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 B	enefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.		,		
Part I	Annual Report I	dentification Information							
For calend	lar plan year 2012 or fis	cal plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
A This re	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This re	turn/report is:	the first return/report the	e final return/report						
		an amended return/report as	short plan year returr	report (less than 12 mo	onths)	_			
C Check	box if filing under:	Form 5558 au	itomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part II	•	mation—enter all requested information	on				Г		
1a Name	'	ATION PROFIT SHARING PLAN AND T	DUCT		16	Three-digit plan number			
DIGGINS IVI	ECHANICAL CORPOR	ATION FROM SHARING FLAN AND T	KUST			(PN) ▶	001		
					1c	Effective date o			
	sponsor's name and add IECHANICAL CORPOR	Iress; include room or suite number (emp	loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 13-2758552				
578 COMMI	578 COMMERCE STREET						hone number 9-4545		
THORNWO	OD, NY 10594-1353	2d Business code (see instruction 238220							
3a Plan a	administrator's name and	d address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's			
IGGINS MECHANICAL CORPORATION 578 COMMERCE STREET THORNWOOD, NY 10594-1353				13-2758552 3c Administrator's telephone number					
						914-769			
4 If the	name and/or EIN of the	plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	FIN			
name	e, EIN, and the plan num	ber from the last return/report.		,					
	sor's name	of the heartest an of the release of			4c	PN			
_		at the beginning of the plan year			5a		3		
	• •	at the end of the plan year			5b		3		
		account balances as of the end of the plar	• '	•	5с		1		
	•	during the plan year invested in eligible a	,	•			X Yes No		
		the annual examination and report of an (See instructions on waiver eligibility and					X Yes No		
lf yοι	u answered "No" to eit	her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	A penalty for the late o	r incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ıse is	established.			
SB or Sche		er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a lete.							
SIGN	Filed with authorized/v	ralid electronic signature.	08/06/2013	PATRICK A. DIGGINS	3				
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employ		Date	Enter name of individu					
Preparer's	name (including firm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone	number (optional)		
•									

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	. 7a	157355				58972				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	157355	6			58972				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(15)	TOtal			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b	12931	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	29317	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	164390)1							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	64390°	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	51458	4	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,	L								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
Dord											
Part	•				Vac	No					
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in	I	Yes	No		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					150	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
	has the plan falled to provide any benefit when due under the plan	n,		10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X					
h	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							F	Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date o	f the le Yea		ling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				_				
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012	Page 3 - 1						
С	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form **5558**(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Name of filer, plan administrator, or plan sponsor (see instructions) DIGGINS MECHANICAL CORPORATION			B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX)							
	Social security number (SSN) (9 digits XXX-XX-XXXX)									
City or town, state, and ZIP code										
THORNWOOD, NY 10594-1353				- Di						
Plan name	١,					ig- YYYY				
	+ -). 	IVIIVI		1111				
DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST	0	0	1	12	31	2012				
t II Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA								
Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first l	Form :	5500 s	series return/r	eport for the	e plan listed				
Lyaquast an extension of time until 10 / 15 / 2013 to file Form	EE00 .	aariaa	(aaa ii	notructions)						
·			•	istructions).						
Note: A signature to NOT required if you are requesting an extension to life roll	1111 330)U 3CII	C3.							
I request an extension of time until 10 / 15 / 2013 to file Form	8955-	SSA (see ins	structions).						
•		,		,						
the normal due date of Form 5500 series, and/or Form 8955-SSA for which	this e	xtensi	on is							
Extension of Time To File Form 5330 (see instructions)										
I request an extension of time until / / to file Form	5330.									
You may be approved for up to a 6 month extension to file Form 5330, after the	e norm	nal due	e date	of Form 5330).					
			ı							
Enter the Code section(s) imposing the tax	>	а								
Enter the Code section(s) imposing the tax				►	b					
Enter the payment amount attached	/amend		date	>	b c					
Enter the payment amount attached	/amen		date							
Enter the payment amount attached	/amen		date	>						
Enter the payment amount attached	/ameno		date	>						
Enter the payment amount attached	/ameno		date	•						
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Enter the payment amount attached	/ameno		date							
Enter the payment amount attached	/ameno		date							
	THORNWOOD, NY 10594-1353 Plan name DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST III Extension of Time To File Form 5500 Series, and/or Form 85 Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. 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A signature IS not required if you are requesting an extension to file Form 8955-Note. A signature IS not required if you are requesting an extension to file Form 8955-Note. A signature IS not required if you are requesting an extension t	Social City or town, state, and ZIP code THORNWOOD, NY 10594-1353 Plan name DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5 in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (Note. 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A signature IS not required if you are requesting an extension to file Form 8955-SSA (Note. A signature IS not required if you are requesting an extension to file Form 8955-SSA (Note. A signature IS not required if you are requesting an extension to file Form 8955-SSA (Note. A signature IS not required if you are requesting an extension to file Form 8955-SSA (Note. A signature IS not required if you are requesting an extension to file Form	Social securit City or town, state, and ZIP code THORNWOOD, NY 10594-1353 Plan name Plan number DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST THE Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 sin Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see in Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see in Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330.	Social security number (SSN) THORNWOOD, NY 10594-1353 Plan name Plan number Plan number Plan number Plan number Plan number MM DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/r in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, an and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form 5330.	Social security number (SSN) (9 digits XXX- Social security number (SSN) (9 digits XXX- Thornwood, NY 10594-1353 Plan name Plan plan plan plan pear ending mumber Plan plan pear ending plan plan pear ending plan plan pear ending plan plan plan plan plan plan plan plan				

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification information For calendar plan year 2012 or fiscal plan year beginning 12/31/2012 01/01/2012 and ending a single-employer plan A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) X C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DIGGINS MECHANICAL CORPORATION PROFIT SHARING PLAN AND TRUST plan number 001 (PN) 🕨 1c Effective date of plan 04/23/1974 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DIGGINS MECHANICAL CORPORATION (EIN) 13-2758552 Sponsor's telephone number 578 COMMERCE STREET 914-769-4545 2d Business code (see instructions) THORNWOOD 10594-1353 238220 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN DIGGINS MECHANICAL CORPORATION 13-2758552 3c Administrator's telephone number 914-769-4545 578 COMMERCE STREET THORNWOOD NY 10594-1353 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4¢ PN Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year 5Ь Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... X Yes ∏ No If you answered "No" to either line 6a or line 6b, the plan cannot 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 cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	1 Think a Chagun	7/31/13	Patrick A. Di	ggins			
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN	Taluel a I have	7/3//13					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso				
Preparer's	name (including firm name, if applicable) and address; include	e room or suite number	(optional)	Preparer's telephone number (optional)			
•							

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

	Form 5500-SF 2012		Page 2						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	T	<u></u>						
a	Total plan assets		(a) Beginning of Ye				(b) End	of Year	
<u> </u>	Total plan liabilities	7a	15	735	26				58972
C	Net plan assets (subtract line 7b from line 7a)		10	725			-		
8	Income, Expenses, and Transfers for this Plan Year	7c		735	20				58972
а		 	(a) Amount				(b) T	otal	
	(1) Employers	8a(1)			-				
	(2) Participants	8a(2)			丁			1	
	(3) Others (including rollovers)	8a(3)			7				
	Other income (loss)	. 8b	1.	2933	17			-	
	Total income (add lines 8a(1), Ba(2), Ba(3), and 8b)	8c						-	129317
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	16	4390)1				
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1.	643901
	Net income (loss) (subtract line 8h from line 8c)	8i						-1!	514584
	Transfers to (from) the plan (see instructions)	- 8j							
	rt IV Plan Characteristics			_					
	if the plan provides pension benefits, enter the applicable pension 2A 2E 3D								
b	If the plan provides welfare benefits, enter the applicable welfare to $4\mathrm{B}$	eature cod	es from the List of Plan Charac	derist	ic Cod	es in ti	ne instructi	ons:	
Pari	t V Compliance Questions								
10	During the plan year:		 		Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		_	х			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a					
J	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b	1	х			
¢					х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	od, that was caused by fraud	10c		х			
e	or dishonesty?			10d					
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the bene	fits under the plan? (See	10e		х	İ		
f				10f		х			
g						x			
h		See instru	ctions and 29 CFR	10g 10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i				<u> </u>	
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SB	(Form	Yes	П №
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			J. 36		<u> </u>	<u></u>	<u> </u>	<u> </u>
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	ig amortize	ed in this plan year, see instruc	tions, lh	and e	nter th		ne letter ru Year	ling
1 f	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year	***************************************				12b			
									

Form 5500-SF 2012 Page 3 -					
C Enter the amount contributed by the employer to the plan for this plan year		12c	Τ		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	10	I2d			_
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	По	□ N/A
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?		x X	'es	No	
if "Yes," enter the amount of any plan assets that reverted to the employer this year	1	 3a		<u> </u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	d- 45	itrol		Пу	s 🛭 No
C if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to				
13c(1) Name of plan(s):	13c(2) El	N(s)	130	(3) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	14	b Tr	ust's Ell	N	