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

2015

This Form is Open to Public Inspection

	port Identification Information	n				
For calendar plan year 2015	or fiscal plan year beginning 01/01	/2015 and ending 12	2/08/2015			
A This return/report is for:	X a single-employer plan □ a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box m list of participating employer information in accordance with the form inst a foreign plan				
B This return/report is	the first return/report an amended return/report	★ the final return/report a short plan year return/report (less than 12 months)				
C Check box if filing under	Form 5558	automatic extension DFVC program				
Part II Basic Plan	Information—enter all requested i	nformation				
1a Name of plan P. J. PINTO INSURANCE A			1b Three-digit plan number (PN) ▶	001		
			1c Effective date	e of plan 1/01/2006		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)		2b Employer Identification Number (EIN) 65-0305426				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) P. J. PINTO INSURANCE AGENCY, INC			2c Sponsor's telephone number 305-386-7170			
			2d Business cod	e (see instructions)		
5058 SW 56TH STREET MAMI, FL 33185-4071		524210				
3a Plan administrator's name and address Same as Plan Sponsor.		3b Administrator's EIN				
			3c Administrator	's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN				
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			5a 11			
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 benefit plans do not complete this item)		5c				
d(1) Total number of active participants at the beginning of the plan year			5d(1)	11		
d(2) Total number of active participants at the end of the plan year		5d(2)	0			
than 100% vested		ne plan year with accrued benefits that were less	5e	0		
Caution: A penalty for the Under penalties of perjury a	rate or incomplete tiling of this refu	rn/report will be assessed unless reasonable cau	ise is established			

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 07/19/2016 PETER PINTO **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	g of Year				(b) End of Year		
a Total plan assets	7a		337	'124					0
b Total plan liabilities	7b	207124			0			0	
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c			7124			/I=\ T=	-	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) To	tai	
(1) Employers	8a(1)		1448						
(2) Participants	8a(2)		1	696					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-4	506					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1	362
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		335	762					
e 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)	Total expenses (add lines 8d, 8e, 8f, and 8g)							335	762
i Net income (loss) (subtract line 8h from line 8c)	8i							-337	124
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	he instruct	ions:	
B If the plan provides welfare benefits, enter the applicable welfare fr	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructio	ns:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		X				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
				Х					20000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X				
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			10e		X				
					Χ				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10f 10g		X				
h If this is an individual account plan, was there a blackout period?	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X				
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			10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j						
			IUJ						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes	s X No
11a Enter the unpaid minimum required contribution for all years from						11a			- [] 140
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	X Yes No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s) 13c(3) PN(s)				
Part		Trust Information						
14a Name of trust					14b Trust's EIN			
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				based safe ADP/ACP harbor test method				
15c	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year				Yes No			
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?								
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio Average benefit test			
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				S	No		
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the all for tax law changes and codes).				plicable	code	(See ins	tructions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable		
18				Yes	S	No		
19	9 Were in-service distributions made during the plan year?			Ye	s	No		
	If "Yes	," enter amount	·····	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				s	No	N/A	