Portfolio	21.81	324,912	401,854
Total Investments				\$ 7,765,323

* Party-in-interest

Plan Name: Third Federal Savings Bank Retirement Plan
Plan Sponsor's EIN: 23-1151162
Plan Number: 003
Schedule SB, Line 19 – Discounted Employer Contributions

<u>Date</u>	<u>Contribution</u>	Discount Value at <u>1/1/2010*</u>
12/17/2010	\$442,993	\$416,135

*The interest rate used for this calculation is the effective interest rate at January 1, 2010: 6.74%.

Plan Name: Third Federal Savings Bank Retirement Plan

Plan Sponsor's EIN: 23-1151162

Plan Number: 003

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The assumed rate of retirement is 100% at age 65.