## 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

Ρ	art I Annual Repo	t Identification Information						
For	calendar plan year 2015 o	fiscal plan year beginning 01/01/2015	and ending 12/31/	/2015				
Α	This return/report is for:	list of pa	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a foreign plan					
В	This return/report is		the final return/report a short plan year return/report (less than 12 months)					
	Check box if filing under:	special extension (enter description)						
		ormation—enter all requested information						
1a Name of plan WINTER FINANCIAL SERVICES CORP 401(K) PLAN				Three-digit plan number (PN) • 001				
			10	Effective date of plan 01/01/2006				
2a	Plan sponsor's name (emp Mailing address (include re		Employer Identification Number (EIN) 59-2618176					
VINT	City or town, state or provi CER FINANCIAL SERVICES	20	<b>2c</b> Sponsor's telephone number 561-994-0100					
			20	2d Business code (see instructions)				
3100 GLADES RD STE 308 30CA RATON, FL 33434-4372				523900				
3a Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN				
			30	Administrator's telephone number				
4		the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report.		4b EIN				
а	Sponsor's name			PN				
5a	Total number of participar	ts at the beginning of the plan year		<b>5a</b> 2				
b	Total number of participar	ts at the end of the plan year		5b 2				
С	Number of participants wi complete this item)	h account balances as of the end of the plan year	(defined benefit plans do not	<b>5c</b> 1				
d(1) Total number of active participants at the beginning of the plan year				d(1) 2				
d(2) Total number of active participants at the end of the plan year				d(2) 2				
е	Number of participants the than 100% vested	at terminated employment during the plan year wit	h accrued benefits that were less	<b>5e</b> 0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
		other penalties set forth in the instructions, I declar and signed by an enrolled actuary, as well as the						

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 07/14/2016 **BRUCE E WINTER HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date 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

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

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon</li></ul>	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes Yes	No No
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	determ	nined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning				(b) End of Year				
a Total plan assets	7a		4	377					326	
<b>b</b> Total plan liabilities	7b			0		0				
C Net plan assets (subtract line 7b from line 7a)	7c		4377				3262			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)	418			186					
(2) Participants	8a(2)		22	500						
(3) Others (including rollovers)	8a(3)			0						
<b>b</b> Other income (loss)	8b		-2	801						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2388	15
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24	950						
e Certain deemed and/or corrective distributions (see instructions)	8e		0							
f Administrative service providers (salaries, fees, commissions)	8f		50							
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2500	)0
i Net income (loss) (subtract line 8h from line 8c)	8i						-1115			5
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	the instr	uctions	S:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	las in th	a inetru	ctions:		-
If the plant provides would be belieful, office the applicable well are the	catare ood	55 HOM the List of Flat	ii Onaic	20101101	.10 000	100 111 111	ic motro	otionio.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?					X					
d Did the plan have a loss, whether or not reimbursed by the plan's			10c		^					
by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Х					
	10g		X							
	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR</li> </ul>				^					
2520.101-3.)	•		10h		X					
· · · · · · · · · · · · · · · · · · ·	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									
j Did the plan trust incur unrelated business taxable income?	<u></u>	<u></u>	10j							
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 Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?		Yes	X No

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(If "Yes," 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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne 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					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?		. Yes X No					
		s," 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 brough	ght under the co	ontrol	itrol Yes X 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)	13c(3)			PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes No					
15b	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)?					Design- based safe ADP/ACP harbor test method			
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
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 to			
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?					S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instr for tax law changes and codes).							tructions		
17c	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	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18		Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				No			
19	Were in	Nere in-service distributions made during the plan year?			s	No			
	If "Yes	If "Yes," enter amount							
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)?			Ye	s	No	N/A		