

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_ Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 **2009**

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning . 2009, and ending ,														
G Ch	eck a	II that apply	Initial return	Init	ial Return of a former p	ublic charity		Fin	al return					
		ľ	Amended ret	urn	Address change Na			ame change						
11 4	<u> </u>					- I I	TA	Employer identification nu	mber					
Use t IRS lai		NORTHFIELD	BANK FOUN	JDATT	ON		``	26-1317178						
Otherw		1731 VICTO			~ - ·		В							
prin	t I	STATEN ISL		314			٦	718-448-1000						
or typ See Spe	e.						<u>-</u>		· · · · · · · · · · · · · · · · · · ·					
Instruct							C	If exemption application is	· • • • • • • • • • • • • • • • • • • •					
			lari -				JÞ	1 Foreign organizations, che						
H Č	_	type of organiza			1(c)(3) exempt private f			2 Foreign organizations mee	ting the 85% test, check					
		ction 4947(a)(1)				private foundation		here and attach computation	i					
I F	air mai	rket value of all asset	s at end of year	J Acc		ash X Accrual	-	If private foundation status under section 507(b)(1)(A)	s was terminated					
(1	rom Pa	art II, column (c), lıne			Other (specify)		J₽	If the foundation is in a 60						
▶ \$	_	14,218,		(Part I	, column (d) must be or	n cash basıs)		under section 507(b)(1)(B)						
Part I	A	nalysis of Re	venue and		(a) Revenue and	(b) Net investm	ent	(c) Adjusted net	(d) Dishursoments					
	_ E	xpenses (The	total of amount	s ın	evnenses ner hooks	income	CIII	income	(d) Disbursements for charitable					
	CC	olumns (b), (c), a arily equal the an	and (d) may not	neces-	` ' i				purposes					
		see the instruction		III (a)					(cash basis only)					
	1	Contributions, gifts, o		(att sch)				· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	2		undn is not req to at											
	3	Interest on savi												
	-	cash investmen			74,148.	74,1	48.	74,148.						
	4	Dividends and inter-	est from securities		143,370.	143,3	70.	143,370.						
		Gross rents												
	'	Net rental income or (loss)												
R		Net gain/(loss) from		line 10										
E	'	Gross sales price for assets on line 6a	all											
	7	Capital gain net inco	me (from Part IV, Irr	ne 2)				RECEIVE						
E N U	8	Net short-term	capital gain				- 1	1						
U E	9 Income modifications							ro l	76					
E	10 a	Gross sales less returns and allowances						MAY 1 9 2010	lől					
	١.	allowances Less Cost of						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 / 1 3					
	, ,	goods sold					- 1	00=						
	c Gross profit/(loss) (att sch)					L	OGDEN, UT							
	11 Other income (attach schedule)													
	12	Total. Add lines	1 through 11		217,518.	217,5	18.	217,518.						
	13	Compensation of offi	cers, directors, truste	ees, etc	60,098.									
	14	Other employee sala	aries and wages			6,0	10.	6,010.	54,088.					
	15	Pension plans,	employee bene	efits										
A		Legal fees (attach s		ST 1	803.				803.					
D M	l t	Accounting fees (att	tach sch) SEE	ST 2	12,000.			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	12,000.					
ï N		Other prof fees (atta												
S į	17	Interest												
OPERATING	18	Taxes (attach schedule)(se	e instr.) SEE S	STM 3	8,730.	4	99.	499.	7,481.					
RRAA	19	Depreciation (at	ttach			<u> </u>								
TT		sch) and deplet	ion		1,962.									
Ř Ř	20	Occupancy												
	21	Travel, conferer		ıngs	930.				930.					
A E N X D P	22	Printing and pu												
	23	Other expenses			ا ممدا	A	E ()	450	3 500					
E N S E S	ــــــــــــــــــــــــــــــــــــــ		EE STATEME		8,046.	4	<u>50.</u>	450.	7,596.					
Ĕ	24	Total operating expenses. Add	and administra	ative	92,569.	6,9	50	6,959.	92 000					
5	25	Contributions, gifts,			502,050.	و, و	,,,	0,339.	82,898.					
			- '		302,030.				502,050.					
	20	Total expenses Add lines 24 an	anu dispursen d 25	nents.	594,619.	6,9	59	6,959.	584,948.					
	27				05-70251			1 3,333.	331/340.					
		Excess of rever	nue over expen	ses										
		and disburseme	ents		-377,101.									
	t	Net investment inco	me (if negative, ente	r -0-).		210,5	59.							
	(Adjusted net income	(if negative, enter -	0-)				210,559.						

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year		f year	
		· 	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1		· ·	669,553.	2,099,436.	2,099,436.	
	2	Savings and tempor	ary cash investments .	1,858,363.			
	j 3	Accounts receivable		-			
		Less allowance for	doubtful accounts				
	4	Pledges receivable	-				
		Less allowance for	doubtful accounts				
	5	Grants receivable		·			
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions).				
_	7	Other notes and loans rec	eivable (attach sch).		72 -		
S		Less allowance for	doubtful accounts ►				
A S E T	8	Inventories for sale	or use				
Ť	9	Prepaid expenses a	nd deferred charges		<u></u>		
S		obligations (attach s	· •				
		b Investments — corporate stock (attach schedule) STATEMENT 5		10,080,685.	12,114,743.	12,114,743.	
	'	c Investments — corporate	bonds (attach schedule)				
	11	Investments – land, equipment basis	buildings, and				
		Less: accumulated deprec (attach schedule)	ration . ►				
	12	Investments - morte	gage loans .				
	13	Investments - other	` '				
	14	Land, buildings, and e	equipment. basis		* " rentr on		
		•	SEE STMT 63,923.	5,885.	3,924.	3,924.	
		Total assets (to be	completed by all filers -	12 614 406	14 010 100	14 010 100	
$\overline{}$	17		o, see page 1, item I)	12,614,486.	14,218,103.	14,218,103.	
Ī	18 Grants payable		nd accrued expenses	12,000. 83,485.	12,000.		
A B I	19	· · ·		63,465.	30,000.		
Ţ	20		tors, trustees, & other disqualified persons				
Ļ	21		s payable (attach schedule)				
Ť	22		be ► SEE STATEMENT 7	605.	750.	,	
É	-					,	
<u>E</u> S	23		lines 17 through 22)	96,090.	42,750.		
		Foundations that fol and complete lines 2	llow SFAS 117, check here X 24 through 26 and lines 30 and 31.				
N F E U T N	24	Unrestricted		12,518,396.	14,175,353.	}	
ΤŇ	25	Temporarily restricte	d				
ΔD	26	, , , , , , , , , , , , , , , , , , , ,				í	
A B A L T A		Foundations that do and complete lines 2	onot follow SFAS 117, check here P 27 through 31.			'	
TA	27	Capital stock, trust p	rincipal, or current funds			I .	
SNC	28	Paid-in or capital surplus,	or land, building, and equipment fund			1	
O E	29		ulated income, endowment, or other funds		·		
R S	30		und balances (see the instructions)	12,518,396.	14,175,353.		
	31	(see the instructions	net assets/fund balances	12,614,486.	14,218,103.		
Part	111		ges in Net Assets or Fund Balance		14,210,103.	<u>-</u>	
			alances at beginning of year — Part II, colur		aree with		
	end-	of-year figure reported	d on prior year's return)	(a), into oo (must a)	1 1	12,518,396.	
2	Ente	r amount from Part I,			2	-377,101.	
3		increases not included in lir	ne 2 (itemize) SEE STATEMENT	8	3	2,034,058.	
4 Add lines 1, 2, and 3							
		ases not included in line 2 (5		
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus line 5)	 Part II, column (b), I 	ne 30 6	14,175,353.	

<u>1 41</u>	(a) List and describe	e the kind(s) of property sold (e.g., rse, or common stock, 200 shares MI	eal estate.	(b) How acq P — Purch D — Donat	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	N/A			D DOMA	-		
							
					_		
	!						
e	· · · · · · · · · · · · · · · · · · ·						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
a	<u> </u>						
b	<u> </u>						· · · · · · · · · · · · · · · · · · ·
e							
	(i) Fair Market Value as of 12/31/69	tete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 If Market Value (j) Adjusted basis (k) Excess of column (i) over column (j), if any				(I) Gains (Colu ain minus column (k an -0-) or Losses (fr), but not less
a							
b)						
	·						
e						_	
3		loss) as defined in sections 1222(5) e 8, column (c) (see the instructions	· · · · · · · · · · · · · · · · · · ·		3		
Par	•	Section 4940(e) for Reduce	d Tax on Net Investme	ent Incon	ne		
Was	es,' the foundation does not qual Enter the appropriate amount in	tion 4942 tax on the distributable an ify under section 4940(e) Do not co each column for each year, see the	mplete this part.	·	es_	Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets	(colı	(d) Distribution umn (b) divided	ratio by column (c))
	2008	679,336.	12,47	5,167.			0.054455
	2007			4,164.			
	2006		·				
	2005						
	2004						
2	Total of line 1, column (d)				2		0.054455
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than be	otal on line 2 by 5, or by the 5 years		3		0.018152
4	Enter the net value of nonchare	table-use assets for 2009 from Part	X, line 5	_	4	12	2,422,073.
5	Multiply line 4 by line 3			_	5_		225,485.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		_	6		2,106.
7	Add lines 5 and 6			-	7		227,591.
8	Enter qualifying distributions fro			Ĺ	8		584,948.
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that p	part using a	a 1%	tax rate See th	ne

	990-PF (2009) NORTHFIELD BANK FOUNDATION 26-131			F	² age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the in	nstructi	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
ì	Domestic foundations that meet the section 4940(e) requirements in Part V.	<u> </u>		2,:	106.
	check here ► X and enter 1% of Part I, line 27b	ŀ			
(All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	-			1
	foundations only Others enter -0-)	<u> </u>			<u>0.</u>
3	Add lines 1 and 2	<u> </u>		2,3	<u> 106.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	┷			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>		2,1	<u> 106.</u>
6	Credits/Payments.	1			1
ā	2009 estimated tax pmts and 2008 overpayment credited to 2009 . 6a 3, 998.				
t	Exempt foreign organizations — tax withheld at source	}			1
(: Tax paid with application for extension of time to file (Form 8868).				
•	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			3,9	<u>998.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>			<u>0.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	ــــــ		1,8	<u>892.</u>
_11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	<u> </u>			0.
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	 		Yes	No
	participate or intervene in any political campaign?	L L	1 a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				l
	(see the instructions for definition) ³	ŀ	1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	ed .			'
	: Did the foundation file Form 1120-POL for this year?	L	1 c		<u> </u>
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ا ۾	1		
	(1) On the foundation \(\brace \\$ \) (2) On foundation managers \(\brace \\$ \) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.			
•	foundation managers \Rightarrow \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities				<u> </u>
9					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	Ī	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				ı
	By language in the governing instrument, or		ļ		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	,	_		ز ـــ ا
	with the state law remain in the governing instrument?	, [6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 <i>a</i>	Enter the states to which the foundation reports or with which it is registered (see the instructions) NY DE	- [
t	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	_	8b	X	
_		<u> </u>	90		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Par	:(J)(5) t XIV	9		T
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses		10		X
BAA		For	m 99 6	0-PF	(2009)

Par	t VII-A Statements Regarding Activities Continued			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.NORTHFIELDBANKFOUNDATION.ORG			
14	The books are in care of ► STEVEN M. KLEIN Telephone no ► 718-44	8-1	000	
	Located at ► 1731 VICTORY BLVD. STATEN ISLAND NY ZIP + 4 ► 10314			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	>	
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
<u>Par</u>	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	!
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . Yes X No			
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b	_N	/A '
	Organizations relying on a current notice regarding disaster assistance check here			-
ď	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1 c	-	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			•
ā	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20			r
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions): If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2 b	N,	<u>/A</u>
	► 20 , 20 , 20			1
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			!
t	of 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u>X</u>
BAA	For	m 990	LPF (20097

Form 990-PF (2009) NORTHFIELD BANK FO			26-13	17178	Page 6				
Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	· r					
5a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt		on (section 4945(e))?	Yes X	No					
(2) influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see sectionation drive?	n 4955), or to carry	Yes X	No	 				
(3) Provide a grant to an individual for travel,	(3) Provide a grant to an individual for travel, study, or other similar purposes? . Yes X No								
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes X No									
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No									
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?				5b	N/A				
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ _]					
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg.	sibility for the grant?	·	N/A Yes] No					
6a Did the foundation, during the year, receive an		• •	c						
on a personal benefit contract?. b Did the foundation, during the year, pay prem			∐Yes <u>X</u>]No 6b	x				
If 'Yes' to 6b, file Form 8870	.,	,,							
7a At any time during the tax year, was the found	dation a party to a proh	nbited tax shelter transa	action? Yes X]No					
b If yes, did the foundation receive any proceed				7 b					
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employee	s,				
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	tructions).						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, lowances				
SEE STATEMENT 9			Compensation	İ	-				
		60,098.	0.		0.				
				-					
	, 								
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	astructions) If none e	nter 'NONE	,				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	Y	(d) Contributions to employee benefit plans and deferred	(e) Expens	se account, lowances				
NONE			compensation						
					.				
	-								
				1					
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>	 	0				
Total number of other employees paid over \$50,000	<u> </u>			 	0				

Part VIII Info	mation About Officers, Directors, Trustees, Foundation Contractors (continued)	ation Managers, Highly Paid E	
3 Five highest-penter 'NONE.'	paid independent contractors for professional services — (see in	nstructions). If none,	
	and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(2) () ()	(e) compensation
		· · · · · · · · · · · · · · · · · · ·	
Total number of oth	ers receiving over \$50,000 for professional services	-	0
Part IX-A Sum	mary of Direct Charitable Activities		
List the foundation's four organizations and other b	largest direct charitable activities during the tax year. Include relevant statistical in eneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 <u>N/A</u>			
2			
3			
4			
Part IX-B Sum	mary of Program-Related Investments (see instruction	ons)	
Describe the two la	rgest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	Amount
1 <u>N/A</u>			
2			
_	elated investments. See instructions		··
3			
Total. Add lines 1 th	nrough 3	.	0.

TEEA0307L 07/06/09

Form **990-PF** (2009)

BAA

Par	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. Average monthly fair market value of securities		10 206 700
	Average of monthly cash balances	1a 1b	10,286,780. 2,324,462.
	Fair market value of all other assets (see instructions)	1c	2,324,462.
_	Total (add lines 1a, b, and c)	1 d	12,611,242.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	- "	12,011,242.
	(attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,611,242.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	189,169.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,422,073.
6	Minimum investment return. Enter 5% of line 5.	6	621,104.
Par		atına	
	and certain foreign organizations check here ► and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	621,104.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 2,106.		
ь	Income tax for 2009. (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	2,106.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	618,998.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	618,998.
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	618,998.
Par	t XII Qualifying Distributions (see instructions)	1	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	584,948.
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	584,948.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	2,106.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	582,842.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the	e foundation
BAA			Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2009 from Part XI, line 7	618,998.
mie /	010, 330.
2 Undistributed income, if any, as of the end of 2009.	
a Enter amount for 2008 only	,
b Total for prior years 20, 20, 20	
3 Excess distributions carryover, if any, to 2009:	
a From 2004	
b From 2005	
c From 2006 .	ŀ
d From 2007 e From 2008 7,885.	
f Total of lines 3a through e. 7,885.	i
4 Qualifying distributions for 2009 from Part	1
XII, line 4 ► \$ 584, 948.	
a Applied to 2008, but not more than line 2a	1
b Applied to undistributed income of prior years	7
(Election required — see instructions) 0.	
c Treated as distributions out of corpus (Election required – see instructions)	
	584,948.
e Remaining amount distributed out of corpus 0.	
5 Excess distributions carryover applied to 2009 7,885.	7,885.
(If an amount appears in column (d), the same amount must be shown in column (a))	
same amount must be shown in column (dy)	,
6 Enter the net total of each column as	
indicated below:	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1
b Prior years' undistributed income. Subtract line 4b from line 2b	
c Enter the amount of prior years' undistribut-	
ed income for which a notice of deficiency has been issued, or on which the section	į
4942(a) tax has been previously assessed 0.	,
d Subtract line 6c from line 6b. Taxable	
amount – see instructions. 0.	
e Undistributed income for 2008. Subtract line 4a from	
line 2a. Taxable amount — see instructions O.	
f Undistributed income for 2009. Subtract lines	
4d and 5 from line 1. This amount must be distributed in 2010.	26,165.
7 Amounts treated as distributions out of	10,100.
corpus to satisfy requirements imposed	(
by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 0.	1
8 Excess distributions carryover from 2004 not	
applied on line 5 or line 7 (see instructions) 0.	,
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 0.	1
10 Analysis of line 9	
a Excess from 2005	1
b Excess from 2006	:
c Excess from 2007	1
d Excess from 2008.	1
e Excess from 2009	00 PE (2000)

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Pavmen	ıt .	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year				
SEE STATEMENT 11				
		1		
	·			
Total	•		► 3a	502,050.
b Approved for future payment				
] ,		
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gros	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514			
1 Prog	ram service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)		
a								
c								
e								
f								
g Fees	and contracts from government agencies							
2 Mem	bership dues and assessments							
3 Intere	st on savings and temporary cash investments			14	74,148.			
4 Divid	lends and interest from securities			14	143,370.			
5 Net r	ental income or (loss) from real estate							
a Debt	-financed property		- •					
b Not o	debt-financed property					· · · · · · · · · · · · · · · · · · ·		
6 Net re	ntal income or (loss) from personal property.							
7 Othe	r investment income			ĺ				
8 Gain o	r (loss) from sales of assets other than inventory							
	ncome or (loss) from special events		W. I. W					
	s profit or (loss) from sales of inventory							
	r revenue							
а								
			24 - 2 - 2			· · · · · · · · · · · · · · · · · · ·		
					·,			
						······		
е —						- · · · · · · · · · · · · · · · · · · ·		
-					217,518.			
12 Subte	otal Add columns (b), (d), and (e)				211.310.1			
	otal Add columns (b), (d), and (e)	l	· · · · · · · · · · · · · · · · · · ·	<u> </u>		217.518.		
13 Total	l. Add line 12, columns (b), (d), and (e)	lculations)		<u> </u>	13	217,518.		
13 Total (See works	l. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal				13	217,518.		
13 Total (See works	l. Add line 12, columns (b), (d), and (e)		shment of Exemp	t Purpo	13	217,518.		
13 Total (See works	l. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cal	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify cale. Relationship of Activities to the	Accompli	<u> </u>		ses			

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization												Yes	No				
	descr	he organizatio: ribed in section ng to political	n 501(c) (of the Code (d	engage in a other than s	any of the f section 501	following wit (c)(3) orgar	th any o	ther o	organ n sec	izatio tion !	n 527,					
		sfers from the	-		a nonchai	ritable ever	mnt organiz	ation of									
	(1) C			TOUTION TO	, a montena	madic cxci	inprorganiz	ation 01							1a(1)		Х
		Other assets													1a (2)		$\frac{\Lambda}{X}$
b Other transactions											1 (-2						
(1) Sales of assets to a noncharitable exempt organization .										16(1)		Х					
(2) Purchases of assets from a noncharitable exempt organization										1 b (2)		X					
	(3) Rental of facilities, equipment, or other assets										1 b (3)		Х				
	(4) R	Reimbursemen	t arrange	ments											1 b (4)		Х
	(5) L	oans or loan g	guarantee	s											1 b (5)		Х
	(6) P	Performance of	f services	or membersl	nip or fundr	aising solid	citations								1 b (6)		X
	c Sharı	ng of facilities	, equipme	ent, mailing li	sts, other a	assets, or p	aid employ	ees							1 c		Х
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair matched the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received									t value in d								
_	a) Line no	(b) Amount	involved	(c) Name	of noncharitat	ole exempt org	ganization	(d)	Descr	iption (of tran	sfers, tra	ansactio	ns, and	sharing arrai	igement	s
_N	/A			ļ				<u> </u>									
								ļ						_			
_								<u> </u>									
_					- .												
-		 				·									•		
-						·											
																	
	•					_											
_								ļ <u>.</u>	_								
				ļ 													
_				l	 	 									-		
	2a Is the descr	foundation di ibed in section	rectly or i 501(c) o	indirectly affilion of the Code (c	iated with, other than s	or related t section 501	to, one or m (c)(3)) or in	ore tax section	exem	npt or	ganız	zations			Yes	X	No
_	b If 'Ye	s,' complete th		•				·									
_	/3	(a) Name of c	rganizatio	on	(b) Type of o	rganization				(с) Desci	ription	of rela	tionship		
N	/ <u>A</u>								<u> </u>								
					 				<u> </u>	 							
_				<u> </u>	 				ļ								
		\			 												
	Under pena	alties of perjury, I	Reclare that I	have examined the	nis return, inclu	iding accompa	nying schedules	and state	ments,	and to	the be	st of my	knowled	ge and b	elief, it is true	. correc	t, and
	complete [Declaration of pref	arer (other th	han taxpayer or fic	fuciary) is base	ed on all inforn	nation of which	preparer h	as any	knowle	edge			-			
		10	1 L)(10)	10 1			ı (11	0							
SIGN	Sugar							Date	100	•••		_	RESI	DENT			
N	Signa	ature of officer or tr	rustee	Wa:	XIII a 1	11		Date				Title	е	Propa	ror's Idontifu	no numi	hor.
卢	Paid	Preparer's signature	/	11/11	WE C'S!	#					0010	Check if	_	(See	irer's Identifyi Signature in	the instr	s)
HERE	Pre-		JOHN	MYSHALL		A'.			MI J		2010	self employe			003286	<u> </u>	
-	parer's Use	Firm's name (or yours if self-	DÉSAI			HALL &	SARCONE	, LLP				EIN	<u> </u>	3-395	2752		
	Only	employed), address, and		RICHMOND EN ISLAND		13U4-33	17						_	/74	0) 251	202	2
	AA	ZIP code	SINI	TALEST NE	, NI 10	7304-23	1					Phone n	io >	(/1	8) 351		
D /	~~	1													Form 99 0	J-FF ((۳۵۵

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT 28268	NORTHFIELD BANK FOUNDATION	26-1317178
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED	(D) CHARITABLE
LEGAL FEE	PER BOOKS INCOME NET INCOME \$ 803. \$ 0. \$ 0.	PURPOSES 803.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 12,000. TOTAL \$ 12,000. \$ 0. \$ 0. \$	(D) CHARITABLE PURPOSES \$ 12,000. \$ 12,000.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
FEDERAL EXCISE TAX NYS FILING FEES PAYROLL TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,990. 750. 4,990. \$ 499. \$ 499. TOTAL \$ 8,730. \$ 499. \$ 499. \$	4,491.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
FILING FEES INSURANCE OFFICE EXPENSE SUBSCRIPTIONS SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 896. 2,349. 2,528. \$ 253. \$ 253. 300. 1,973. 197. 197. TOTAL \$ 8,046. \$ 450. \$	2,349. 2,275. 300. 1,776.

2009	FEDERAL STATEMENTS	PAGE 2
CLIENT 28268	NORTHFIELD BANK FOUNDATION	26-1317178
STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STO	OCKS VALUATION BOOK	FAIR MARKET
CORPORATE STOCKS	METHOD VALUE	VALUE
896,061 SHARES NORTHFIELD BA	ANCORP INC. MKT VAL \$ 12,114,743. TOTAL \$ 12,114,743.	\$ 12,114,743. \$ 12,114,743.
STATEMENT 6 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPME	NT	
CATEGORY	ACCUM. BOOK BASIS DEPREC. VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT MISCELLANEOUS	\$ 7,847. \$ 3,923. \$ 3,924. 0. 0. 0.	3,924.
TOTA	AL \$ 7,847. \$ 3,923. \$ 3,924.	\$ 3,924.
STATEMENT 7 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES TAXES PAYABLE	TOTAL	\$ 750. \$ 750.
STATEMENT 8 FORM 990-PF, PART III, LINE 3 OTHER INCREASES		
UNREALIZED GAIN ON INVESTMEN	NTS TOTAL	\$ 2,034,058. \$ 2,034,058.
STATEMENT 9 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, T	RUSTEES, AND KEY EMPLOYEES	
NAME AND ADDRESS	TITLE AND CONTRI AVERAGE HOURS COMPEN- BUTION PER WEEK DEVOTED SATION EBP &	TO ACCOUNT/
JOHN W. ALEXANDER 1731 VICTORY BOULEVARD STATEN ISLAND, NY 10314	PRESIDENT & CEO \$ 0.\$	0. \$ 0.

2	0	0	9

PAGE 3

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

STATEMENT 9 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		ACCOUNT/
STEVEN M. KLEIN 1731 VICTORY BLVD. STATEN ISLAND, NY 10314	CFO 1.00	\$ 0.	\$ 0.	\$ 0.
MADELINE G. FRANK 1731 VICTORY BLVD. STATEN ISLAND, NY 10314	SECRETARY 1.00	0.	0.	0.
SUSAN LAMBERTI ONE SUNSET HILL DRIVE STATEN ISLAND, NY 10301	CHAIRMAN 1.00	0.	0.	0.
LUCILLE CHAZANOFF 41 BENEDICT ROAD STATEN ISLAND, NY 10304	DIRECTOR 1.00	0.	0.	0.
ALBERT J. REGAN SIX POINT PLEASANT DRIVE WAKETOWN, NJ 08758	DIRECTOR 1.00	0.	0.	0.
JOHN R. BOWEN 114 AMELIA DRIVE CLARK, NJ 07066	DIRECTOR 1.00	0.	0.	0.
STANLEY A. APPLEBAUM 1731 VICTORY BOULEVARD STATEN ISLAND, NY 10314	DIRECTOR 1.00	0.	0.	0.
JOHN P. CONNORS, JR. 1731 VICTORY BOULEVARD STATEN ISLAND, NY 10314	DIRECTOR 0	0.	0.	0.
JOHN DEPIERRO 26 HILLWOOD COURT STATEN ISLAND, NY 10305	DIRECTOR 1.00	0.	0.	0.
DIANE SENERCHIA 1731 VICTORY BOULEVARD STATEN ISLAND, NY 10314	EXECUTIVE DIREC 27.00	60,098.	0.	0.
	TOTAL	\$ 60,098.	\$ 0.	\$ 0.

STATEMENT 10 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DIANE SENERCHIA

CARE OF:

STREET ADDRESS:

1731 VICTORY BLVD

20	N)	

PAGE 4

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

CITY, STATE, ZIP CODE: TELEPHONE:

STATEN ISLAND, NY 10314 (718) 303-4265 LETTER FORMAT

FORM AND CONTENT: SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	7	TNUOMA
FONTBONNE HALL ACADEMY BROOKLYN, NY	NONE	501 (C) (3)	GYMNASIUM SURFACE RESTORATION	\$	10,000.
GUILD FOR EXCEPTIONAL CHINDREN, INC BROOKLYN, NY	NONE	501 (C) (3)	LUCKY STRIKES BOWLING DINNER		5,000.
WOMEN IN NEED BROOKLYN, NY	NONE	501 (C) (3)	SHELTER FOR HOMELESS FAMILIES		2,000.
CENTRASTATE HEALTHCARE FOUNDATION , NJ	NONE	501 (C) (3)	MS CENTER EXPANSION		15,000.
JOHN F. KENNEDY MEDICAL CENTER FOUNDATIO , NJ	NONE	501 (C) (3)	WOMEN'S CENTER TECHNOLOGY UPGRADE		10,000.
LITERACY VOLUNTEERS-UNION COUNTY INC , NJ	NONE	501 (C) (3)	LITERACY CHANGES LIVES		5,000.
MIDDLESEX COUNTY COLLEGE FOUNDATION , NJ	NONE	501 (C) (3)	SCHOLARSHIP FUNDING		5,000.
RARITAN BAY MEDICAL CENTER , NJ	NONE	501 (C) (3)	CARDIOLOGY CATHETERIZATION LABORATORY		12,500.
RWJUH RAHWAY FOUNDATION , NJ	NONE	501 (C) (3)	ROSE BALL & FASHION SHOW LUNCHEON SPONSOR		12,750.

20	0	9

PAGE 5

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
SAINT PETER'S COLLEGE , NJ	NONE	501 (C) (3)	SCHOLARSHIP AT ST PETER'S COLLEGE	\$ 10,000.
THE ARTS GUILD OF RAHWAY, INC , NJ	NONE	501(C)(3)	ART EDUCATION PROGRAM	3,000.
TRINITAS HOSPITAL FOUNDATION , NJ	NONE	501(C)(3)	TRINITAS NURSING SCHOLARSHIP PROGRAM 2009	10,000.
VAL SKINNER FOUNDATION , NJ	NONE	501 (C) (3)	BREAST CANCER RESEARCH FUNDRAISER	5,000.
WOODBRIDGE COMMUNITY YOUTH PLAYERS , NJ	NONE	501 (C) (3)	GREASE THE MUSICAL	5,000.
A VERY SPECIAL PLACE STATEN ISLAND, NY	NONE	501 (C) (3)	SPECIAL STROKES FOR SPECIAL FOLKS	10,000.
AMERICAN CANCER SOCIETY STATEN ISLAND, NY	NONE	501 (C) (3)	STATEN ISLAND QUITS	5,000.
AMERICAN PARKINSON DISEASE ASSOCIATION STATEN ISLAND, NY	NONE	501(C)(3)	STATEN ISLAND INFORMATION & REFERRAL CENTER	3,000.
ART LAB, INC STATEN ISLAND, NY	NONE	501 (C) (3)	DIGITAL PHOTOGRAPHY INSTRUCTION TUITION ASSISTANCE	2,500.
BOY SCOUTS OF AMERICA STATEN ISLAND, NY	NONE	501(C)(3)	SPECIAL NEEDS SCOUNTING IN STATEN ISLAND	20,000.
CHILDREN AT PLAY EARLY INTERVENTION CENT STATEN ISLAND, NY	NONE	501(C)(3)	EQUIPMENT	5,000.
COMMUNITY HEALTH ACTION OF STATEN ISLAND STATEN ISLAND, NY	NONE	501 (C) (3)	MOBILE HEALTH UNIT	4,000.
ENCHANTMENT THROUGH THE ARTS INC STATEN ISLAND, NY	NONE	501 (C) (3)	TICKET SUBSIDY FOR PERFORMANCE AT CSI	5,000.

20	Ó	9
<u> </u>	v	J

PAGE 6

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

NAME AND ADDRESS	DONEE RELATIONSHIP		PURPOSE OF GRANT	AMOUNT	•
GARIBALDI-MEUCCI MUSEUM STATEN ISLAND, NY	NONE	501 (C) (3)	ITALIAN EARTHQUAKE DISASTER RELIEF FUND	\$ 5,0	000.
GELLER HOUSE STATEN ISLAND, NY	NONE	501(C)(3)	REVOVATION OF RECREATION ROOM	15,0	00.
JOHN W LAVELLE PREPARATORY CHARTER SCHOO STATEN ISLAND, NY	NONE	501(C)(3)	SMART BOARDS	7,5	500.
LEUKEMIA & LYMPHOMA SOCIETY STATEN ISLAND, NY	NONE	501 (C) (3)	STATEN ISLAND OUTREACH AND CIRCLE OF LIFE - HOSPICE PROGRAM	3,0	000.
LIBERIAN CULTURAL ASSOCIATION, INC STATEN ISLAND, NY	NONE	501 (C) (3)	AFTER SCHOOL/ACADEMIC ENRICHMENT PROGRAMS	2,0	000.
MARCH OF DIMES STATEN ISLAND, NY	NONE	501(C)(3)	PRECIOUS PREEMIE FASHION SHOW 2009	2,5	500.
MOUNT MANRESA JESUIT RETREAT HOUSE STATEN ISLAND, NY	NONE	501(C)(3)	YOUTH PROGRAM	10,0	00.
MUSICAL CHAIRS CHAMBER ENSEMBLE STATEN ISLAND, NY	NONE	501 (C) (3)	SIXTH CONCERT SEASON AT SI MUSEUM AND HOLY CHILD CHURCH	3,0	000.
NY CENTER FOR INTERPERSONAL DEVELOPMENT STATEN ISLAND, NY	NONE	501 (C) (3)	NY CENTER'S SUPERVISED VISITATION PROGRAM	12,0	000.
NORTHFIELD COMMUNITY LOCAL DEV CORP STATEN ISLAND, NY	NONE	501 (C) (3)	HOUSING ASSISTANCE PROGRAM	5,0	000.
NOTRE DAME ACADEMY STATEN ISLAND, NY	NONE	501 (C) (3)	SMART BOARDS FOR HS CLASSROOMS	10,0	100.
RICHMOND COUNTY ORCHESTRA INC STATEN ISLAND, NY	NONE	501 (C) (3)	SIDE BY SIDE IN EDUCATION	5,0	000.

20	Ò	9
	•	•

PAGE 7

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
RICHMOND UNIVERSITY MEDICAL CENTER STATEN ISLAND, NY			STEPPIN' UP FOR GOOD HEALTH	\$ 18,700.
SAINT MARY OF ASSUMPTION CHURCH STATEN ISLAND, NY	NONE	501 (C) (3)	FAMILY RESOURCE SERVICES	5,000.
SEAMEN'S SOCIETY FOR CHILDREN & FAMILIES STATEN ISLAND, NY	NONE	501 (C) (3)	BALL SPONSORSHIP	1,600.
SERENADE STATEN ISLAND, NY	NONE	501 (C) (3)	AMAHL AND THE NIGHT VISITORS	1,000.
SI AID FOR RETARDED CHILDREN STATEN ISLAND, NY	NONE	501 (C) (3)	SI AID FOR RETARDED CHILDREN "SPECIAL TEES"	25,000.
SIEDC STATEN ISLAND, NY	NONE	501 (C) (3)	HEALTH & ENVIRONMENT CONFERENCE	50,000.
SISTERS OF CHARITY HDC STATEN ISLAND, NY	NONE	501 (C) (3)	RENOVATION OF JOSEPH HOUSE LOBBY	15,000.
MISCEL. NOT-FOR-PROFIT ORGANIZATIONS STATEN ISLAND, BKLYN & CENTRAL NJ LOCATIONS, NY & NJ	NONE	501(C)(3)	MISCELLANEOUS CHARITABLE PROGRAMS & EVENTS	25,000.
SIUH STATEN ISLAND, NY	NONE	501 (C) (3)	UNIVERSITY HOSPICE CIRCLE OF LIFE 2009	2,500.
SIUH/RUMC/RWJUH RAHWAY STATEN ISLAND, NY	NONE	501 (C) (3)	CHARITY GOLF CLASSIC	25,000.
SNUG HARBOR CULTURAL CENTER STATEN ISLAND, NY	NONE	501 (C) (3)	HARMONY STREET FAIR	15,000.
STATEN ISLAND CHILDREN'S MUSEUM STATEN ISLAND, NY	NONE	501 (C) (3)	FREE ADMISSION FOR STUDENTS ON SPECIFIC SCHOOL HOLIDAYS	20,000.
STATEN ISLAND FAMILY EVENTS STATEN ISLAND, NY	NONE	501 (C) (3)	END OF SUMMER CONCERT	5,000.

20	09)

PAGE 8

CLIENT 28268

NORTHFIELD BANK FOUNDATION

26-1317178

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
STATEN ISLAND MUSEUM STATEN ISLAND, NY	NONE	501 (C) (3)	TITLE 1 PROGRAM "INSPIRE & EDUCATE"	\$ 7,500.
SI REBELS ATHLETIC ASSOCIATION STATEN ISLAND, NY	NONE	501 (C) (3)	DEVELOPMENT & MENTORING PROGRAM	2,500.
STATEN ISLAND YMCA STATEN ISLAND, NY	NONE	501 (C) (3)	SI YMCA FRIDAY NIGHT TEEN NIGHTS	15,000.
JEWISH COMMUNITY CENTER OF STATEN ISLAND STATEN ISLAND, NY	NONE	501 (C) (3)	JCC SUNDAY BUDDIES PROGRAM	7,500.
THEATRE REHABILITATION FOR YOUTH, INC STATEN ISLAND, NY	NONE	501 (C) (3)	BULLYING PREVENTION PLAY	2,000.
UNITY GAMES, INC STATEN ISLAND, NY	NONE	501 (C) (3)	UNITY GAMES 2009	7,500.
UNIVERSAL TEMPLE OF THE ARTS, INC STATEN ISLAND, NY	NONE	501 (C) (3)	AFTER SCHOOL PROGRAMS	3,000.
UTOPIA OUTREACH, INC STATEN ISLAND, NY	NONE	501(C)(3)	CLOVE LAKES LEARNING CENTER COMPUTER LAB FOR AFTER SCHOOL TUTORING	1,000.
BOYS HOPE GIRLS HOPE OF NY STATEN ISLAND, NY	NONE	501 (C) (3)	EDUCATING TOMORROW'S LEADERS	2,500.
			TOTAL	\$ 502,050.