

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN</u>                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1973</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0802964</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>614-891-0250</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>323100</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/1973</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0802964</u> |  | <b>2c</b> Sponsor's telephone number<br><u>614-891-0250</u> |  | <b>2d</b> Business code (see instructions)<br><u>323100</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1973</u>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0802964</u>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>614-891-0250</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>323100</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>ROBIN ENTERPRISES COMPANY</u><br><br><u>111 N OTTERBEIN AVE</u><br><u>COLUMBUS, OH 43081</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/13/2014 | SHANE L GRUBER                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/13/2014 | SHANE L GRUBER                                               |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 109 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 120 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 122 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 122 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 78  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2T 3D                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

|                                                                                                   |                                                                    |            |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN</b>              | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                   |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ROBIN ENTERPRISES COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-0802964</b> |            |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**ALLIANZ GLOBAL INVESTORS DISTRIBUTO** **1345 AVENUE OF THE AMERICAS**  
**NEW YORK, NY 10105**

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

**AMERICAN CENTURY INVESTMENT SERVICE**

**44-0640487**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**BLACKROCK INVESTMENTS, INC.**

**23-2784752**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**DWS INVESTMENTS DISTRIBUTOR, INC.**

**36-3976708**

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY  
ST. PETERSBURG, FL 33716

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

GOLDMAN SACHS

71 SOUTH WACKER DRIVE  
SUITE 500  
CHICAGO, IL 60606

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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GUARDIAN INVESTOR SERVICES, LLC

388 MARKET STREET  
SAN FRANCISCO, CA 94111

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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JANUS DISTRIBUTORS, LLC

151 DETROIT STREET  
DENVER, CO 80206

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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NEUBERGER BERMAN

605 THIRD AVENUE  
3RD FLOOR  
NEW YORK, NY 10158

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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NUVEEN INVESTMENTS

333 W. WACKER DR  
CHICAGO, IL 60606

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE  
PARSIPPANY, NJ 07054

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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OPPENHEIMER FUNDS INC.

13-2527171

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PRUDENTIAL INVESTMENTS LLC

22-3468527

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE  
BOSTON, MA 02109

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.  
SANTA FE, NM 87506

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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TOCQUEVILLE

615 EAST MICHIGAN STREET  
3RD FLOOR  
MILWAUKEE, WI 53202

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

ADP

22-1467904

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 50 15 64            | RECORD KEEPER                                                                                     | 735                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**(a)** Enter name and EIN or address (see instructions)

STATE STREET CORPORATION

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 99                  | DIRECTED TRUSTEE/CUSTODIAN                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 500                                                                                                                                                                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**(a)** Enter name and EIN or address (see instructions)

ADP BROKER-DEALER

22-3319984

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 63 60 59 49 99         | RECORD KEEPER                                                                                     | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                                                                                                                                                                                                                                                                                                                                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                                                                                                                                                                                                                                                                                                                                                                                   | 63 60 59                                | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS<br/>NEW YORK, NY 10105</p>                                                                                                                                                                                                                                                     |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS</p>                                                                                                                                                 |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p>                                                                                                                                                                                                                                                                                                                                      |                                         |                                           |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p>63 60 59</p>                                                                                                                                                                                                                                                                                                                                                              |                                         |                                           |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p style="text-align: right;">0</p>                                                                                                                                                                                                                                                                                                                                         |                                         |                                           |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN CENTURY INVESTMENT SERVICE<br/><br/>44-0640487</p>                                                                                                                                                                                                                                                                                    |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p> |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p>                                                                                                                                                                                                                                                                                                                                      |                                         |                                           |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p>63 60 59</p>                                                                                                                                                                                                                                                                                                                                                              |                                         |                                           |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p style="text-align: right;">0</p>                                                                                                                                                                                                                                                                                                                                         |                                         |                                           |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>BLACKROCK INVESTMENTS, INC.<br/><br/>23-2784752</p>                                                                                                                                                                                                                                                                                            |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p>                                                                                                                                                 |                                         |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADP BROKER-DEALER                                                                    | 60 59                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DWS INVESTMENTS DISTRIBUTOR, INC.<br><br>36-3976708                                  |                                         | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |
| <hr/>                                                                                |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                                    | 63 60 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 |                                         | ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                         |
| <hr/>                                                                                |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                                    | 63 60 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GOLDMAN SACHS 71 SOUTH WACKER DRIVE<br>SUITE 500<br>CHICAGO, IL 60606                |                                         | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                                |
|------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADP BROKER-DEALER                                                            | 63 60 59                                | 0                                                                                                                                                                                        |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                       |
| GUARDIAN INVESTOR SERVICES, LLC 388 MARKET STREET<br>SAN FRANCISCO, CA 94111 |                                         | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                                              |
|                                                                              |                                         |                                                                                                                                                                                          |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                                |
| ADP BROKER-DEALER                                                            | 63 60 59                                | 0                                                                                                                                                                                        |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                       |
| J.P. MORGAN INVESTMENT MANAGEMENT I<br><br>13-3200244                        |                                         | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                               |
|                                                                              |                                         |                                                                                                                                                                                          |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                                |
| ADP BROKER-DEALER                                                            | 63 60 59                                | 0                                                                                                                                                                                        |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                       |
| JANUS DISTRIBUTORS, LLC 151 DETROIT STREET<br>DENVER, CO 80206               |                                         | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADP BROKER-DEALER                                                         | 63 60 59                                                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN<br>605 THIRD AVENUE<br>3RD FLOOR<br>NEW YORK, NY 10158   | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                |                                                                                                                                                                    |
| <hr/>                                                                     |                                                                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                    | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                         | 63 60 59                                                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NUVEEN INVESTMENTS<br>333 W. WACKER DR<br>CHICAGO, IL 60606               | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS |                                                                                                                                                                    |
| <hr/>                                                                     |                                                                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                    | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                         | 63 60 59                                                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NYLIFE DISTRIBUTORS, LLC<br>169 LACKAWANNA AVENUE<br>PARSIPPANY, NJ 07054 | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                      | 63 60 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OPPENHEIMER FUNDS INC.<br><br>13-2527171                               | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                      | 63 60 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRUDENTIAL INVESTMENTS LLC<br><br>22-3468527                           | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                      | 63 60 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM RETAIL MANAGEMENT<br>ONE POST OFFICE SQUARE<br>BOSTON, MA 02109 | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                              | 99                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| STATE STREET CORPORATION<br><br>04-1867445                                     | ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                              | 63 60 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD.<br>SANTA FE, NM 87506 | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                              | 63 60 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TOCQUEVILLE 615 EAST MICHIGAN STREET<br>3RD FLOOR<br>MILWAUKEE, WI 53202       | ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS                                                                                                                        |                                           |

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

|                                                                                 |                                      |                                                                                            |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ROBIN ENTERPRISES COMPANY</u>        | <b>D</b> Employer Identification Number (EIN)<br><br><u>31-0802964</u>     |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                               |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                             |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                               |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                        | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                         |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 588190                | 612374          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                 | <b>1c(8)</b>    | 122042                | 103212          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 34233                 | 74807           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1804191               | 2286264         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2548656               | 3076657         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2548656 | 3076657 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 222786     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 222786    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 4923       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 4923      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 141037     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 141037    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 13478     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 163147    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 545371    |

**Expenses**

|                                                                                      |       |       |       |
|--------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                  |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 16635 |       |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |       |       |
| (3) Other .....                                                                      | 2e(3) |       |       |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |       | 16635 |
| f Corrective distributions (see instructions) .....                                  | 2f    |       |       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |       |       |
| h Interest expense .....                                                             | 2h    |       |       |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |       |       |
| (2) Contract administrator fees .....                                                | 2i(2) |       |       |
| (3) Investment advisory and management fees .....                                    | 2i(3) |       |       |
| (4) Other .....                                                                      | 2i(4) | 735   |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |       | 735   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |       | 17370 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 528001 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: T.P. WELSH AND ASSOCIATES, LLC

(2) EIN: 20-1163550

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 255000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. .... ☐ Yes ☒ No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ROBIN ENTERPRISES COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0802964</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>57-1198022</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                            |                                                                                                                         |                             |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                       |                                                                                                                         |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                           | If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                              | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                           | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                              |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**Robin Enterprises Company  
401(k) Profit Sharing Plan**

Financial Statements and  
Supplemental Schedules  
December 31, 2013 and 2012

# Robin Enterprises Company 401(k) Profit Sharing Plan

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December 31, 2013 and 2012

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# T.P. WELSH & ASSOCIATES

Certified Public Accountants  
Terrence P. Welsh, CPA

## Independent Auditor's Report

To the Administrative Committee of  
Robin Enterprises Company 401(k) Profit Sharing Plan

We have audited the financial statements of Robin Enterprises Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2013 and 2012, and supplemental schedules for the years ended December 31, 2013 and 2012. These financial statements and supplemental schedules are the responsibility of the Plan's management.

5025 Arlington Centre Blvd.

Suite 230

Columbus, Ohio 43220-2959

tel. 614.451.5522

fax. 614.451.5577

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the supplemental schedules, which was certified by the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United State of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Members

Ohio Society of  
Certified Public Accountants

Columbus, Ohio  
September 30, 2014

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Statement of Net Assets Available for Benefits

December 31, 2013 and 2012

|                                                 | 2013                | 2012                |
|-------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                   |                     |                     |
| Participant directed:                           |                     |                     |
| Level 1 valued assets, at quoted market prices: |                     |                     |
| Interest-bearing cash:                          |                     |                     |
| SSGA Government Money Market                    | \$ 612,374          | \$ 588,190          |
| Common/collective trusts:                       |                     |                     |
| SSGA S&P 500 Index Fund                         | 74,807              | 34,233              |
| Registered investment companies:                |                     |                     |
| Pimco Real Return Fund - A                      | 80,193              | 119,415             |
| Thornburg Int'l Value - R4                      | 21,900              | 16,698              |
| Delafield Fund Inc.                             | 212,635             | 151,610             |
| JPMorgan Small Cap Growth - A                   | 87,352              | 25,723              |
| GS Balanced Strategy - A                        | 66,908              | 57,398              |
| AC Strat Alloc AGG Fnd - Adv                    | 55,933              | 43,345              |
| Amercent Heritage Fund - A                      | 87,356              | 59,182              |
| Mainstay Icap International R                   | 39,838              | 28,802              |
| Oppenheimer Gbl Strat Inc A                     | 192,103             | 173,049             |
| Franklin Mut Gbl Disc - R                       | 32,385              | 16,260              |
| Blackrock Mld Cap Val Opp Fd                    | 156,632             | 65,555              |
| Nueberger Berman Genesis - Ad                   | 90,916              | 99,406              |
| Amercent Livestrong 2035 - A                    | 54,045              | 63,026              |
| Amercent Livestrong 2045 - A                    | 75,638              | 62,448              |
| Perkins Small Cap Value Fd                      | 43,227              | 20,882              |
| Janus Forty Fund - S                            | 156,600             | 114,078             |
| Janus Balanced Fund - S                         | 64,843              | 59,864              |
| Janus Overseas Fund - S                         | 12,339              | 8,379               |
| Pru Short-Term Corp Bond - A                    | 1,280               | 869                 |
| Nuveen Real Est Securities A                    | 23,136              | 14,646              |
| Nuveen Strat Agg Gr All A                       | 9,630               | 5,376               |
| Blackrock Equity Dividend - A                   | 124,622             | 68,354              |
| Amercent Livestrong 2015 - A                    | 66,491              | 53,590              |
| Amercent Livestrong 2025 - A                    | 85,959              | 137,368             |
| Putnam Amer Govt Inc Fd - A                     | 42,552              | 41,096              |
| RS Emerging Markets Fund - A                    | 101,609             | 75,065              |
| Mainstay Lg Cp Grth - R2                        | 45,282              | 22,962              |
| Oppenheimer Rising Div Fd - A                   | 103,942             | 26,360              |
| JP Morgan Core Bond Fund - A                    | 130,389             | 158,252             |
| DWS High Income Plus Fund - S                   | 20,528              | 15,133              |
| Total assets                                    | 2,973,444           | 2,426,614           |
| Participant loans                               | 103,212             | 122,041             |
| Net assets available for benefits               | <u>\$ 3,076,656</u> | <u>\$ 2,548,655</u> |

The accompanying notes are an integral part of these financial statements.

## Robin Enterprises Company 401(k) Profit Sharing Plan

### Statement of Changes in Net Assets Available for Benefits

December 31, 2013 and 2012

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|                                                     | 2013         | 2012         |
|-----------------------------------------------------|--------------|--------------|
| <b>Additions</b>                                    |              |              |
| Additions to net assets attributed to:              |              |              |
| Investment income:                                  |              |              |
| Dividends                                           | \$ 141,037   | \$ 60,724    |
| Interest                                            | 18           | 24           |
| Realized gain on sale of investments                | 45,483       | 68,852       |
| Unrealized gain on investments                      | 131,124      | 99,292       |
| Participant loan interest                           | 4,923        | 5,593        |
| Investment income                                   | 322,585      | 234,485      |
| Contributions:                                      |              |              |
| Participants                                        | 222,786      | 212,627      |
| Total additions                                     | 545,371      | 447,112      |
| <b>Deductions</b>                                   |              |              |
| Deduction from net assets attributed to:            |              |              |
| Benefits paid to participants                       | 16,635       | 317,625      |
| Administrator fees                                  | 735          | 1,269        |
| Total deductions                                    | 17,370       | 318,894      |
| Net increase                                        | 528,001      | 128,218      |
| Net assets available for benefit, beginning of year | 2,548,655    | 2,420,437    |
| Net assets available for benefits, end of year      | \$ 3,076,656 | \$ 2,548,655 |

The accompanying notes are an integral part of these financial statements.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Notes to Financial Statements

December 31, 2013 and 2012

---

### 1. Plan Description

The following description of Robin Enterprises Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions

#### General

The Plan is a defined contribution plan with a profit sharing feature covering all eligible employees of Robin Enterprises Company (the "Company") who have six months of service and are 20 years or older. The profit sharing provision has an additional requirement of 1,000 service hours per year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### Contributions

Each year, participants may contribute up to the Internal Revenue Code ("IRC") Section 402(g) limit of pretax annual compensation as defined in the Plan. Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit or contribution plans. The Company shall make (but is not required) profit sharing and matching contributions to the Plan in such amounts as its Board of Directors may determine for any plan year. Contributions are subject to certain limitations.

#### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of plan earnings, and charged with an allocation of administrative expenses. Allocations are based on eligible participant earnings or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are allocated among the other participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

#### Investment Options

Upon enrollment in the Plan, a participant may direct the Trustee in writing to invest all or any part of the amounts credited to such participant's accounts in one or more cash funds, mutual funds, or other investment vehicles that may from time to time be designated by the Trustee for this purpose. Such direction shall be made to the Trustee on a form prescribed by the Trustee. Participants may change their investment options anytime via internet website.

#### Participant Notes Receivable

Participants may borrow from their fund accounts at any time, any amount up to maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participants Loans fund. Loan terms range from 1 to 5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through weekly payroll deductions

#### Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period of not more than the assumed life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Notes to Financial Statements

December 31, 2013 and 2012

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### 2. Summary of Significant Accounting Policies

#### Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with DOL—Limited Scope Guidelines.

#### Investment Valuation and Income Regulation

The Plan's investments are stated at fair value in accordance with Accounting Standards Codification ("ASC") Topic 820. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost that approximates fair value. These assets are considered Level 1 assets as defined by ASC Topic 820. There are no Levels 1 or 3 assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are determined at the valuation date. Earnings are allocated to each participant's accounts in accordance with the allocation method elected in the adoption agreement.

#### Payments of Benefits

Benefits are recorded when due.

### 3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

### 4. Tax Status

On April 30, 2010, the Plan adopted the provisions of a nonstandard prototype plan of ADP, Inc., the trustee. The Company relies on the opinion letter issued by the Internal Revenue Service that the Plan is qualified under Internal Revenue Code Section 401(k) only to the extent provided in Rev. Proc. 2005-6. ADP, Inc. received the opinion letter from the Internal Revenue Service on March 31, 2008.

### 5. Information Prepared and Certified by Custodians

State Street Bank and Trust Company, the custodian, has prepared and certified as to complete and accurate all data included in these financial statements.

### 6. Subsequent Event

We have evaluated subsequent events through September 30, 2014, the date these financial statements were issued. Management represents no subsequent events to the Plan would materially affect the reported amounts as of December 31, 2013.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Schedule of Assets Held for Investment Purposes

### Schedule H, Line 4i

December 31, 2013

| (a) | (b)                                                     | (c)                                                                                                           | (d)                |            | (e)              |
|-----|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|------------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Number<br>of Units | Cost       | Current<br>Value |
|     | SSGA Government Money Market                            | Interest-Bearing Cash                                                                                         | 612,373.7600       | \$ 612,374 | \$ 612,374       |
|     | SSGA S&P 500 Index Fund                                 | Common/Collective Trust                                                                                       | 5,370.1849         | 59,768     | 74,807           |
|     | Pimco Real Return Fund - A                              | Registered Investment Company                                                                                 | 7,310.1742         | 83,564     | 80,193           |
|     | Thornburg Int'l Value - R4                              | Registered Investment Company                                                                                 | 701.0313           | 17,429     | 21,900           |
|     | Delafield Fund Inc.                                     | Registered Investment Company                                                                                 | 5,589.7740         | 512,465    | 212,635          |
|     | JPMorgan Small Cap Growth - A                           | Registered Investment Company                                                                                 | 6,053.4646         | 78,418     | 87,352           |
|     | GS Balanced Strategy - A                                | Registered Investment Company                                                                                 | 6,011.5061         | 59,666     | 66,908           |
|     | AC Strat Alloc AGG Fnd - Adv                            | Registered Investment Company                                                                                 | 6,519.0375         | 47,226     | 55,933           |
|     | Amercent Heritage Fund - A                              | Registered Investment Company                                                                                 | 3,569.9123         | 69,620     | 87,356           |
|     | Mainstay Icap International R                           | Registered Investment Company                                                                                 | 1,111.5394         | 30,745     | 39,838           |
|     | Oppenheimer Gbl Strat Inc A                             | Registered Investment Company                                                                                 | 46,514.1587        | 191,050    | 192,103          |
|     | Franklin Mut Glb Disc - R                               | Registered Investment Company                                                                                 | 984.9581           | 28,905     | 32,385           |
|     | Blackrock Mld Cap Val Opp Fd                            | Registered Investment Company                                                                                 | 6,736.8585         | 128,542    | 156,632          |
|     | Nueberger Berman Genesis - Ad                           | Registered Investment Company                                                                                 | 2,761.7250         | 75,515     | 90,916           |
|     | Amercent Livestrong 2035 - A                            | Registered Investment Company                                                                                 | 3,600.5987         | 42,820     | 54,045           |
|     | Amercent Livestrong 2045 - A                            | Registered Investment Company                                                                                 | 4,864.1649         | 56,188     | 75,638           |
|     | Perkins Small Cap Value Fd                              | Registered Investment Company                                                                                 | 1,689.2156         | 38,977     | 43,227           |
|     | Janus Forty Fund - S                                    | Registered Investment Company                                                                                 | 3,868.5825         | 124,512    | 156,600          |
|     | Janus Balanced Fund - S                                 | Registered Investment Company                                                                                 | 2,164.3272         | 55,245     | 64,843           |
|     | Janus Overseas Fund - S                                 | Registered Investment Company                                                                                 | 335.9274           | 12,721     | 12,339           |
|     | Pru Short-Term Corp Bond - A                            | Registered Investment Company                                                                                 | 112.9925           | 1,294      | 1,280            |
|     | Nuveen Real Est Securities A                            | Registered Investment Company                                                                                 | 1,188.9001         | 22,642     | 23,136           |
|     | Nuveen Strat Agg Gr All A                               | Registered Investment Company                                                                                 | 615.3225           | 7,691      | 9,630            |
|     | Blackrock Equity Dividend - A                           | Registered Investment Company                                                                                 | 5,132.7058         | 95,480     | 124,622          |
|     | Amercent Livestrong 2015 - A                            | Registered Investment Company                                                                                 | 4,988.0682         | 57,181     | 66,491           |
|     | Amercent Livestrong 2025 - A                            | Registered Investment Company                                                                                 | 6,131.1557         | 68,233     | 85,959           |

See Accompanying Independent Auditor's Report.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Schedule of Assets Held for Investment Purposes

Schedule H, Line 4i

December 31, 2013

| (a) | (b)                                                     | (c)                                                                                                           | (d)                | (e)                 |                     |
|-----|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Number<br>of Units | Cost                | Current<br>Value    |
|     | Putnam Amer Govt Inc Fd - A                             | Registered Investment Company                                                                                 | 4,759.7509         | \$ 47,546           | \$ 42,552           |
|     | RS Emerging Markets Fund - A                            | Registered Investment Company                                                                                 | 5,253.8418         | 109,691             | 101,609             |
|     | Mainstay Lg Cp Grth - R2                                | Registered Investment Company                                                                                 | 4,496.7591         | 34,791              | 45,282              |
|     | Oppenheimer Rising Div Fd - A                           | Registered Investment Company                                                                                 | 5,270.8879         | 94,220              | 103,942             |
|     | JP Morgan Core Bond Fund - A                            | Registered Investment Company                                                                                 | 11,357.9519        | 131,068             | 130,389             |
|     | DWS High Income Plus Fund - S                           | Registered Investment Company                                                                                 | 2,851.1773         | 19,471              | 20,528              |
|     | Participant Loans                                       | Interest Rates (4.25% to 9.50%)                                                                               |                    | -                   | 103,212             |
|     |                                                         |                                                                                                               |                    | <u>\$ 3,015,058</u> | <u>\$ 3,076,656</u> |

Note: This schedule is based upon information that has been certified as complete and accurate by State Street Bank and Trust Company, the custodian of the Plan.

See Accompanying Independent Auditor's Report.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Schedule of Assets Held for Investment Purposes

### Schedule H, Line 4i

December 31, 2012

| (a) | (b)                                                     | (c)                                                                                                           | (d)                |            | (e)              |
|-----|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|------------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Number<br>of Units | Cost       | Current<br>Value |
|     | SSGA Government Money Market                            | Interest-Bearing Cash                                                                                         | 588,189.8100       | \$ 588,190 | \$ 588,190       |
|     | SSGA S&P 500 Index Fund                                 | Common/Collective Trust                                                                                       | 3,231.0135         | 32,521     | 34,233           |
|     | Pimco Real Return Fund - A                              | Registered Investment Company                                                                                 | 9,732.2537         | 113,130    | 119,415          |
|     | Thornburg Int'l Value - R4                              | Registered Investment Company                                                                                 | 610.9604           | 14,787     | 16,698           |
|     | Delafield Fund Inc.                                     | Registered Investment Company                                                                                 | 4,964.3194         | 128,010    | 151,610          |
|     | JPMorgan Small Cap Growth - A                           | Registered Investment Company                                                                                 | 2,379.5924         | 23,929     | 25,723           |
|     | GS Balanced Strategy - A                                | Registered Investment Company                                                                                 | 5,435.4221         | 52,993     | 57,398           |
|     | AC Strat Alloc AGG Fnd - Adv                            | Registered Investment Company                                                                                 | 5,357.8679         | 37,329     | 43,345           |
|     | Amercent Heritage Fund - A                              | Registered Investment Company                                                                                 | 2,742.4588         | 49,119     | 59,182           |
|     | Mainstay Icap International R                           | Registered Investment Company                                                                                 | 959.7489           | 25,438     | 28,802           |
|     | Oppenheimer Gbl Strat Inc A                             | Registered Investment Company                                                                                 | 39,690.0456        | 162,154    | 173,049          |
|     | Franklin Mut Glb Disc - R                               | Registered Investment Company                                                                                 | 581.1261           | 15,642     | 16,260           |
|     | Blackrock Mld Cap Val Opp Fd                            | Registered Investment Company                                                                                 | 3,526.3748         | 52,362     | 65,555           |
|     | Nueberger Berman Genesis - Ad                           | Registered Investment Company                                                                                 | 3,608.1865         | 93,663     | 99,406           |
|     | Amercent Livestrong 2035 - A                            | Registered Investment Company                                                                                 | 4,796.5084         | 54,380     | 63,026           |
|     | Amercent Livestrong 2045 - A                            | Registered Investment Company                                                                                 | 4,702.4267         | 52,141     | 62,448           |
|     | Perkins Small Cap Value Fd                              | Registered Investment Company                                                                                 | 997.2320           | 21,725     | 20,882           |
|     | Janus Forty Fund - S                                    | Registered Investment Company                                                                                 | 3,005.9974         | 90,373     | 114,078          |
|     | Janus Balanced Fund - S                                 | Registered Investment Company                                                                                 | 2,283.1306         | 56,572     | 59,864           |
|     | Janus Overseas Fund - S                                 | Registered Investment Company                                                                                 | 246.2194           | 9,562      | 8,379            |
|     | Pru Short-Term Corp Bond - A                            | Registered Investment Company                                                                                 | 75.1831            | 862        | 869              |
|     | Nuveen Real Est Securities A                            | Registered Investment Company                                                                                 | 696.7608           | 11,893     | 14,646           |
|     | Nuveen Strat Agg Gr All A                               | Registered Investment Company                                                                                 | 408.5232           | 4,706      | 5,376            |
|     | Blackrock Equity Dividend - A                           | Registered Investment Company                                                                                 | 3,436.5986         | 56,425     | 68,354           |
|     | Amercent Livestrong 2015 - A                            | Registered Investment Company                                                                                 | 4,335.7899         | 48,613     | 53,590           |
|     | Amercent Livestrong 2025 - A                            | Registered Investment Company                                                                                 | 10,833.4275        | 119,232    | 137,368          |

See Accompanying Independent Auditor's Report.

# Robin Enterprises Company 401(k) Profit Sharing Plan

## Schedule of Assets Held for Investment Purposes

Schedule H, Line 4i

December 31, 2012

| (a) | (b)                                                     | (c)                                                                                                           | (d)                | (e)                 |                     |
|-----|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Number<br>of Units | Cost                | Current<br>Value    |
|     | Putnam Amer Govt Inc Fd - A                             | Registered Investment Company                                                                                 | 4,486.4479         | \$ 45,084           | \$ 41,096           |
|     | RS Emerging Markets Fund - A                            | Registered Investment Company                                                                                 | 3,143.4148         | 69,876              | 75,065              |
|     | Mainstay Lg Cp Grth - R2                                | Registered Investment Company                                                                                 | 2,959.0465         | 19,555              | 22,962              |
|     | Oppenheimer Rising Div Fd - A                           | Registered Investment Company                                                                                 | 1,514.9922         | 21,947              | 26,360              |
|     | JP Morgan Core Bond Fund - A                            | Registered Investment Company                                                                                 | 13,111.1531        | 152,077             | 158,252             |
|     | DWS High Income Plus Fund - S                           | Registered Investment Company                                                                                 | 2,098.9184         | 14,063              | 15,133              |
|     | Participant Loans                                       | Interest Rates (4.25% to 9.50%)                                                                               |                    | -                   | 122,041             |
|     |                                                         |                                                                                                               |                    | <u>\$ 2,238,353</u> | <u>\$ 2,548,655</u> |

Note: This schedule is based upon information that has been certified as complete and accurate by State Street Bank and Trust Company, the custodian of the Plan.

See Accompanying Independent Auditor's Report.

### Schedule C, Line 2(h) Formula Description

*For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:*

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

**Attachment to 2013 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN  
**Plan Sponsor's Name** ROBIN ENTERPRISES COMPANY

**EIN:** 31-0802964  
**PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | PIMCO REAL RETURN FUND - A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 80,193            |
|     | THORNBURG INTL VALUE - R4                                 | REGISTERED INVESTMENT COMPANY                                                                                |          | 21,900            |
|     | DELAFIELD FUND INC                                        | REGISTERED INVESTMENT COMPANY                                                                                |          | 212,635           |
|     | JPMORGAN SMALL CAP GROWTH - A                             | REGISTERED INVESTMENT COMPANY                                                                                |          | 87,352            |
|     | GS BALANCED STRATEGY - A                                  | REGISTERED INVESTMENT COMPANY                                                                                |          | 66,908            |
|     | AC STRAT ALLOC AGG FUND - ADV                             | REGISTERED INVESTMENT COMPANY                                                                                |          | 55,933            |
|     | AMERCENT HERITAGE FUND - A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 87,356            |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | MAINSTAY ICAP INTERNATIONAL R2                            | REGISTERED INVESTMENT COMPANY                                                                                |          | 39,838            |
|     | OPPENHEIMER GLBL STRAT INC A                              | REGISTERED INVESTMENT COMPANY                                                                                |          | 192,103           |
|     | FRANKLIN MUT GLB DISC - R                                 | REGISTERED INVESTMENT COMPANY                                                                                |          | 32,385            |
|     | BLACKROCK MID CAP VAL OPP FD-A                            | REGISTERED INVESTMENT COMPANY                                                                                |          | 156,632           |
|     | NEUBERGER BERMAN GENESIS - ADV                            | REGISTERED INVESTMENT COMPANY                                                                                |          | 90,916            |
|     | AMERCENT ONE CHOICE 2035 A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 54,045            |
|     | AMERCENT ONE CHOICE 2045 A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 75,638            |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | PERKINS SMALL CAP VALUE FD - S                            | REGISTERED INVESTMENT COMPANY                                                                                |          | 43,227            |
|     | JANUS FORTY FUND - S                                      | REGISTERED INVESTMENT COMPANY                                                                                |          | 156,600           |
|     | JANUS BALANCED FUND - S                                   | REGISTERED INVESTMENT COMPANY                                                                                |          | 64,843            |
|     | JANUS OVERSEAS FUND - S                                   | REGISTERED INVESTMENT COMPANY                                                                                |          | 12,339            |
|     | PRU SHORT-TERM CORP BOND - A                              | REGISTERED INVESTMENT COMPANY                                                                                |          | 1,280             |
|     | NUVEEN REAL EST SECURITIES A                              | REGISTERED INVESTMENT COMPANY                                                                                |          | 23,136            |
|     | NUVEEN STRAT AGG GR ALL A                                 | REGISTERED INVESTMENT COMPANY                                                                                |          | 9,630             |

**Attachment to 2013 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | BLACKROCK EQUITY DIVIDEND - A                             | REGISTERED INVESTMENT COMPANY                                                                                |          | 124,622           |
|     | AMERCENT ONE CHOICE 2015 A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 66,491            |
|     | AMERCENT ONE CHOICE 2025 A                                | REGISTERED INVESTMENT COMPANY                                                                                |          | 85,959            |
|     | PUTNAM AMER GOVT INC FD - A                               | REGISTERED INVESTMENT COMPANY                                                                                |          | 42,552            |
|     | RS EMERGING MARKETS FUND - A                              | REGISTERED INVESTMENT COMPANY                                                                                |          | 101,609           |
|     | MAINSTAY LG CP GRTH - R2                                  | REGISTERED INVESTMENT COMPANY                                                                                |          | 45,282            |
|     | OPPENHEIMER RISING DIV FD - A                             | REGISTERED INVESTMENT COMPANY                                                                                |          | 103,942           |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | JPMORGAN CORE BOND FUND - A                               | REGISTERED INVESTMENT COMPANY                                                                                |          | 130,389           |
|     | DWS GLOBAL HIGH INCOME S                                  | REGISTERED INVESTMENT COMPANY                                                                                |          | 20,528            |
|     | PARTICIPANT LOANS                                         | INTEREST RATES ( 4.25% TO 9.50%)                                                                             |          | 103,212           |
|     | SSGA CASH SERIES US GOVT L                                | COMMON/COLLECTIVE TRUST                                                                                      |          | 612,374           |
|     | SSGA S & P 500 IDX IX                                     | COMMON/COLLECTIVE TRUST                                                                                      |          | 74,807            |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |