Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	This return/report is for:				er) a one-participant plan				
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths))			
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descri	ption)						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name	of plan	·			1b	Three-digit			
PREVAIL CF	REDIT UNION 401(K)	PLAN AND TRUST				plan number			
						(PN) •	002		
					1c	1c Effective date of plan			
0					01	04/01/			
	ponsor's name and ad ONE CREDIT UNION	ddress; include room or suite number	r (employer, if for a single	-employer plan)	2b	fication Number 56703			
					2c Sponsor's telephone number				
	ELLY LAKE DRIVE					253-584	4-2260		
LAKEWOOD	D, WA 98499				2d	2d Business code (see instruction 522130			
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	EIN			
					30	Administrator's	telephone number		
						Administrator 3	telephone number		
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN				
name,	, EIN, and the plan nu	mber from the last return/report.			_		-		
a Sponso					4c PN				
5a Total r	number of participants	s at the beginning of the plan year			5a	a			
b Total r	number of participants	s at the end of the plan year			5b	5b			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c				
6a Were	all of the plan's asset	s during the plan year invested in eli	gible assets? (See instru	ctions.)			X Yes No		
_		of the annual examination and report							
under	29 CFR 2520.104-46	? (See instructions on waiver eligibil	ity and conditions.)				X Yes No		
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is	established.			
		ther penalties set forth in the instruct							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and		
DOILOT, IC 13 t	inde, correct, and com			_					
SIGN	Filed with authorized	/valid electronic signature.	05/20/2013	JOAN HALL					
HERE	Signature of plan a	administrator	Date	Enter name of individu	ividual signing as plan administrator				
CICN	- sg					, g === p === ====			
SIGN HERE			5 .			 			
Droparor's	Signature of employer/plan sponsor Date Enter name of indiparer's name (including firm name, if applicable) and address; include room or suite number (optional)		Enter name of individu		, , , , , , , , , , , , , , , , , , , 	er or plan sponsor number (optional)			
riepaiei S	name (including IIIM f	iame, ii applicable) and address; inc	aude room or suite numbe	ει (υμιιστιαί)	riep	rarer s tereprione	number (optional)		
				ļ					

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7 Plan Assets and Liabilities	Part III Financial Information											
a Total plan isabilities. b Total plan isabilities. c Net plan assate (subtract line 75 from line 7a). 7				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan liabilities.			7a		` '							
C Net plan assess (subtract line 7b from line 7a). 7c \$780188 4099610 8 Income, Espanses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or rescribed from: Self 1 256402 (2) Participoptis Self 2 200965 (3) Offices (including rollowers) Self 3 2129965 (3) Offices (including rollowers) Self 4 2129965 (4) Offices (including rollowers) Self 4 2129965 (5) Offices (including rollowers) Self 4 2129965 (6) Offices (including rollowers) Self 4 2129965 (7) Offices (including rollowers) Self 4 2129965 (8) Offices (including rollowers) Self 4 2129965 (8) Offices (including rollowers) Self 4 2129965 (9) Offices (including rollowers) Self 4 2129965 (9) Offices (including rollowers) Self 4 212996 (9) Offices (including rollowers) Self 4 212996 (10) Offices (including roll												
8 Income. Expenses. and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Employers. (5) Participants. (5) Other income (loss). (6) Total income (loss). (6) Total income (loss). (7) Employers. (8) Sea		·		378019	98			4099610				
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Expendition (including rollowers). (5) Other income (loss). (6) Other income (loss). (7) Total income (add lines Bat(1), 8a(2), 8a(3), and 8b). (7) Total income (add lines Bat(1), 8a(2), 8a(3), and 8b). (8) Benefits paid (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expenses. (9) Expenses. (9) Expenses. (9) Expenses. (9) Expenses. (10) Expenses (add lines 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d). (10) In the plane provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 20) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 20) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 21) During the plan spair. 22) Expenses. 23) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 24) West plan spair. 25) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 26) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 26) If the plan provides pension benefits, enter the applicabl				(a) Amount								
(2) Participants. 8a(2) 125965 (3) Others (including rollovers) 8a(3) (5) Other including rollovers) 8a(3) (6) Other income (loss) 8a(3) 8a(3) and 8b) 8a(3) (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (8) Benefits paid including direct rollovers and insurance premiums to provide benefits) 9c (8) Exercise of the service of the service distributions (see instructions) 8c (9) Other expenses 8c (9) Other expenses (add lines 8d, 5e, 8t, and 8g) 8c (10) Total expenses (add lines 8d, 5e, 8t, and 8g) 9c (11) Net income (loss) (subtract line 8h from line 8c) 8c (12) Transfers to (from) the plan (see instructions) 8c (13) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (14) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (25) The plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (26) The plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (26) The plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (27) The plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (28) If the plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (28) If the plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (29) Did the plan have a loss, whether or not reimbursed by the plan feature codes from the List of Plan Characteristic Codes in the instr		·		(a) runount				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	25640	2							
b Other income (loss)		(2) Participants										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cettain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 87 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h f Note income (loss) (subtract line 8h from line 8c) 8l j Transfers to (from) the plan (see instructions) 8g li Net income (loss) (subtract line 8h from line 8c) 8l j Transfers to (from) the plan (see instructions) 8g Part IV Plan Characteristics g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 27 26 21 28 30 27 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	Other income (loss)	8b	35207	' 3							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	34440)	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	41386	0							
g Other expenses (add lines add. 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	116	8							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							41502	8	
Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics			8i									
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20 2J X 3D 2T		, , ,	8i									
9a	Par	t IV Plan Characteristics	, oj	l								
Description Fig. 20		9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	b		eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Dart	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				Voc	No					
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							NO		Ame	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X					
C Was the plan covered by a fidelity bond?	D				10b		Χ					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С	Was the plan covered by a fidelity bond?			10c	X					500	000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d						X					
f Has the plan failed to provide any benefit when due under the plan?	е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,					.,					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Q Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									50	126
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X				-	120
Part VI Pension Funding Compliance 11	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part						l					
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver												
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 letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	lf											
	b Enter the minimum required contribution for this plan year											

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	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	Yes X No					
С	C 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.)							
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
	Name of trust	14b ⊤	rust's EIN					