SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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FORM 11-K



ORIGINAL

(Mark One)

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

For the fiscal year ended December 31, 2012

OR

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

For the transition period from _____ to _____

Commission file number: 000-54238

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

Eureka Bank Retirement Savings Plan

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

Eureka Financial Corp. 3455 Forbes Avenue Pittsburgh, Pennsylvania 15213

REQUIRED INFORMATION

- 1. Not applicable.
- 2. Not applicable.
- 3. Not applicable.

4. The Eureka Bank Retirement 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 is a copy of the Plan's Summary Annual Report and Schedule I to the Form 5500.

FORM 5500 SCHEDULE I AND SUMMARY ANNUAL REPORT

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SCHEDULE	Financiar morma	tion Sm	Financial Information Small Plan							
(Form 5500) Department of the Tressury Internal Revenue Sarvica	This schedule is required to be filed Retirement Income Security Act of 197 Internal Revenue	2012								
Department of Lebor Employee Bonefits Security Administration	► File as an attachm	This Form is Open to Public Inspection.								
Pensian Benefit Guaranty Corporation										
For calendar plan year 2012 or fiscal pla	n year beginning 01/01/2012		and ending 12/31/201	2						
A Name of plan			B Three-digit	(PN) > 002						
EUREKA BANK RETIREMENT S	plan number	Jam V. Levie The Scherkelland Bally and Pro								
C Plan sponsor's name as shown on l	ne 2a of Form 5500			entification Number (EIN)						
EUREKA BANK			25-04678							
Complete Schedule I if the plan covered fe	ewar than 100 participants as of the beginnin e (see instructions). Complete Schedule H II	ig of the plan reporting as	year. You may also complete a large plan or DFE.	Schedule 1 if you are filing as a						
Parti Small Plan Financia	al Information									
	nd liabilities, income, expenses, transfers ar		ant accels during the plan ve	ar. Combine the value of plan						
benefit at a future date. Include all Income insurance carriers. Round off amounts to	enter the value of the portion of an insurance and expenses of the plan including any tru the nearest dollar.	st(s) or separ	ately maintained fund(s) and a (a) Beginning of Year	(b) End of Year						
1 Plan Assets and Liablitties:			(d) Duganning of too.							
		10								
a Total plan assets		1a 1b	1,169,970							
b Total plan liabilities		1b	1,169,970	1,614,796						
b Total plan liabilities	om line <u>1a)</u>	1b 1c	1,169,970	0 1,614,79 0 1,614,79						
b Total plan liabilities C Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans	om line 1a) (fers for this Plan Year:	1b 1c	1,169,970 1,169,970 (a) Amount	b 1,614,79 1,614,79 b 1,614,79 (b) Total						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab 	om line 1a) ifers for this Plan Year: le:	1b 1c	1,169,970 1,169,970 (a) Amount	0 1,614,79 0 1,614,79 (b) Total						
b Total plan liabilities C Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers	om line 1a)	1b 1c 2a(1)	1,169,970 1,169,970 (a) Amount 50,30) 1,614,79 1,614,79 (b) Total						
b Total plan liabilities C Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants	om line 1a)	1b 1c 2a(1) 2a(2)	1,169,970 1,169,970 (a) Amount) 1,614,79 1,614,79 (b) Total						
b Total plan liabilities C Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers)	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3)	1,169,970 1,169,970 (a) Amount 50,30	0 1,614,79 0 1,614,79 (b) Total						
b Total plan liabilities C Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (Including rollovers) b Noncash contributions	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b	1,169,970 1,169,970 (a) Amount 50,300 63,000	0 1,614,79 0 1,614,79 0 1,614,79 (b) Total 1 8 8 8 8 8 8 8 8 8 8 8 8 8						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers) b Noncash contributions c Other Income 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,79 0 1,614,79 (b) Total 1 0 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d	1,169,970 1,169,970 (a) Amount 50,300 63,000	0 1,614,79 0 1,614,79 (b) Total 1 0 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(1)) e Benefits paid (including direct rolloper) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2c 2d 2e	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,79 0 1,614,79 (b) Total 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 1 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) e Benefits paid (including direct rollo f Corrective distributions (see Instru- 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,79 0 1,614,79 (b) Total 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 1 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovars) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(1)) e Benefits paid (including direct rollof f Corrective distributions (see Instrug) g Certain deemed distributions of page 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2e 2f	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,79 0 1,614,79 (b) Total 1 0 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Othera (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(e Benefits paid (including direct rollo f Corrective distributions (see Instru g Certain deemed distributions of pa (see Instructions) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2c 2d 2e 2f 2g	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,79 0 1,614,79 (b) Total 1 0 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovars) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) e Benefits paid (including direct rollo) f Corrective distributions (see Instructions) h Administrative service providers (see 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2c 2d 2e 2f 2g 2h	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	0 1,614,790 0 1,614,790 (b) Total 0						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovars) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) e Benefits paid (including direct rolloft Corrective distributions (see Instructions) c Administrative service providers (see Instructions) h Administrative service providers (see instructions) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2e 2f 2g 2h 2i	1,169,970 1,169,970 (a) Amount 50,302 63,000 331,51	20 1,614,794 0 1,614,794 (b) Totel 1 9 444,82 444,82 1 1 1 1 1 1 1 1 1 1 1 1 1						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Others (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) e Benefits paid (including direct rolloft Corrective distributions (see Instructions) c Administrative service providers (see Instructions) h Administrative service providers (see instructions) i Other expenses j Total expenses (add lines 2a, 2, 2, 2) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2c 2d 2e 2f 2g 2h 2i 2j	1,169,970 1,169,970 (a) Amount 50,300 63,000 331,51	20 1,614,79 0 1,614,79 0 1,614,79 (b) Total 1 9 4444,82 4444,8444,82 4444,82						
 b Total plan liabilities c Net plan assets (subtract line 1b fr 2 Income, Expenses, and Trans a Contributions received or receivab (1) Employers (2) Participants (3) Othera (including rollovers) b Noncash contributions c Other Income d Total income (add lines 2a(1), 2a(2)) e Benefits paid (including direct rollof f Corrective distributions (see Instrug) c Other encomes c Administrative service providers (see Instructions) h Administrative service providers (see instructions) j Total expenses (add lines 2a, 2, 2, 2, 2) k Net Income (loss) (subtract line 2) 	om line 1a)	1b 1c 2a(1) 2a(2) 2a(3) 2b 2c 2d 2e 2f 2g 2h 2i	1,169,970 1,169,970 (a) Amount 50,302 63,000 331,51	0 1,614,79 0						

Specific Assets: If the plan held easate at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. 3

																		Yes	No	Amount
-	man and the deleta continue interests															.	3a		×	
a	Partnership/joint venture interests	•	'	•	•	•	•	•			-						3b		Y	
b	Employer real property	•	٠	•	٠	•	٠	•	• •	•	•	•	•	•	•	'		<u> </u>		
c	Real estate (other than employer real property)											•	•	•	•	•	<u>3c</u>		X	
																	3d	x		1,275,161
d	Employer securities	٠	•	•	•	•	•	•	• •	• •	•	•	•	•	•	•		<u>↓</u>		
e	Participant loans						•		• • •							•	3e	l	<u> </u>	
	The Provide Reduction Act Notice and OMB Control Numbers see the instructions for Form 5500.							Schedule I (Form 5500) 2012												

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 6500.

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	Schedule I (Form 5500) 2012	Pag	e 2-		
					······································
			Yes	No	Amount
3f	Loans (other than to participanis)	3f		X	
g	Tangible personal property	3 <u>g</u>	l	X	
Part I	Compliance Questions				
4	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 2510.3-1027 Continue to answer "Yes" for any prior year failures until fully corrected, (See instructions and DOL's Voluntary Fiduciary Correction Program)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		x	
Ç	Ware any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		5 X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	an share	x	
e	Was the plan covered by a fidelity bond?	40	X		1,035,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		€	
Ø	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appreiser?	4g	K.A.	x	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set up an indapandent third perty appreiser?	4h		×	
1	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real eatete, or partnership/joint venture interest?	4i		x	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 28 CFR 2520.104-467 If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on weiver eligibility and conditions.)	4k	x x		
t	Has the plan falled to provide any benefit when due under the plan?	41	1.1.10	X	1
m	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	4п		x	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 28 CFR 2520.101-3	<u>4n</u>			
Ба	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," anter the amount of any plan assets that reverted to the employer this year	Yes [No No	Amoun	t:
6 b	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the transferred. (See instructions.)	plan(a)	, to which (assets of I	liabilities were
	5b(1) Name of plan(s)	5	b(2)	EIN(s)	5b(3) PN(s)
		-			
		-			
Part	Trust Information (optional)	I			······

6a Name of trust

6b Trust's EIN

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SUMMARY ANNUAL REPORT for EUREKA BANK RETIREMENT SAVINGS PLAN

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This is a summary of the annual report for EUREKA BANK RETIREMENT SAVINGS PLAN, 25-0467870/002 for 01/01/2012 through 12/31/2012. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by a trust. Plan expenses were \$0. These expenses included \$0 in benefits paid to participants and beneficiaries, \$0 in administrative expenses and \$0 in other expenses. A total of 18 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 1,614,798 as of 12/31/2012, compared to 1,169,970 as of 01/01/2012. During the plan year the plan experienced an increase in its net assets of 444,828. This increase includes unrealized appreciation or 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 444,828, including employer contributions of 50,301, employee contributions of 63,008, and earnings from investments of 331,519.

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the period covered by this Summary Annual Report and therefore has not had an audit performed. Instead, the following information is provided to assist you in verifying that the assets reported in the Form 5500 were actually held by the plan.

As of the last day of the period covered by this Summary Annual Report, the plan had:

- \$1,255 in assets held by Eureka Bank
- \$333,054 in assets held by Eureka Bank CD's
- \$1,275,161 in assets held by Eureka Bank Stocks
- \$5,329 in assets held by RBC Wealth Management

The plan receives year-end statements from these regulated financial institutions that confirm the above information.

Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements and evidence of the fidelity bond. If you want to examine or get copies of the financial institution year-end statements or evidence of the fidelity bond, please contact EUREKA BANK, who is Plan Administrator at 3455 FORBES AVENUE AT MCKEE PLACE, PITTSBURGH, PA, 15213-0000, (412) 681-8400

If you are unable to obtain or examine copies of the regulated financial institution statements or evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employce Benefits Security Administration (EBSA) for assistance by calling toll-free 1-866-444-EBSA (1-866-444-3272). A listing of EBSA regional offices can be found at www.dol.gov/ebsa. General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor web site at www.dol.gov/ebsa under the heading "Frequently Asked Questions."

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of EUREKA BANK, who is Plan Administrator at 3455 FORBES AVENUE AT MCKEE PLACE, PITTSBURGH, PA, 15213-0000, (412) 681-8400. The charge to cover copying cost will be \$10.00 for the full annual report, or \$0.25 per page for any part thereof.

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

You also have the legally protected right to examine the annual report at the main office of the plan at 3455 FORBES AVENUE AT MCKEE PLACE, PITTSBURGH, PA, 15213-0000 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.

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: _____6/19/13

Eureka Bank Retirement Savings Plan

Dary B Pebbe By: Plan Administrator