

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>011</u> 1c Effective date of plan <u>07/01/1994</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ROBBINS AND MYERS, INC.</u> <u>51 PLUM STREET SUITE 260</u> <u>DAYTON, OH 45440</u>	2b Employer Identification Number (EIN) <u>31-0424220</u> 2c Sponsor's telephone number <u>937-458-6600</u> 2d Business code (see instructions) <u>335900</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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2010</u>	<u>ANGELA YOUNG</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ROBBINS AND MYERS, INC. 51 PLUM STREET SUITE 260 DAYTON, OH 45440	3b Administrator's EIN 31-0424220 3c Administrator's telephone number 937-458-6600
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1014
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1015
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	230
d Subtotal. Add lines 6a , 6b , and 6c	6d	1245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1164
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	59

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 2G 2F 2K 3I 2T 2S

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 ROBBINS AND MYERS, INC.	D Employer Identification Number (EIN) 31-0424220	

Part I	Service Provider Information (see instructions)
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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
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

(b) Enter name and EIN or address of person who provided you disclosure 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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
15 50 64	NONE	8350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
52 59 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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
CHARLES SCHWAB & CO AND AFFILIATES	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.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information 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.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROBBINS AND MYERS, INC.</u>	D Employer Identification Number (EIN) <u>31-0424220</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INSTL LARGE CAP CL 1</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625170-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB STABLE VALUE SELECT</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14281135</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET 2010 CL II</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>195656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET 2015 CL II</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>972634</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET 2020 CL II</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>721026</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET 2025 CL II</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>892736</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET 2030 CL II</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>397740</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Managed Ret 2035 CL II**
Charles Schwab Trust Company

c EIN-PN 81-0625169-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263573
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Managed Ret 2040 CL II**
Charles Schwab Trust Company

c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200627
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Managed Ret 2045 CL II**
Charles Schwab Trust Company

c EIN-PN 81-0625169-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253416
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Managed Ret 2050 CL II**
Charles Schwab Trust Company

c EIN-PN 81-0625169-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221791
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Managed Ret Income II**
Charles Schwab Trust Company

c EIN-PN 81-0625169-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77733
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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)
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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)
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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)
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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)
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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)
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN)	011
C Plan sponsor's name as shown on line 2a of Form 5500 ROBBINS AND MYERS, INC.	D Employer Identification Number (EIN) 31-0424220	

Part I	Asset and Liability Statement
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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)	103570	49621
(2) Participant contributions	1b(2)	118442	18767
(3) Other.....	1b(3)	32096	24637
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	1454226	2062414
(9) Value of interest in common/collective trusts.....	1c(9)	20045818	18478067
(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)	22367606	42720262
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	4878663	7929520
(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	49000421	71283288

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	49000421	71283288
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2472986	
(B) Participants	2a(1)(B)	3289567	
(C) Others (including rollovers)	2a(1)(C)	142607	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5905160

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32	
(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)	89428	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		89460

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	49245	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	401980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		451225

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1046987	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	815167	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		231820

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2047458	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		2047458
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1730219
(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)		7262808
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17718150

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8629670	
(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)		8629670
f Corrective distributions (see instructions)	2f		22
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)	8350	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8350
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8638042

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9080108
l Transfers of assets:			
(1) To this plan.....	2l(1)		13202759
(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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	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.).....		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.).....		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBBINS AND MYERS, INC.</u>	D Employer Identification Number (EIN) <u>31-0424220</u>

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	<u>0</u>
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): <u>42-1558009</u>		
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 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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Robbins & Myers, Inc. Employee Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

The Corporate Benefits Committee
Robbins & Myers, Inc. Employee Savings Plan

We were engaged to audit the accompanying financial statements of Robbins & Myers, Inc. Employee Savings Plan as of and for the years ended December 31, 2009 and 2008 and the supplemental schedule as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 4, which was certified by the Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 11, 2010

40 north main street, ste 800
dayton, oh 45423

www.cshco.com
p. 937.226.0070
f. 937.226.1626

Robbins & Myers, Inc. Employee Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value:		
Common/collective trusts	\$ 18,478,067	20,045,818
Registered investment companies	42,720,262	22,367,606
Robbins & Myers, Inc. unitized stock	7,929,520	4,878,663
Participant loans	<u>2,062,414</u>	<u>1,454,226</u>
	<u>71,190,263</u>	<u>48,746,313</u>
Contributions receivable:		
Employer	49,621	103,570
Employee	18,767	118,442
Other	<u>24,637</u>	<u>32,096</u>
	<u>93,025</u>	<u>254,108</u>
Net assets available for benefits at fair value	71,283,288	49,000,421
Adjustment from fair value to contract value for fully benefit responsive investment contracts	<u>(97,865)</u>	<u>536,420</u>
Net assets available for benefits	<u><u>\$ 71,185,423</u></u>	<u><u>49,536,841</u></u>

See accompanying notes to financial statements.

Robbins & Myers, Inc. Employee Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 10,269,599	(22,949,713)
Dividend and interest income	856,307	1,253,338
Dividend income - Robbins & Myers, Inc. common stock	49,245	44,575
Other additions	<u>3,554</u>	<u>5,372</u>
	<u>11,178,705</u>	<u>(21,646,428)</u>
Contributions from:		
Employees	3,432,174	4,058,515
Employer	<u>2,472,986</u>	<u>2,941,159</u>
	<u>5,905,160</u>	<u>6,999,674</u>
Benefits paid directly to participants	8,629,670	5,003,023
Other deductions	<u>8,372</u>	<u>7,833</u>
	<u>8,638,042</u>	<u>5,010,856</u>
Net increase (decrease)	8,445,823	(19,657,610)
Net assets available for benefits:		
Beginning of year	49,536,841	69,194,451
Transfer of assets due to plan merger	<u>13,202,759</u>	<u>-</u>
End of year	<u><u>\$ 71,185,423</u></u>	<u><u>69,194,451</u></u>

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Robbins & Myers, Inc. Employee Savings Plan (the Plan) provides only general information. Participants should refer to the *Summary Plan Description* for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that covers employees of Robbins & Myers, Inc. (the Company) and its U.S. subsidiaries who are not covered by collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Merger

Effective December 31, 2009, the Robbins and Myers, Inc. Savings Plan for Union Employees was merged into the Plan. At the time of the merger, the assets and liabilities of the Robbins and Myers, Inc. Savings Plan for Union Employees are effectively transferred to and assumed by the Plan. The assets of the Robbins and Myers, Inc. Savings Plan for Union Employees were transferred on January 4, 2010 to the Plan.

Contributions

Each year, participants can make contributions of between 1 percent and 75 percent of pre-tax annual compensation, as defined by the Plan. The Company matches 50 percent of the employee's basic contributions annually. Only employee contributions up to the first 6 percent of the employee's compensation are eligible for the Company match. The Company also contributes an amount equivalent to 3% of the employee's compensation as a Safe Harbor contribution.

Participant Loans

Participants may borrow from their accounts a maximum of the lesser of 50% of their vested account balance or \$50,000 reduced by the outstanding balance of loans from the Plan on the date the loan is made or by the highest outstanding loan balance in their account during the prior twelve month period. All loans must be repaid in level payments on at least a quarterly basis over a five-year period except if the loan is for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates.

Distributions

Distributions of vested balances are available upon termination, retirement after attaining age sixty-five, death, or permanent and total disability. Distributions are made in lump sum payments.

Withdrawals

Approval of voluntary hardship withdrawals are subject to the determination that an immediate and substantial financial need exists which cannot be reasonably satisfied by other means for medical, educational, home purchase, or other emergencies as determined by the Internal Revenue Service ("IRS") and set forth in the Plan Document.

Vesting

Participants are immediately vested in their contributions, the Company Safe Harbor contribution and any earnings on those contributions. Matching contributions made by the Company become vested as follows:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 1 year	0 %
1 year but less than 2 years	34 %
2 years but less than 3 years	67 %
3 years or more	100 %

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings. Participants direct the investment of their contributions, employer safe harbor contributions and earnings thereon between the investment options provided by the Plan. Company matching contributions are invested in the Company's common stock. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Administrative Expenses

Brokerage fees and other direct costs of investment are paid by the fund to which the costs are attributable. All other expenses are paid by either the Plan or the Company.

Plan Termination

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

Forfeited Accounts

Forfeited non-vested accounts totaled \$36,073 and \$33,060 at December 31, 2009 and 2008, respectively. These accounts will be used to reduce future employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies of the Plan.

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value. See Note 5 for further discussion of fair value.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments purchased and sold during the year and unrealized gains and losses on investments held at the end of the year.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 11, 2010, the date on which the financial statements were available to be issued.

3. INCOME TAX STATUS:

The Plan has received a determination letter from the Internal Revenue Service dated August 5, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

The Plan adopted the new accounting standard for *Accounting for Uncertainty in Income Taxes* on January 1, 2009. This standard clarifies the accounting and recognition for income tax positions taken or expected to be taken by the Plan. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan's annual filings are subject to audit by various authorities. The Plan's open audit periods are 2006–2009. The Plan believes its estimates are appropriate based on current facts and circumstances.

4. INVESTMENTS:

The fair value of individual investments that represent 5 percent or more of the Plan's fair value of assets available for benefits as of December 31 are as follows:

	<u>2009</u>	<u>2008</u>
Robbins & Myers Unitized Stock Fund	\$ 7,929,520	4,878,663
Registered investment companies:		
Causeway International Value Fund	*	2,949,431
Eaton Vance Large Cap Value Fund A	8,822,908	*
Growth Fund of America	5,721,240	3,606,660
Harbor International Inv Fund	5,087,627	*
Pimco Total Return D	8,151,139	6,264,803
Schwab S&P 500 Index Fund	6,472,889	4,646,140
Common/collective trust funds:		
Schwab Institutional Large Cap CL 1 Fund	*	6,364,660
Schwab Stable Value Fund	*	11,049,326
Schwab Stable Value Select Fund	14,281,135	*

*The fund balance represents less than 5% of net assets.

Other than the fair value of the Schwab Stable Value Fund, all investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Charles Schwab Trust Company, the trustee of the Plan. The contract value of the Schwab Stable Value Fund was certified as complete and accurate by the trustee.

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments purchased, sold and held during the year) appreciated (depreciated) in fair value as determined by quoted market price as follows:

	<u>2009</u>	<u>2008</u>
Robbins & Myers, Inc. unitized stock fund	\$ 2,279,310	(6,334,932)
Common/collective trust funds	1,094,131	(5,509,916)
Registered investment companies	<u>6,896,158</u>	<u>(11,104,865)</u>
	<u>\$ 10,269,599</u>	<u>(22,949,713)</u>

5. FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America for *Fair Value Measurements and Disclosures* establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under accounting principles generally accepted in the United States of America are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified term (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Robbins & Myers, Inc. Employee Savings Plan
Notes to Financial Statements
Years Ended December 31, 2009 and 2008

The following table summarizes the bases used to measure certain financial assets at fair value on a recurring basis as of December 31, 2009:

	December 31, 2009	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies (1):				
Index fund	\$ 6,472,889	6,472,889	-	-
Large-cap funds	14,544,148	14,544,148	-	-
Mid-cap funds	3,905,335	3,905,335	-	-
Small-cap funds	4,559,124	4,559,124	-	-
International fund	5,087,627	5,087,627	-	-
Intermediate-term bond fund	8,151,139	8,151,139	-	-
	<u>42,720,262</u>	<u>42,720,262</u>	<u>-</u>	<u>-</u>
Robbins & Myers, Inc. unitized stock fund (1)	<u>7,929,520</u>	<u>7,929,520</u>	<u>-</u>	<u>-</u>
Common/collective trusts (2):				
Life cycle funds	4,119,199	-	4,119,199	-
Retirement income fund	77,733	-	77,733	-
Stable value fund	14,281,135	-	14,281,135	-
	<u>18,478,067</u>	<u>-</u>	<u>18,478,067</u>	<u>-</u>
Participant loans (3)	<u>2,062,414</u>	<u>-</u>	<u>-</u>	<u>2,062,414</u>
Total assets at fair value	<u>\$ 71,190,263</u>	<u>50,649,782</u>	<u>18,478,067</u>	<u>2,062,414</u>

The following table summarizes the bases used to measure certain financial assets at fair value on a recurring basis as of December 31, 2008:

	December 31, 2008	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies (1)	\$ 22,367,606	22,367,606	-	-
Robbins & Myers, Inc. unitized stock fund (1)	4,878,663	4,878,663	-	-
Common/collective trusts (2)	20,045,818	-	20,045,818	-
Participant loans (3)	<u>1,454,226</u>	<u>-</u>	<u>-</u>	<u>1,454,226</u>
	<u>\$ 48,746,313</u>	<u>27,246,269</u>	<u>20,045,818</u>	<u>1,454,226</u>

- (1) Investments in shares of registered investment companies are valued at quoted market prices that represent the net asset values of shares held by the Plan at year end and are based on observable market quotations for identical assets. The Robbins & Myers, Inc. Unitized Stock Fund, a unitized employer stock fund, is comprised of the Robbins & Myers, Inc. common stock shares, which are quoted at the closing market price, and a cash component. The value of a unit reflects the combined market value of the underlying Sponsor stock and market value of the short-term cash position.
- (2) The fair value of the investments in the common/collective trusts is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.
- (3) Participant loans are valued at their outstanding balances, which approximates fair value.

There have been no changes in the methodologies used during 2009 and 2008.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's trustees believe that the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The carrying amounts of financial instruments including contributions receivable approximated fair value as of December 31, 2009 and 2008, because of the relatively short maturity of these instruments.

Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that a change in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements and supplemental schedule.

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31:

	<u>2009</u>	<u>2008</u>
Balance, beginning of year	\$ 1,454,226	1,532,756
Issuance of loans	846,843	645,599
Repayment of loans	(785,033)	(724,129)
Transfer of participant loan assets due to plan merger	<u>546,378</u>	<u>-</u>
Balance, end of year	<u><u>\$ 2,062,414</u></u>	<u><u>1,454,226</u></u>

6. NONPARTICIPANT-DIRECTED INVESTMENTS:

Employer contributions are directed towards the purchase of a unitized Robbins & Myers, Inc. stock fund. The Plan's non-participant directed investments consisted of Robbins & Myers, Inc. Unitized Stock Fund in the amounts of \$7,236,498 and \$4,878,663 at December 31, 2009 and 2008, respectively. Employer contributions receivable at December 31, 2009 and 2008 in the amount of \$45,537 and \$103,570, respectively, were directed toward the purchase of the unitized employer stock fund.

Information about the changes in net assets relating to the nonparticipant-directed investments for the years ended December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Net assets, beginning of year	<u>\$ 4,878,663</u>	<u>11,481,845</u>
Employer matching contributions	1,072,711	1,251,948
Dividend and interest income	49,245	44,575
Net appreciation (depreciation) in the fair value of investments	2,279,310	(6,334,932)
Benefits paid directly to participants	(631,174)	(483,649)
Loan withdrawals	(116,589)	(107,753)
Other deductions	(33,713)	(38,993)
Net assets transferred out	<u>(261,955)</u>	<u>(934,378)</u>
Net increase (decrease)	<u>2,357,835</u>	<u>(6,603,182)</u>
Net assets, end of year	<u><u>\$ 7,236,498</u></u>	<u><u>4,878,663</u></u>

7. TRANSACTIONS WITH RELATED PARTIES:

As of December 31, 2009 and 2008, the Plan held 238,850 and 215,679 shares, respectively, of Robbins & Myers, Inc. common stock in a Company stock fund. During 2009, shares were purchased at a total cost of \$1,076,267 and shares were sold at a total selling price of \$1,046,987. As a result of the merger, 20,883 shares were transferred from the Robbins & Myers, Inc. Savings Plan for Union Employees to the Plan during 2009. During 2008, shares were purchased at a total cost of \$1,252,694 and shares were sold at a total selling price of \$1,565,519.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of and for the years ending December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per financial statements	\$ 71,185,423	49,536,841
Plus/(less): Adjustment from fair value to contract value for interest in collective trust relating to fully benefit- responsive investment contract	<u>97,865</u>	<u>(536,420)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 71,283,288</u></u>	<u><u>49,000,421</u></u>

Robbins & Myers, Inc. Employee Savings Plan
Notes to Financial Statements
Years Ended December 31, 2009 and 2008

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 as of and for the years ending December 31:

	<u>2009</u>	<u>2008</u>
Increase (decrease) in net assets available for benefits per financial statements	\$ 8,445,823	(19,657,610)
Plus/(less): Adjustment from fair value to contract value for interest in collective trust relating to fully benefit- responsive investment contract	<u>634,285</u>	<u>(561,327)</u>
Increase (decrease) in net assets available for benefits per Form 5500	<u><u>\$ 9,080,108</u></u>	<u><u>(20,218,937)</u></u>

SUPPLEMENTAL SCHEDULE

Robbins Myers, Inc. Employee Savings Plan
 EIN # 31-0424220 Plan #011
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2009

(a)	(b)	(c)	(d)	(e)
Issuer	Description of Investment	Shares	Cost	Current Value
* Robbins & Myers, Inc.:				
	Robbins & Myers Unitized Stock Fund	238,850	5,085,415	\$ 7,929,520
* Charles Schwab Trust Company:				
	Common/collective trusts:			
	Schwab Managed Ret 2010 CL II	13,140	N/A	195,656
	Schwab Managed Ret 2015 CL II	109,531	N/A	972,634
	Schwab Managed Ret 2020 CL II	46,729	N/A	721,027
	Schwab Managed Ret 2025 CL II	107,300	N/A	892,736
	Schwab Managed Ret 2030 CL II	25,158	N/A	397,740
	Schwab Managed Ret 2035 CL II	33,030	N/A	263,573
	Schwab Managed Ret 2040 CL II	12,658	N/A	200,626
	Schwab Managed Ret 2045 CL II	32,241	N/A	253,416
	Schwab Managed Ret 2050 CL II	26,403	N/A	221,791
	Schwab Managed Ret Income II	6,516	N/A	77,733
	Schwab Stable Value Select Fund	753,476	N/A	14,281,135
	Registered investment companies:			
	Schwab S&P 500 Index Fund	373,293	N/A	6,472,889
				<u>24,950,956</u>
	Funds of other registered investment companies:			
	Baron Small Cap Fund	161,800	N/A	3,116,266
	Eaton Vance Large Cap Value Fund A	527,056	N/A	8,822,908
	Goldman Sachs Mid Cap Value Instl Fund	78,570	N/A	2,291,869
	Growth Fund of America	211,038	N/A	5,721,240
	Harbor International Inv Fund	93,540	N/A	5,087,627
	Munder Mid Cap Core Growth Fund A	72,418	N/A	1,613,466
	Pimco Total Return D	754,735	N/A	8,151,139
	Third Avenue Small Cap Value Fund	79,321	N/A	1,442,858
				<u>36,247,373</u>
	Participant loan accounts			
	Interest at 4.25% - 9.50% with various maturity dates		N/A	<u>2,062,414</u>
				<u><u>\$ 71,190,263</u></u>

* Party-in-interest

N/A - Cost information is not required for participant directed investments or participant loans.

Schedule of Assets (Held for Investment Purposes)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Name of plan sponsor:
Name of plan:
EIN
PLAN NUMBER

Robbins and Myers, Inc.
Robbins and Myers, Inc. Employee Savings Plan
31-0424220
011

(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
*	Participant Loans	Loans (4.25% - 9.50%)		2,062,414
*	Robbins and Myers United Stk	Employer Securities		7,929,520
*	Schwab Stable Value Fund	Common Collective Trust Fund		14,281,135
*	Schwab Managed Ret 2010 CI II	Common Collective Trust Fund		195,656
*	Schwab Managed Ret 2015 CI II	Common Collective Trust Fund		972,634
*	Schwab Managed Ret 2020 CI II	Common Collective Trust Fund		721,026
*	Schwab Managed Ret 2025 CI II	Common Collective Trust Fund		892,736
*	Schwab Managed Ret 2030 CI II	Common Collective Trust Fund		397,740
*	Schwab Managed Ret 2035 CI II	Common Collective Trust Fund		263,573
*	Schwab Managed Ret 2040 CI II	Common Collective Trust Fund		200,627
*	Schwab Managed Ret 2045 CI II	Common Collective Trust Fund		253,416
*	Schwab Managed Ret 2050 CI II	Common Collective Trust Fund		221,791
*	Schwab Managed Ret Income II	Common Collective Trust Fund		77,733
	Baron Small Cap Fund	Registered Investment Company		3,116,267
	Eaton Vance Large Cap Val A	Registered Investment Company		8,822,908
	Goldman Sachs Midcap Val Instl	Registered Investment Company		2,291,868
	Growth Fund of America R4	Registered Investment Company		5,721,239
	Harbor International Inv	Registered Investment Company		5,087,627
	Munder Midcap Core Growth A	Registered Investment Company		1,613,466
	Pimco Total Return D	Registered Investment Company		8,151,139
*	Schwab S&P 500 Index Fund	Registered Investment Company		6,472,889
	Third Avenue Small Cap Value	Registered Investment Company		1,442,858

ROBBINS AND MYERS, INC. EMPLOYEE SAVINGS PLAN
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2009

EIN: 31-0424220

Plan Number: 011

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.40% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.35% of average daily balance of asset(s)
Baron Capital Group	13-3122938	Rate of 0.40% of average daily balance of asset(s)
Eaton Vance	04-2718215	Rate of 0.50% of average daily balance of asset(s)
Goldman Sachs	13-4019460	Rate of 0.10% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.43% of average daily balance of asset(s)
Munder	38-3212521	Rate of 0.50% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
Third Avenue	01-0690900	Rate of 0.40% of average daily balance of asset(s)
Received by Charles Schwab Trust Company (EIN#42-1558009)		
Fund Family/Provider	EIN	Formula
Schwab Funds	94-3106735	Rate of 0.24% of average daily balance of asset(s)