

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 11-K

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Washington, OC

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SEC Mail Processing Section

(Mark One)

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2009

OR

TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to ____

Commission file number: 000-50358

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

Clifton Savings Bank 401(k) Savings Plan

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

Clifton Savings Bancorp, Inc. 1433 Van Houten Avenue Clifton, New Jersey 07015

US2008 1357108.1

REQUIRED INFORMATION

1. Not applicable.

2. Not applicable.

3. Not applicable.

4. The Clifton Savings Bank 401(k) Savings Plan (the "Plan"), is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). Pursuant to Section 103(c) of ERISA and the regulations thereunder, the Plan is not required to file audited financial statements because the Plan has fewer than 100 participants. Attached hereto as Appendix I is a copy of the Plan's Summary Annual Report and Schedule I to the Form 5500.

APPENDIX I FORM 5500 SCHEDULE I AND SUMMARY ANNUAL REPORT

		r						r			
	SCHEDULE I	CHEDULE I Financial Information - Small Plan			OMB No. 1210-0110						
	(Form 5500)								2000		
Internal Revenue Service Retirement Income Security Act				be filed under section 104 of the Employee to f 1974 (ERISA), and section 6058(a) of the evenue Code (the Code).					2009		
Department of Labor Employee Benefits Security Administration File as a				nment to Form	,			This Form is Open to Public Inspection			
For	Pension Benefit Guaranty Corporation calendar plan year 2009 or fiscal pla	l an year beginning 0	1/01/	2009	a	ind ending]	127	31/2009		
	Name of plan				B 1	hree-digi	t				
				plan number (PN)			er (PN)	•	001		
CLI	IFTON SAVINGS BANK 401	L K SAVINGS PLAN									
CF	Plan sponsor's name as shown on li	ne 2a of Form 5500			D E	mployer lo	lentificati	on Numb	er (EIN)		
CLI	FTON SAVINGS BANK				2	2-0879	090				
Con sma	nplete Schedule I if the plan covered Il plan under the 80-120 participant ri	fewer than 100 participants as of ule (see instructions). Complete S	the begi Schedule	nning of the plar H if reporting as	n year. ` s a large	You may a e plan or [ilso comp DFE.	lete Sche	dule I if you are filing as a		
Pa	rt I Small Plan Financial	Information									
asse ben	ort below the current value of assets ets held in more than one trust. Do r efit at a future date. Include all incor rance carriers. Round off amounts	not enter the value of the portion me and expenses of the plan incl	of an ins	surance contrac	t that g	uarantees	during th	his plan yı	ear to pay a specific dollar		
1	Plan Assets and Liabilities:			(a) Be	ginning	of Year		(b) End of Year			
а	Total plan assets		1a			2,82	6,508		3,291,315		
b	Total plan liabilities		1b								
с	Net plan assets (subtract line 1b fro	om line 1a)	1c		2,826,508			3,291,315			
2	Income, Expenses, and Transfer	s for this Plan Year:		((a) Amount				(b) Total		
а	Contributions received or receivabl	e:									
	(1) Employers			0,626							
			2a(2)			25	8,322				
			2a(3)								
b	Noncash contributions		2b								
С	Other income		2c		153,668						
d		other income							482,616		
e	Benefits paid (including direct rollovers)		T								
f	Corrective distributions (see instructions)		2f		14,401						
g	Certain deemed distributions of participant loans										
•	(see instructions)		2g					4			
h	Administrative service providers (s	alaries, fees, and commissions).	2h	3.405			3,408	4			
i	Other expenses		<u>2i</u>				3,400		17,809		
j	Total expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	2j						464,807		
k	Net income (loss) (subtract line 2)	from line 2d)	2k						464,807		
1	Transfers to (from) the plan (see in		21					L			
3	Specific Assets: If the plan held as remaining in the plan as of the end of by-line basis unless the trust meets of	f the plan year. Allocate the value o	if the plar	n's interest in a co	ategorie omming	led trust co	ontaining t	enter the c he assets	of more than one plan on a line-		
					r	Yes	No X		Amount		
а	Partnership/joint venture interests.				3a		X	<u> </u>			
b	Employer real property				3b	<u> </u>	4				
	Real estate (other than employer r	eal property)	· · <i>· · ·</i> · · · · · · · · · · · · · ·		3c		X				
С											
c d	Employer securities			••••••	3d	X	x	ļ	486,429		

v.092308.1

	Schedule I (Form 5500) 2009 Pa	Page 2-				
			[Yes	No	Amount
3f	Loans (other than to participants)		3f		Х	
	Tangible personal property		3g		Х	

Т

P	art II	Compliance Questions				
4	During	During the plan year:			No	Amount
а	describe	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	year or o	y loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance	4b		x	
С		iv leases to which the plan was a party in default or classified during the year as tible?	4c		х	
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions I on line 4a.)	4d		x	
е	Was the	plan covered by a fidelity bond?	4e	Х		6,500,000
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		х	
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		х	
h		plan receive any noncash contributions whose value was neither readily determinable on an ned market nor set by an independent third party appraiser?	4h		х	
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest?	4i		х	
j		the plan assets either distributed to participants or beneficiaries, transferred to another plan, ht under the control of the PBGC?	4j		x	
k	accounta	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k	х		
ł	Has the	plan failed to provide any benefit when due under the plan?	41		х	
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	4m		x	
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? ," enter the amount of any plan assets that reverted to the employer this year	Ye	s Xn	lo Am	ount:

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)
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SUMMARY ANNUAL REPORT

For CLIFTON SAVINGS BANK 401 (K) SAVINGS PLAN

This is a summary of the annual report for CLIFTON SAVINGS BANK 401 (K) SAVINGS PLAN, EIN 22-0879090, Plan No. 001, for period January 01, 2009 through December 31, 2009. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$17,809. These expenses included \$3,408 in other expenses. A total of 88 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$3,291,315 as of December 31, 2009, compared to \$2,826,508 as of January 01, 2009. During the plan year the plan experienced an increase in its net assets of \$464,807. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$482,616, including employer contributions of \$70,626, employee contributions of \$258,322, and earnings from investments of \$153,668.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- financial information;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of CLIFTON SAVINGS BANK at 1433 VAN HOUTEN AVE, Clifton, NJ 07015, or by telephone at (973) 473-2200.

You also have the right to receive from the plan ad: inistrator, on request and at no charge, a statement of the alsots and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally projected right to examine the annual report at the main office of the plan (CLIFTON SAVINGS BANK, 1433 VAN HOUTEN AVE, Clifton, NJ 07015) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Small Plan Audit Waiver

The plan has met the requirements to waive the annual examination and report of an independent qualified public accountant. As of the end of the plan year, the following regulated financial institution(s) held or issued plan assets that qualified under the waiver:

Reliance Trust Company

\$3,291,315

You have the right, upon request of the Plan Administrator and without charge, to examine or receive copies of statements from the regulated financial institutions describing the qualifying plan assets. If you are unable to examine or obtain these documents, contact an Employee Benefits Security Administration (EBSA) Regional Office for assistance. Information about contacting EBSA regional offices can be found on the Internet at <u>http://www.dol.gov/ebsa</u>.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this Annual Report to be signed on the Plan's behalf by the undersigned hereunto duly authorized.

Date:

June 22, , 2010

Clifton Savings Bank 401(k) Savings Plan

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/s/ Walter Celuch Plan Administrator