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. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Informatior	1					
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2 a single-employer plan	2014	and ending 1	2/31/2014			
A This re	turn/report is for:) (Filers checking thi ordance with the form	s box must attach a list instructions)					
_		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	X the final return/report					
		an amended return/report	a short plan year retu	n/report (less than 12 r	months)			
C Check	box if filing under:		DFVC program					
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested ir	formation		_	_		
1a Name GIBRALTAR		COMPANY PROFIT SHARING PL	AN		1b Three-digit plan numbe (PN) ▶	r 002		
					1c Effective da			
	ponsor's name and a	ddress; include room or suite numb	per (employer, if for a single	-employer plan)		entification Number 9-1660745		
2929 F CON	MMERCIAL BLVD., S	LIITE 100			2c Sponsor's to	elephone number		
	ERDALE, FL 33308-					de (see instructions) 24290		
3a Plan a	dministrator's name	and address Same as Plan Spon	sor.		3b Administrate			
GIBRALTAR	TITLE & ESCROW		COMMERCIAL BLVD., SU AUDERDALE, FL 33308-42		59-1660745 3c Administrator's telephone number			
					954	-771-7601		
4								
name	, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN			
	or's name	s at the beginning of the plan year.			. 4c PN . 5a	5		
_								
		s at the end of the plan year			5b	0		
		n account balances as of the end of		•	5c	0		
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)			
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)			
e Numbe	er of participants that	terminated employment during the	plan year with accrued ben		5e	0		
		or incomplete filing of this retur		unless reasonable ca	ause is established			
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	eport, including, if ap	plicable, a Schedule		
SIGN	Filed with authorized/valid electronic signature. Signature of plan administrator		05/26/2015	PHILIP HOPKINS	ividual signing as plan administrator			
HERE			Date	Enter name of indivi				
SIGN								
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of indivi	dual signing as emp	loyer or plan sponsor		
Preparer's		name, if applicable) and address (i	nclude room or suite numb			one number (optional)		
1								

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a support of the plan cannot be a sup	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instea	int (IQ d d use	PA) Form	5500.		X Yes	s No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No L	Not dete	rmined
Par		1	T						
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End o	f Year	0
	Fotal plan assets	7a	13930	0	+				0
	Fotal plan liabilities	7b	13930		+				0
	Net plan assets (subtract line 7b from line 7a)	7c		,00	+		/b) T	4-1	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai	
	1) Employers	8a(1)		0					
	2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	283	365					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						28	365
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	14184	100					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	8f		0					
	Other expenses	8g	30)23					
h	otal expenses (add lines 8d, 8e, 8f, and 8g)							1421	423
i	Net income (loss) (subtract line 8h from line 8c)							-1393	058
j	ransfers to (from) the plan (see instructions)								
Par	IV Plan Characteristics								
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	1	les in t	he instruction	ns:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	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				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i									
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r 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)								
е	Will t	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	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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**

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

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

Part I	Annual Report	t Identification Information			1002-01.				
For calen	dar plan year 2014 or fi		01/01/2014	and ending		31/2014			
A This re	etum/report is for:	X a single-employer plan	a multiple-employer	ing this box must attach a list					
F	stanicportie io.	a one-participant plan	of participating empli a foreign plan	oyer information in accor	rdance with the	e form instructions)			
B This re	turn/report is	H	X the final return/report						
		an amended return/report	a short plan year retu						
-			-	mehon hear man is is					
C Check	box if filing under:	Form 5558	automatic extension			VC program			
		special extension (enter descripti	ion)						
Part II	Basic Plan Info	ormation—enter all requested inform	mation						
1a Name	of plan			Ellinanyon, montantantantantantantantantantantantantan	1b Three-	-digit			
GIBRAL	TAR TITLE & ES	SCROW COMPANY PROFIT SH	HARING PLAN		plan number 002				
					(PN)	ve date of plan			
						1/1978			
2a Plan s	sponsor's name and ad	dress; include room or suite number (employer, if for a single	-employer plan)	2b Emplo	yer Identification Number			
GIDEME	TAR TITLE & ES	SCROW COMPANY			(EIN) 59-1660745				
2929 E	. COMMERCIAL F	BLVD., SUITE 100			2c Sponsor's telephone number				
					954-771-7601				
FORT L	AUDERDALE	FL 33308-4217			2d Business code (see instructions) 524290				
3a Plan a	administrator's name ar	nd address Same as Plan Sponsor.	ATTENDED TO THE PERSON OF THE	**************************************		strator's EIN			
GIBRAL	TAR TITLE & ES	3CROW COMPANY			59-1660745				
					3c Administrator's telephone number				
2929 E	. COMMERCIAL E	BLVD., SUITE 100			954-771-7601				
ድ <u></u> ጋይሞ ፒ.	AUDERDALE	FL 33308-4217							
						· · · · · · · · · · · · · · · · · · ·			
name	name and/or city of the c. EIN, and the plan nur	e plan sponsor has changed since the i mber from the last return/report.	last return/report filed for	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
		at the beginning of the plan year			. 5a	5			
b Total :	number of participants	at the end of the plan year	******************************	*****************************	5b	(
C Numb	er of participants with a	account balances as of the end of the p	plan year (defined bene	∌fit plans do not	5c				
compa d(1) Tota	ete this item)	rticipants at the beginning of the plan y				(
					5d(1)	4			
		rticipants at the end of the plan year			5d(2)	(
e Numbe	ਝ of participants that ter	rminated employment during the plan	year with accrued bene	efits that were	5e	^			
		or incomplete filing of this return/rep				0			
Under pena	afties of perjury and oth	ner penalties set forth in the instruction:	s. I declare that I have	examined this return/ren	nort including	if applicable a Schodule			
SB or Sche	edule MB completed an true, correct, and comp	id signed by an enrolled actuary, as we	ell as the electronic ven	sion of this return/report,	, and to the be	est of my knowledge and			
SIGN	Ella W	// , /	5-18-2315	Philip Hopkins	-				
HERE	Signature of plan ad	1-1-1-1-1-1			***************************************				
ciou	Signature or premer	IMINISTRATOL	Date	Enter name of individu	ual signing as r	plan administrator			
SIGN HERE									
Preparer's	Signature of employ	yer/plan sponsor ame, if applicable) and address (includ	Date	Enter name of individu	ual signing as e	employer or plan sponsor			
1 ()	name trionnama inii	arie, ii appricacie) and address (includ	e room or suite number	r) (optional)	Preparers tei	lephone number (optional)			
				Ļ	·····				

*COMPANION COMPANION COMPA	Form 5500-SF 2014	MACCAMA A A THE THINK THE THE	Page 2	~						
6a b	Were all of the plan's assets during the plan year invested in eligit 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 cann	endent qualified public account itions.)	lant (I	QPA)				Yes	No	
	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance	program (see ERISA section 4	021)	?[Yes	s No	∏ No	t dete	mined
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Y	ear	
	Total plan assets	. 7a	13	930	58					(
<u>b</u>		7b			0					(
	Net plan assets (subtract line 7b from line 7a)	7c	13	930	58	···				(
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount				(b)	Total		
a	Contributions received or receivable from: (1) Employers	Po(4)			0					
	(2) Participants	8a(1) 8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0		~~~~~~~~~~			
b	Other income (loss)	8b		283						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		200	93					
d	Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>					 			28365
	to provide benefits)	8d	14	184	00					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0				***************************************	
g	Other expenses	8g		30	23			-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7.4	21423
i	Net income (loss) (subtract line 8h from line 8c)	81						······································	***************************************	93058
j	Transfers to (from) the plan (see instructions)	81			ᇬ	***************************************				
Pai	t IV Plan Characteristics									···
Par		ature cod	es from the List of Plan Chara	cteris	tic Cod	les in	the instruc	tions:		
10	During the plan year:				Yes	No		Amo	unt	***********************
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		х				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	***********	*************************************	10b		х				
C	Was the plan covered by a fidelity bond?	**************	*****************	10c	Х				1	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bor	nd, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all coinstructions.)	er persons	by an insurance carrier,	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х		·····		···
	Did the plan have any participant loans? (If "Yes," enter amount as					Х				
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions and 29 CFR	10g		Х		***************************************		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	10h 10i				" '' - ' '' , ' '		
Part							<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Ιп	Yes	 П No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 20	*******	T		<u> </u>			1 .40
12	Is this a defined contribution plan subject to the minimum funding re					11a		П	V 1	x No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applicai	ble.)					1	······································	
đ	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	tions, h	and e	nter th Day		he letti Year	er rulir	ng

Form 5500-SF 2014 Page 3 -					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.				
b Enter the minimum required contribution for this plan year	**********	12b			

C Enter the amount contributed by the employer to the plan for this plan year	***********	12c			*********
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of a	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N	I/A
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?	**********	ΧY	es 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 to fithe PBGC?	prought under the o	ontrol		X Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)		0			
13c(1) Name of plan(s):	1:	3c(2) Eil	N(s)	13c(3) PN((s)
Part VIII Trust Information (optional)				*	
14a Name of trust		14b Tr	ust's EIN		
	W. C.				