## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the instru	ctions to the Form 550	U-3F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2013 	and ending (	06/30/2	2013 	
Α	This ret	urn/report is for:	a single-employer plan	日 ' ' '	lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	x the final return/report				
			an amended return/report	x a short plan year retur	n/report (less than 12 m	onths)	1	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
		-	special extension (enter descrip	ption)			_	
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation				
1a	Name	of plan				1b	Three-digit	
DIGG	SINS ME	ECHANICAL CORPOR	ATION FINAL 5500				plan number	004
						10	(PN)	001
						10	Effective date of 04/23/	•
2a	Plan sr	oonsor's name and add	dress; include room or suite number	r (employer if for a single-	employer plan)	2h	Employer Identif	
		ECHANICAL CORPOR		r (omployor, ii for a omgro	omployer plans		(EIN) 13-27	
						2c	Sponsor's telep	hone number
578 (	COMME	RCE STREET					914-769	
THO	RNWO	OD, NY 10594-1353				2d	Business code (	see instructions)
							23822	20
3a	Plan ad	dministrator's name an	id address Same as Plan Sponso	or Name XSame as Plar	n Sponsor Address	3b	Administrator's I	EIN 58552
AME						30		elephone number
						30	914-769	
4			e plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b	EIN	
2		EIN, and the plan nun or's name	nber from the last return/report.			4c	DNI	
			at the beginning of the plan year			5a	FIN	1
b			at the end of the plan year			5b		0
C			account balances as of the end of the			30		0
						5c		0
6a		•	during the plan year invested in eli	•	•			X Yes No
b			the annual examination and report					Voc □ No
			? (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca					X Yes   No
			or incomplete filing of this return/ ner penalties set forth in the instruct					oblo o Cobodulo
			nd signed by an enrolled actuary, as					
beli	ef, it is t	rue, correct, and comp	olete.		·		·	J
CIC	· NI	Filed with authorized/	valid electronic signature.	08/06/2013	PATRICK A. DIGGINS	3		
SIG HEI					Enter name of individ		uning on plan adm	ainintrator
		Signature of plan ac	illilistrator	Date	Enter name or maivid	uai siç	Jilling as plan aun	IIIIIStrator
SIG								
		Signature of employ	yer/plan sponsor ame, if applicable) and address; inc	Date	Enter name of individ	_		r or plan sponsor number (optional)
Pie	parers	name (including iim na	arrie, ii applicable) and address, inc	aude room of suite numbe	і (ориопаі)	Prep	arer's telephone	number (optional)
						L		

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
<u>.</u>	Total plan assets	. 7a	5897		+		(6) [1]	<u>u 01 1</u>		0	
	Total plan liabilities	7b	0007								
	Net plan assets (subtract line 7b from line 7a)	7c	5897	72						)	
	Income, Expenses, and Transfers for this Plan Year	10			+		(b)	Total		<u> </u>	
	Contributions received or receivable from:		(a) Amount				(D)	Total			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	73	32							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							732	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5970	)4							
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							5970	4	
	Net income (loss) (subtract line 8h from line 8c)	. 8i							-5897	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>			1						
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Dow	V Compliance Questions										
Pari	•			1	V	l Na	l				
10	During the plan year:	tiono withi	n the time period described in	Π	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	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	10e		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
				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)								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		ling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				Π				
<u>b</u>	Enter the minimum required contribution for this plan year					12b					

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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 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?	X	res 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		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury

## Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Interr	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em					2012					
Employee Be	partment of Labor enefits Security Administration mefit Guaranty Corporation	Retirement Income Security Act the Inter	of 1974 (ERISA), and sec mal Revenue Code (the Co	tions 6057(b) and 6058 ode).	(a) of		s Open to Public				
		Complete all entries in acc	ordance with the instruc	tions to the Form 5500	-SF.						
Part I	ar plan year 2012 or fisca	entification Information	77 /02 /0012			25 125 155					
			01/01/2013	and ending		06/30/2013	<u> </u>				
_	um/report is for:	5	a multiple-employer pla  X the final return/report	an (not multiemployer)		a one-partici	oant plan				
71110141		=	=								
C Check b	L Dox if filing under:	Form 5558	X a short plan year return automatic extension	report (less than 12 mc	inins) [	DFVC progra	מחו				
		special extension (enter descrip	•								
Part II		nation—enter all requested infor	mation								
1a Name of DIGGINS		ORPORATION FINAL 5500	ו		1	Three-digit plan number	001				
				,		(LIM) L	<u>                                     </u>				
						Effective date o 04/23/1974					
2a Plan sp	onsor's name and addre	ess; include room or suite number	(employer, if for a single-e	employer plan)	2b 6	Employer Identi	fication Number				
DIGGINS	S MECHANICAL CO	RPORATION				(EIN) 13-275 Sponsor's telep					
578 CON	MMERCE STREET	2				914-769~4	545				
THORNWO	מסכ	NY 10594-1353				Business code ( 238220	(see instructions)				
3a Plan at SAME	iministrator's name and	address Same as Plan Sponso	r Name XSame as Plan	Sponsor Address		Administrator's 13-275855					
CAND	ONE LO				3c /	Administrator's	telephone number				
					9	14-769-45	45				
				•							
4 If the n	name and/or EIN of the p	lan sponsor has changed since th	e last return/report filed for	r this plan, enter the	4b	FIN					
name, a Sponst		er from the last return/report.	·		4c						
<del></del>		the beginning of the plan year			5a	1	1				
_		the end of the plan year			5b		0				
		count balances as of the end of th			5c		0				
		luring the plan year invested in eli	<del></del>				X Yes No				
<b>b</b> Are yo	ou claiming a waiver of th	ne annual examination and report	of an independent qualifier	d public accountant (IQI	•						
	•	See instructions on waiver eligibili	•				X Yes No				
		er line 6a or line 6b, the plan ca					<del> </del>				
		incomplete filing of this return/									
SB or Sche		r penalties set forth in the instructi signed by an enrolled actuary, as etc.									
SIGN	Walled	a choose	7/30/13	Patrick A. Dic	gin	3					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sign	ning as plan adı	ninistrator				
SIGN	1 the	41	7/30/13				_				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sigi	ning as employ	er or plan sponsor				
Preparer's		ne, if applicable) and address; inc	lude room or suite number				number (optional)				
				ļ							
'				`.	-	<del></del>	<del> </del>				

12b

	Form 5500-SF 2012		Page 2								
Par	t III Financial Information										
	Plan Assets and Liabilities	l	(a) Booissipp of You	,	1		(b) End	l of V		_	
	Total plan assets	7a	(a) Beginning of Yea	897	2		(b) Litt	1011	141		0
	Total plan liabilities	7b			<del>]</del> -						<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c		897	2						0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(h)	Total			
	Contributions received or receivable from:		(a) Amount	-			(6)	1000			
	(1) Employers	8a(1)			1						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)			<u>.</u>						
<u>b</u>	Other income (loss)	8b		73	2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								7	32
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		970	4		<del></del>				
e_	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
_g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								597	04
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							_	589	72
j	Transfers to (from) the plan (see instructions)	- 8j									
Par	t IV Plan Characteristics			-							
Par		eature cod	les from the List of Plan Charac	terist			ne instruc				
10	During the plan year:				Yes	No		Ame	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			105		Х					
C	Was the plan covered by a fidelity bond?			10c	Х				1.	500	300
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10a		Х					
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			-		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i							
Par	VI Pension Funding Compliance		<del></del>							·	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							. [	Yes		No
118	Enter the amount from Schedule SB line 39					11a					
12	is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	] [	Yes	X	No
	(If "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below										
a	If a waiver of the minimum funding standard for a prior year is be	ing amorti	zed in this plan year, see instru	ctions	s, and					ling	
	granting the waiver	le MR /Fc	om 5500), and skip to line 13	1U1		Day		Ye	21		<b></b>
	you completed mile 120, complete miles of 3, and 10 th sollede		canali and quality to us of 10	<u> </u>							

b Enter the minimum required contribution for this plan year.....

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	F	orm 5500-SF 2012 Page <b>3</b> -							
	Enter	the amount contributed by the employer to the plan for this plan year	12	E					
	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ive amount).	12	d				·	
e	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Ŀ	Y	es		No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	resolution to terminate the plan been adopted in any plan year?	X	<u>]</u> `	es	<u></u> r	4o		
		s," enter the amount of any plan assets that reverted to the employer this year	13	a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	contr	al				X Yes	No No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to						
	13c(1)	Name of plan(s):	3c(2	) E	N(s)	—	4	13c(	3) PN(s)
								<del></del>	- <del></del>
							]		
Part	VIII	Trust Information (optional)							
		of trust	141	T C	rust's	EIN			