Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2015** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [x] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [x] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ROBIN ENTERPRISES COMPANY

111 NORTH OTTERBEIN AVE
WESTERVILLE, OH 43081

2b Employer Identification Number (EIN) 31-0802964

2c Plan Sponsor's telephone number 614-891-0250

2d Business code (see instructions) 323100

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	SHANE GRUBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	137
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	128
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	128
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	128
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2H 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III	**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROBIN ENTERPRISES COMPANY

D Employer Identification Number (EIN)
31-0802964

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

FEDERATED

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
60	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	285	Yes [ ] No [X]

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

HSBC

PO BOX 182845
COLUMBUS, OH 43218-2845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
60	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	60	Yes [ ] No [X]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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 (see instructions)	**(c)** Enter amount of indirect compensation

(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.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(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.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(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.

Part II Service Providers Who Fail or Refuse to Provide Information

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.

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** 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)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROBIN ENTERPRISES COMPANY

D Employer Identification Number (EIN)
31-0802964

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA CASH SERIES US GOVT L

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN 90-0337987-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX IX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN 90-0337987-344 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROBIN ENTERPRISES COMPANY

D Employer Identification Number (EIN)
31-0802964

Part I Asset and Liability Statement

1 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. **Round off amounts to the nearest dollar.** 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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	396184	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	74134	110800
(9) Value of interest in common/collective trusts	1c(9)	91119	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2738554	3705611
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3299991	3816411
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3299991	3816411

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
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10400	
(B) Participants	2a(1)(B)	267866	
(C) Others (including rollovers)	2a(1)(C)	3517	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		281783
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3324	
(F) Other	2b(1)(F)	8	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3332
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	119566	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		119566
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-91729
c Other income	2c		29463
d Total income. Add all **income** amounts in column (b) and enter total	2d		342415
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	306993	
(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)		306993
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)	19872	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19872
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		326865
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15550
l Transfers of assets:			
(1) To this plan	2l(1)		500870
(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: HILL, LLOYD, & WELSH LLC **(2)** EIN: 47-1822520

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:

		Yes	No	N/A	Amount
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.)	4a		X		
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.)	4b		X		

			Yes	No	N/A	Amount
c	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.)	4c		X		
d	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.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	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?	4g		X		
h	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?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	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.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n	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.	4n	X			
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROBIN ENTERPRISES COMPANY

D Employer Identification Number (EIN)
31-0802964

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 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):

EIN(s): 57-1198022 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c 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) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (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.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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	**16b**	

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Robin Enterprises Company
401(k) Profit Sharing Plan

Financial Statements and
Supplemental Schedules
December 31, 2015 and 2014

Robin Enterprises Company 401(k) Profit Sharing Plan

Index

December 31, 2015 and 2014

Page(s)

Independent Auditor's Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits 3-4

Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6-7

Supplemental Schedules

Schedule of Assets Held for Investment Purposes, Schedule H, Line 4i
December 31, 2015 8-9

Schedule of Assets Held for Investment Purposes, Schedule H, Line 4i
December 31, 2014 10-11

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Robin Enterprises Company 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements. See Note 1 for comparability statement.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described the Basis of Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Note 1, which was certified by First Merit Bank Trustee FBO, 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 executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion of the supplement schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 States 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.

Hill Lloyd & Welsh

September 30, 2016

Robin Enterprises Company 401(k) Profit Sharing Plan

Statement of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Assets		
Participant directed:		
Level 1 valued assets, at quoted market prices:		
Interest-bearing cash:		
SSGA Government Money Market	$ -	$ 396,184
Common/collective trusts:		
SSGA S&P 500 Index Fund	-	91,119
Registered investment companies:		
Pimco Real Return Fund - A	-	89,781
Thornburg Int'l Value - R4	-	22,325
Delafield Fund Inc.	-	212,729
JPMorgan Small Cap Growth - A	-	27,575
GS Balanced Strategy - A	-	72,951
AC Strat Alloc AGG Fnd - Adv	-	60,424
Amercent Heritage Fund - A	-	100,565
Mainstay Icap International R	-	44,310
Oppenheimer Glbl Strat Inc A	-	213,021
Franklin Mut Glb Disc - R	-	38,682
Blackrock Mld Cap Val Opp Fd	-	247,525
Nueberger Berman Genesis - Ad	-	99,093
Amercent Livestrong 2035 - A	-	330,255
Amercent Livestrong 2045 - A	-	92,027
Perkins Small Cap Value Fd	-	48,743
Janus Forty Fund - S	-	174,828
Janus Balanced Fund - S	-	76,502
Janus Overseas Fund - S	-	13,584
Pru Short-Term Corp Bond - A	-	2,421
Nuveen Real Est Sercurities A	-	31,658
Nuveen Strat Agg Gr All A	-	9,320
Blackrock Equity Dividend - A	-	139,035
Amercent Livestrong 2015 - A	-	46,892
Amercent Livestrong 2025 - A	-	86,984
Putnam Amer Govt Inc Fd - A	-	46,750
RS Emerging Markets Fund - A	-	99,688
Mainstay Lg Cp Grth - R2	-	46,256
Oppenheimer Rising Div Fd - A	-	119,546
JP Morgan Core Bond Fund - A	-	124,857
DWS High Income Plus Fund - S	-	20,227
Total assets	-	3,225,857
Participant loans	-	74,134
Net assets available for benefits	$ -	$ 3,299,991

Robin Enterprises Company 401(k) Profit Sharing Plan

Statement of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Assets		
Participant directed:		
Level 1 valued assets, at quoted market prices:		
Registered investment companies:		
Federated Capital Preservation R6	$ 515,505	$ -
Pimco Low Duration	24,407	-
Vanguard GNMA - Adm	149,900	-
Metropolitan West Total Return Bond Plan	121,473	-
Vanguard Inflation Protected Sec-Adm	110,047	-
Loomis Sayles Bond Fund N	76,454	-
Templeton Global Bond R6	60,199	-
Vanguard Life Strategy Income - Inv	14,081	-
Vanguard Life Strat Consv Grth - Inv	214,337	-
Vanguard Life Strategy Mod Grth	135,265	-
Vanguard Life Strategy Growth - Inv	39,194	-
Vanguard Target Retirement Income I	29,406	-
Vanguard Target Retirement 2020 Fund Inv	255,870	-
Vanguard Target Retirement 2030 Fund Inv	76,419	-
Vanguard Target Retirement 2040 Fund Inv	286,983	-
Vanguard Target Retirement 2050 Fund Inv	100,527	-
Vanguard 500 Index Adm	238,418	-
Invesco Diversified Dividend Y	281,439	-
American Funds Amcap (R6)	176,143	-
Vanguard Mid-Cap Index Adm	90,778	-
Columbia Midcap Value Fund Cl Y	46,414	-
HSBC Opportunity A	32,465	-
Vanguard Smll Cp Indx Adm	39,918	-
Vanguard Small Cap Value Index	71,979	-
Franklin Small Cap Growth R6	58,147	-
Federated Leaders Fund R6	21,944	-
Columbia High Yield Bond Fund CL Y	90,437	-
American Funds New Perspective R6	106,402	-
DFA Intl Core Equity I	20,016	-
Oppenheimer International Growth	104,641	-
Oppenheimer Dev Markets Fund I	29,942	-
DFA Real Estate Securities I	83,161	-
Dreyfus Natural Resources I	3,298	-
Total assets	3,705,610	-
Participant loans	110,800	-
Net assets available for benefits	$ 3,816,410	$ -

Robin Enterprises Company 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Additions		
Additions to net assets attributed to:		
Investment income:		
Dividends	$ 200,637	$ 245,869
Interest	8	6
Realized (loss) on sale of investments	(8,753)	18,653
Unrealized (loss) gain on investments	(82,976)	(151,123)
Participant loan interest and principal	42,083	3,653
Investment income	150,999	117,058
Contributions:		
Employer	10,400	-
Participants	317,383	289,689
Transfer from profit sharing - Note 1	500,870	-
Total additions	979,652	406,747
Deductions		
Deduction from net assets attributed to:		
Benefits paid to participants	443,196	182,162
Administrator fees	20,037	1,250
Total deductions	463,233	183,412
Net increase	516,419	223,335
Net assets available for benefit, beginning of year	3,299,991	3,076,656
Net assets available for benefits, end of year	$ 3,816,410	$ 3,299,991

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 participant 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.

Comparability
The amount in the attached financials for December 31, 2015 includes amounts of the Robin Enterprise Company Profit Sharing Plan. The comparative column for December 31, 2015 have not been restated to include these figures. Please refer to the Robin Enterprise Company Profit Sharing Plan audit report dated October 14, 2015. The amount transferred was $500,870.

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 March 1, 2015, the Plan adopted the provisions of a nonstandard prototype plan of First Merit Bank, 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. First Merit Bank received the opinion letter from the Internal Revenue Service on March 31, 2008.

5. Information Prepared and Certified by Custodians

First Merit Bank Trustee FBO, 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, 2016 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, 2015.

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2015

(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	Number of Units	(d) Cost	(e) Current Value
	Federated Capital Preservation R6	Registered Investment Company	51,550.5940	$ 515,505	$ 515,505
	Pimco Low Duration	Registered Investment Company	2,475.3620	24,674	24,407
	Vanguard GNMA - Adm	Registered Investment Company	14,061.9360	151,724	149,900
	Metropolitan West Total Return Bond Plan	Registered Investment Company	12,147.3010	124,742	121,473
	Vanguard Inflation Protected Sec-Adm	Registered Investment Company	4,365.2280	113,956	110,047
	Loomis Sayles Bond Fund N	Registered Investment Company	5,945.0950	86,570	76,454
	Templeton Global Bond R6	Registered Investment Company	5,221.0820	64,491	60,199
	Vanguard Life Strategy Income - Inv	Registered Investment Company	966.4540	14,537	14,081
	Vanguard Life Strat Consv Grth - Inv	Registered Investment Company	12,014.3950	224,705	214,337
	Vanguard Life Strategy Mod Grth	Registered Investment Company	5,865.7860	144,001	135,265
	Vanguard Life Strategy Growth - Inv	Registered Investment Company	1,437.7770	42,367	39,194
	Vanguard Target Retirement Income I	Registered Investment Company	2,361.9370	30,862	29,406
	Vanguard Target Retirement 2020 Fund Inv	Registered Investment Company	9,424.3070	271,852	255,870
	Vanguard Target Retirement 2030 Fund Inv	Registered Investment Company	2,756.8130	82,012	76,419
	Vanguard Target Retirement 2040 Fund Inv	Registered Investment Company	10,087.2920	308,056	286,983
	Vanguard Target Retirement 2050 Fund Inv	Registered Investment Company	3,528.5040	107,214	100,527
	Vanguard 500 Index Adm	Registered Investment Company	1,264.9490	242,647	238,418
	Invesco Diversified Dividend Y	Registered Investment Company	15,990.8650	296,477	281,439
	American Funds Amcap (R6)	Registered Investment Company	6,730.7400	194,726	176,143
	Vanguard Mid-Cap Index Adm	Registered Investment Company	610.3940	96,517	90,778
	Columbia Midcap Value Fund Cl Y	Registered Investment Company	3,348.8080	56,187	46,414
	HSBC Opportunity A	Registered Investment Company	3,167.3130	35,095	32,465
	Vanguard Smll Cp Indx Adm	Registered Investment Company	643.6347	43,394	39,918
	Vanguard Small Cap Value Index	Registered Investment Company	1,695.2100	77,870	71,979
	Franklin Small Cap Growth R6	Registered Investment Company	3,182.6610	64,654	58,147
	Federated Leaders Fund R6	Registered Investment Company	711.0670	23,892	21,944

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2015

(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	Number of Units	(d) Cost	(e) Current Value
	Columbia High Yield Bond Fund CL Y	Registered Investment Company	32,886.0570	$ 97,520	$ 90,437
	American Funds New Perspective R6	Registered Investment Company	2,953.9570	112,814	106,402
	DFA Intl Core Equity I	Registered Investment Company	1,757.3430	20,416	20,016
	Oppenheimer International Growth	Registered Investment Company	2,914.7880	106,940	104,641
	Oppenheimer Dev Markets Fund I	Registered Investment Company	998.7430	34,772	29,942
	DFA Real Estate Securities I	Registered Investment Company	2,508.6400	83,841	83,161
	Dreyfus Natural Resources I	Registered Investment Company	143.3290	4,356	3,298
	Participant Loans	Interest Rates (4.25% to 9.50%)		-	110,800
				$ 3,899,385	$ 3,816,410

Note: This schedule is based upon information that has been certified as complete and accurate by FirstMerit Bank Trustee FBO, the custodian of the Plan.

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2014

(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	Number of Units	(d) Cost	(e) Current Value
	SSGA Government Money Market	Interest-Bearing Cash	396,184.0000	$ 396,184	$ 396,184
	SSGA S&P 500 Index Fund	Common/Collective Trust	5,794.1884	91,119	91,119
	Pimco Real Return Fund - A	Registered Investment Company	8,221.7065	93,812	89,781
	Thornburg Int'l Value - R4	Registered Investment Company	836.7586	21,461	22,325
	Delafield Fund Inc.	Registered Investment Company	6,509.4477	184,689	212,729
	JPMorgan Small Cap Growth - A	Registered Investment Company	2,084.2524	24,384	27,575
	GS Balanced Strategy - A	Registered Investment Company	6,595.9027	66,508	72,951
	AC Strat Alloc AGG Fnd - Adv	Registered Investment Company	7,359.7665	54,096	60,424
	Amercent Heritage Fund - A	Registered Investment Company	4,497.5621	91,457	100,565
	Mainstay Icap International R	Registered Investment Company	1,352.1615	39,182	44,310
	Oppenheimer Glbl Strat Inc A	Registered Investment Company	52,597.7809	216,253	213,021
	Franklin Mut Glb Disc - R	Registered Investment Company	1,192.7786	35,913	38,682
	Blackrock Mid Cap Val Opp Fd	Registered Investment Company	11,588.2617	242,882	247,525
	Nueberger Berman Genesis - Ad	Registered Investment Company	3,589.0388	99,042	99,093
	Amercent Livestrong 2035 - A	Registered Investment Company	21,403.4387	323,049	330,255
	Amercent Livestrong 2045 - A	Registered Investment Company	5,726.6173	70,265	92,027
	Perkins Small Cap Value Fd	Registered Investment Company	2,268.1838	51,829	48,743
	Janus Forty Fund - S	Registered Investment Company	5,950.5627	185,690	174,828
	Janus Balanced Fund - S	Registered Investment Company	2,504.1590	66,119	76,502
	Janus Overseas Fund - S	Registered Investment Company	432.0589	16,081	13,584
	Pru Short-Term Corp Bond - A	Registered Investment Company	216.3226	2,462	2,421
	Nuveen Real Est Sercurities A	Registered Investment Company	1,330.7349	26,052	31,658
	Nuveen Strat Agg Gr All A	Registered Investment Company	643.6347	8,285	9,320
	Blackrock Equity Dividend - A	Registered Investment Company	5,583.7472	108,516	139,035
	Amercent Livestrong 2015 - A	Registered Investment Company	3,455.5704	40,264	46,892
	Amercent Livestrong 2025 - A	Registered Investment Company	6,053.1837	69,637	86,984

(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	Number of Units	(d) Cost	(e) Current Value
	Putnam Amer Govt Inc Fd - A	Registered Investment Company	5,148.6601	$ 51,079	$ 46,750
	RS Emerging Markets Fund - A	Registered Investment Company	5,789.0850	118,584	99,688
	Mainstay Lg Cp Grth - R2	Registered Investment Company	4,602.5750	36,555	46,256
	Oppenheimer Rising Div Fd - A	Registered Investment Company	5,980.3165	109,090	119,546
	JP Morgan Core Bond Fund - A	Registered Investment Company	10,617.0810	122,710	124,857
	DWS High Income Plus Fund - S	Registered Investment Company	2,944.3134	20,370	20,227
	Participant Loans	Interest Rates (4.25% to 9.50%)		-	74,134
				$ 3,083,619	$ 3,299,991

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.

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2015

(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	Number of Units	(d) Cost	(e) Current Value
	Federated Capital Preservation R6	Registered Investment Company	51,550.5940	$ 515,505	$ 515,505
	Pimco Low Duration	Registered Investment Company	2,475.3620	24,674	24,407
	Vanguard GNMA - Adm	Registered Investment Company	14,061.9360	151,724	149,900
	Metropolitan West Total Return Bond Plan	Registered Investment Company	12,147.3010	124,742	121,473
	Vanguard Inflation Protected Sec-Adm	Registered Investment Company	4,365.2280	113,956	110,047
	Loomis Sayles Bond Fund N	Registered Investment Company	5,945.0950	86,570	76,454
	Templeton Global Bond R6	Registered Investment Company	5,221.0820	64,491	60,199
	Vanguard Life Strategy Income - Inv	Registered Investment Company	966.4540	14,537	14,081
	Vanguard Life Strat Consv Grth - Inv	Registered Investment Company	12,014.3950	224,705	214,337
	Vanguard Life Strategy Mod Grth	Registered Investment Company	5,865.7860	144,001	135,265
	Vanguard Life Strategy Growth - Inv	Registered Investment Company	1,437.7770	42,367	39,194
	Vanguard Target Retirement Income I	Registered Investment Company	2,361.9370	30,862	29,406
	Vanguard Target Retirement 2020 Fund Inv	Registered Investment Company	9,424.3070	271,852	255,870
	Vanguard Target Retirement 2030 Fund Inv	Registered Investment Company	2,756.8130	82,012	76,419
	Vanguard Target Retirement 2040 Fund Inv	Registered Investment Company	10,087.2920	308,056	286,983
	Vanguard Target Retirement 2050 Fund Inv	Registered Investment Company	3,528.5040	107,214	100,527
	Vanguard 500 Index Adm	Registered Investment Company	1,264.9490	242,647	238,418
	Invesco Diversified Dividend Y	Registered Investment Company	15,990.8650	296,477	281,439
	American Funds Amcap (R6)	Registered Investment Company	6,730.7400	194,726	176,143
	Vanguard Mid-Cap Index Adm	Registered Investment Company	610.3940	96,517	90,778
	Columbia Midcap Value Fund Cl Y	Registered Investment Company	3,348.8080	56,187	46,414
	HSBC Opportunity A	Registered Investment Company	3,167.3130	35,095	32,465
	Vanguard Smll Cp Indx Adm	Registered Investment Company	643.6347	43,394	39,918
	Vanguard Small Cap Value Index	Registered Investment Company	1,695.2100	77,870	71,979
	Franklin Small Cap Growth R6	Registered Investment Company	3,182.6610	64,654	58,147
	Federated Leaders Fund R6	Registered Investment Company	711.0670	23,892	21,944

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2015

(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	Number of Units	(d) Cost	(e) Current Value
	Columbia High Yield Bond Fund CL Y	Registered Investment Company	32,886.0570	$ 97,520	$ 90,437
	American Funds New Perspective R6	Registered Investment Company	2,953.9570	112,814	106,402
	DFA Intl Core Equity I	Registered Investment Company	1,757.3430	20,416	20,016
	Oppenheimer International Growth	Registered Investment Company	2,914.7880	106,940	104,641
	Oppenheimer Dev Markets Fund I	Registered Investment Company	998.7430	34,772	29,942
	DFA Real Estate Securities I	Registered Investment Company	2,508.6400	83,841	83,161
	Dreyfus Natural Resources I	Registered Investment Company	143.3290	4,356	3,298
	Participant Loans	Interest Rates (4.25% to 9.50%)		-	110,800
				$ 3,899,385	$ 3,816,410

Note: This schedule is based upon information that has been certified as complete and accurate by FirstMerit Bank Trustee FBO, the custodian of the Plan.

Robin Enterprises Company 401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes
Schedule H, Line 4i
December 31, 2014

(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	Number of Units	(d) Cost	(e) Current Value
	SSGA Government Money Market	Interest-Bearing Cash	396,184.0000	$ 396,184	$ 396,184
	SSGA S&P 500 Index Fund	Common/Collective Trust	5,794.1884	91,119	91,119
	Pimco Real Return Fund - A	Registered Investment Company	8,221.7065	93,812	89,781
	Thornburg Int'l Value - R4	Registered Investment Company	836.7586	21,461	22,325
	Delafield Fund Inc.	Registered Investment Company	6,509.4477	184,689	212,729
	JPMorgan Small Cap Growth - A	Registered Investment Company	2,084.2524	24,384	27,575
	GS Balanced Strategy - A	Registered Investment Company	6,595.9027	66,508	72,951
	AC Strat Alloc AGG Fnd - Adv	Registered Investment Company	7,359.7665	54,096	60,424
	Amercent Heritage Fund - A	Registered Investment Company	4,497.5621	91,457	100,565
	Mainstay Icap International R	Registered Investment Company	1,352.1615	39,182	44,310
	Oppenheimer Glbl Strat Inc A	Registered Investment Company	52,597.7809	216,253	213,021
	Franklin Mut Glb Disc - R	Registered Investment Company	1,192.7786	35,913	38,682
	Blackrock Mid Cap Val Opp Fd	Registered Investment Company	11,588.2617	242,882	247,525
	Nueberger Berman Genesis - Ad	Registered Investment Company	3,589.0388	99,042	99,093
	Amercent Livestrong 2035 - A	Registered Investment Company	21,403.4387	323,049	330,255
	Amercent Livestrong 2045 - A	Registered Investment Company	5,726.6173	70,265	92,027
	Perkins Small Cap Value Fd	Registered Investment Company	2,268.1838	51,829	48,743
	Janus Forty Fund - S	Registered Investment Company	5,950.5627	185,690	174,828
	Janus Balanced Fund - S	Registered Investment Company	2,504.1590	66,119	76,502
	Janus Overseas Fund - S	Registered Investment Company	432.0589	16,081	13,584
	Pru Short-Term Corp Bond - A	Registered Investment Company	216.3226	2,462	2,421
	Nuveen Real Est Sercurities A	Registered Investment Company	1,330.7349	26,052	31,658
	Nuveen Strat Agg Gr All A	Registered Investment Company	643.6347	8,285	9,320
	Blackrock Equity Dividend - A	Registered Investment Company	5,583.7472	108,516	139,035
	Amercent Livestrong 2015 - A	Registered Investment Company	3,455.5704	40,264	46,892
	Amercent Livestrong 2025 - A	Registered Investment Company	6,053.1837	69,637	86,984

(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	Number of Units	(d) Cost	(e) Current Value
	Putnam Amer Govt Inc Fd - A	Registered Investment Company	5,148.6601	$ 51,079	$ 46,750
	RS Emerging Markets Fund - A	Registered Investment Company	5,789.0850	118,584	99,688
	Mainstay Lg Cp Grth - R2	Registered Investment Company	4,602.5750	36,555	46,256
	Oppenheimer Rising Div Fd - A	Registered Investment Company	5,980.3165	109,090	119,546
	JP Morgan Core Bond Fund - A	Registered Investment Company	10,617.0810	122,710	124,857
	DWS High Income Plus Fund - S	Registered Investment Company	2,944.3134	20,370	20,227
	Participant Loans	Interest Rates (4.25% to 9.50%)		-	74,134
				$ 3,083,619	$ 3,299,991

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.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2015** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [x] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [x] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROBIN ENTERPRISES COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ROBIN ENTERPRISES COMPANY

111 NORTH OTTERBEIN AVE

WESTERVILLE OH 43081

2b Employer Identification Number (EIN) 31-0802964

2c Plan Sponsor's telephone number (614) 891-0250

2d Business code (see instructions) 323100

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.

SIGN HERE	[signature]	12/13/16	SHANE GRUBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b	EIN
a	Sponsor's name	4c	PN
5	Total number of participants at the beginning of the plan year	5	137
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	6a(1)	129
a(2)	Total number of active participants at the end of the plan year	6a(2)	128
b	Retired or separated participants receiving benefits	6b	0
c	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	6d	128
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines **6d** and **6e**.	6f	128
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2H 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	(1) [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____