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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I	Annual Report Identification I								
For	calenda	ır plan year 2012 or fiscal plan year begin	ning 01/01/2012		and ending 1	2/31/2	2012			
A 7	This ret	urn/report is for: X a single-emplo	yer plan a	n multiple-employer p	e-employer plan (not multiemployer) a one-participant plan					
B 1	This ret	urn/report is: the first return/	report X t	he final return/report						
		an amended re	turn/report a	short plan year retur	n/report (less than 12 m	onths))			
C	Check b	oox if filing under: Form 5558	X a	automatic extension			DFVC progra	ım		
	special extension (enter description)						_			
Pa	rt II	Basic Plan Information—enter a	II requested informat	ion						
	Name					1b	Three-digit			
IAMIS	N TRIO	TRADING LLC 401(K) PROFIT SHARING	G PLAN				plan number (PN) ▶	001		
						1c	Effective date or			
							01/01/	•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SIMAN TRIO TRADING LLC					2b	Employer Identii (EIN) 58-99	fication Number 68422			
1500	SANR	EMO AVENUE				2c	Sponsor's telep			
SUITE	E 180	ELES, FL 33146				2d	Business code (see instructions)		
3a	Plan ad	Iministrator's name and address XSame	as Plan Sponsor Na	me Same as Pla	n Sponsor Address	3b	Administrator's I			
					-,					
						3c Administrator's telephone number				
4		ame and/or EIN of the plan sponsor has o	•	st return/report filed f	or this plan, enter the	4b	EIN			
а		EIN, and the plan number from the last re or's name	eturn/report.			4c	PN			
		umber of participants at the beginning of	the plan year			5a		2		
b	Total r	umber of participants at the end of the pla	an year			5b		0		
С	Numbe	er of participants with account balances as	s of the end of the pla	an year (defined ben	efit plans do not					
		ete this item)				5c		0		
6a		all of the plan's assets during the plan year	•	•				X Yes No		
b		u claiming a waiver of the annual examina 29 CFR 2520.104-46? (See instructions of						X Yes No		
		answered "No" to either line 6a or line								
Cau	tion: A	penalty for the late or incomplete filing	g of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.			
SB	or Sche	Ilties of perjury and other penalties set for dule MB completed and signed by an enru rue, correct, and complete.								
SIGI		Filed with authorized/valid electronic sign	ature.	11/26/2013	MARIA SIMAN					
HER	RE	Signature of plan administrator		Date	Enter name of individ	ual siç	ning as plan adn	ninistrator		
SIGI		Filed with authorized/valid electronic sign	ature.	11/26/2013	MARIA SIMAN					
HER		Signature of employer/plan sponsor		Date	Enter name of individ					
Prep	oarer's	name (including firm name, if applicable) a	and address; include	room or suite number	er (optional)	Prep	arer's telephone	number (optional)		

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Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	\	0			0
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		0			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i					
	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	es in tl	ne instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	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		Χ	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		X	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g						Χ	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
	2520.101-3.)			10h			
	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)						
	Enter the amount from Schedule SB line 39					11a	
_11a	Enter the amount from Schedule SD line 39					ı ıu	<u> </u>
11a	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
		requireme	ents of section 412 of the Code				ERISA? Yes X No
12	Is this a defined contribution plan subject to the minimum funding	requireme , as application	ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ction 3	802 of	
12 a	Is this a defined contribution plan subject to the minimum funding (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 being	requireme , as applicang amortiz	ents of section 412 of the Code able.) ed in this plan year, see instru Mon	e or se ctions,	ction 3	302 of nter th	ne date of the letter ruling
12 a	Is this a defined contribution plan subject to the minimum funding (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.	requirement, as applications amortization e MB (For	ents of section 412 of the Code able.) ed in this plan year, see instru Mon rm 5500), and skip to line 13.	e or se	and e	302 of nter th	ne date of the letter ruling

	Form 5500-SF 2012 Page 3 - 1					
•	"otar the amount contributed by the ampleyor to the plan for this plan year		12c			
d S	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus legative amount)	sign to the left of a	12d			
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets					
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?		X	es No)	
lí	f "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another p		control		X Yes	No
	f during this plan year, any assets or liabilities were transferred from this plan to another playlich assets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	to			
130	c(1) Name of plan(s):	1	1 3c(2) El	N(s)	13c(3) PN(s)
Part V	Trust Information (optional)					

14b Trust's EIN

14a Name of trust

Reasonable Cause for Late Filing

Siman Trio Trading LLC 401(k) Profit Sharing Plan

58-9968422/001

Plan Year 01/01/2012 – 12/31/2012

We adopted this plan in 2011; however, we never implemented the plan and had requested a plan termination effective 1/1/2012. An extension was filed for our corporate returns and includes the form 5500SF; it should have been filed by October 15, 2013. Our prior advisor did not file the final 5500SF for us in a timely manner. We have had to hire another party to file the forms for us.

Please accept our reasonable cause and waive any late fees for the late filing of the 2012 plan return. thank you.

5500-SF Electronic Filing Authorization

Plan Name:

Siman Trio Trading LLC 401(k) Profit Sharing Plan

EIN/PN:

58-9968422/001

Plan Year:

01/01/2012 - 12/31/2012

I hereby authorize Hackett Pickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Sponsor

(sign)

(date)

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

F	art I Annual Report Identification Information	ordance with the ma	ductions to the Form 550	00-Sr.
	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012
Α	This return/report is for:	a multiple-employe	r plan (not multiemployer)	
В	This return/report is:	x the final return/repo		a one participant plan
	an amended return/report		eturn/report (less than 12 r	months)
С	Check box if filing under: Form 5558	x automatic extension		DFVC program
	special extension (enter descrip	_	<u>:</u>	Di vo program
P	art II Basic Plan Information enter all requested int			
-	Name of plan	ionnation		1b Three-digit
	Siman Trio Trading LLC 401(k) Profit Sharir	D1		plan number
	Siman IIIO IIading Dic 401(k) Piolit Sharif	ng Plan		(PN) ▶ 001
				1c Effective date of plan 01/01/2011
2a	Plan sponsor's name and address; include room or suite number	(employer, if for a sin	gle-employer plan)	2b Employer Identification Number
	Siman Trio Trading LLC			(EIN) 58-9968422
				2c Sponsor's telephone number
	1500 San Remo Avenue			(305) 799-2024
HS	Suite 180 Coral Gables FL 33146			2d Business code (see instructions) 424300
_	Plan administrator's name and address X Same as Plan Spons	sor Name Same a	s Plan Sponsor Address	3b Administrator's EIN
			o . iaii oponooi itaaleee	Administrator's Env
		71		3c Administrator's telephone number
				Administrator's telephone number
_				
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/report file	d for this plan, enter the	4b EIN
а	Sponsor's name			4c PN
-	Total number of participants at the beginning of the plan year			5a 2
b	Total number of participants at the end of the plan year	***************************************	***************************************	5b 0
C	Number of participants with account balances as of the end of the	plan year (defined be	nefit plans do not	
6a	Complete this item)			5c 0 X Yes No
b	Are you claiming a waiver of the annual examination and report of			
	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 can	not use Form 5500-S	F and must instead use	Form 5500.
Ca	ution: A penalty for the late or incomplete filing of this return/r	eport will be assess	ed unless reasonable ca	use is established.
Un	der penalties of perjury and other penalties set forth in the instruction	ons, I declare that I ha	ve examined this return/re	eport, including, if applicable, a Schedule
bel	or Schedule MB completed and signed by an enrolled actuary, as ef, it is true, correct, and complete.	well as the electronic	version of this return/repor	t, and to the best of my knowledge and
200	GN KIND ON THE STATE OF THE STA		Maria Siman	
	RE Signature of plan administrator	Date		la l
		Date	Litter frame of individua	al signing as plan administrator
100000	RE Signature of employer/plan sponsor	Date	Fatarana dia Nata	
3827-	parer's name (including firm name, if applicable) and address; including		her (optional)	I signing as employer or plan sponsor Preparer's telephone number (optional)
	,,, and additions, illustration	and in suite in	oo (optional)	r reparer a telephone number (optional)

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Form	つつ(11)	-	7117	1

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Product										
F	Part III Financial Information								-	
7	Plan Assets and Liabilities			(a) Beginning of Ye	ar			/b) F		
a	Total plan assets	7a		(4) - gaming of 16		+-		(b) End	of Year	
b	Total plan liabilities	7b			0	+				0
C	Net plan assets (subtract line 7b from line 7a)	7c				-				0
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	0	+				0
a	Contributions received or receivable from:			(a) Amount		988		(b)	Total	
-	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
h	(3) Others (including rollovers)	8a(3)				10	8			· · ·
b	Other income (loss)	8b							1	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					Annie de la constante de la co	14/4/		Market To
_ u	to provide benefits)	8d					34.11		4 2 7	
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f						88 368 Tooler	Section 1	
g	Other expenses	8g				0.70	EN.	5 5 4		100-100
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						and the second		
i	Net income (loss) (subtract line 8h from line 8c)	8i								
j	Transfers to (from) the plan (see instructions)	8j						S (600 - 2010)		The state of the s
Pa	art IV Plan Characteristics	oj				20.0				
						-		-		
	If the plan provides pension benefits, enter the applicable pension fea	ature code	es from t	he List of Plan Chara	cterist	ic Cod	les in	the instruc	tions:	
h	10 11 00									
D	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes	from the	List of Plan Charact	eristic	Code	s in th	ne instruction	ons:	
Pa	nt V Compliance Questions									-
10	During the plan year:									
a	Was there a failure to transmit to the plan any participant contribution	ne within	the time	and decided		Yes	No		Amount	
	29 CTR 2010.0-102? (See instructions and DOL's Voluntary Fiducia	ery Correc	tion Pro	nram)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	(Do not in	aluda tra	naneties						
C	Was the plan covered by a fidelity bond?		***********	***************************************	10b		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity hone	thatu	a coursed by formal	10c		x			
е	Were any fees or commissions paid to any brokers, agents, or other	norcone	h., an i-	······································	10d		Х			
	insurance service or other organization that provides some or all of t instructions.)	he henefi	te undar	the plan? (See						
f	Has the plan failed to provide any horseft the	****************	***********		10e		Х			
	provide any benefit when due under the plan?			······	10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount as o				10g		х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instruct	ions and	29 CFR	10h					
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required n	otion or	and of the		\neg	х			
Part	VI Pension Funding Compliance	***********	************	***************************************	10i					- Bi
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Ye	s." see	nstructions and com	olete S	Schod	ulo CE	2 /Form		
11-		************	***********	***************************************		*******		(FOITI	Yes [X No
11a	Enter the amount from Schedule SB line 39		••••••	***************************************		1	1a			
12	Is this a defined contribution plan subject to the minimum funding req	uirements	s of sect	on 412 of the Code of	r sect	ion 30	2 of E	RISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	annlicahl	(A							
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized	in thin n	lan year, see instructi	ions, a	and en	ter th	e date of th		ng
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5	5500) 0	d ekin to !: 42			Day		Year	
b	Enter the minimum required contribution for this plan year	- (1 OIIII 8	ouoj, ai	iu skip to line 13.			. T			
		************	**********	***************************************	•••••	1	2b			

-	Form 5500-SF 2012		Page 3-					
-								
c	Enter the amount contributed by the employer to the plan for	this plan year			12c	T		
d 	Subtract the amount in line 12c from the amount in line 12b. Inegative amount)	Inter the recult (antor	o minus sien te the t		12d			
е	Will the minimum funding amount reported on line 12d be me	t by the funding dead	ne?	**************		Yes [7 No. 17 No.	-
Part	VII Plan Terminations and Transfers of Asse	ets				res L	No N/A	
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			X Y	es 🗆 N	I.	
	if "Yes," enter the amount of any plan assets that reverted to t	he employer this year	г		120	38 N	10	0
b	Were all the plan assets distributed to participants or beneficial of the PBGC?	aries, transferred to a	other plan, or brough	t under the c				_
C	If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	d from this plan to an	other plan(s), identify	the plan(s) to	*********		X Yes No	_
1	3c(1) Name of plan(s):			120	(2) EIN(2)	10.(0) 000	
				130	(2) EIIV(5)	13c(3) PN(s)	_
Part	VIII Trust Information (optional)							
-	lame of trust							
174 1	rame of trust				14b Tr	ust's EIN		
								_

Reasonable Cause for Late Filing

Siman Trio Trading LLC 401(k) Profit Sharing Plan

58-9968422/001

Plan Year 01/01/2012 - 12/31/2012

We adopted this plan in 2011; however, we never implemented the plan and had requested a plan termination effective 1/1/2012. An extension was filed for our corporate returns and includes the form 5500SF; it should have been filed by October 15, 2013. Our prior advisor did not file the final 5500SF for us in a timely manner. We have had to hire another party to file the forms for us.

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