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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; 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. . . . . ▶ [X]

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
CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1978

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ROBBINS & MYERS, INC.

51 PLUM STREET STE. 260
DAYTON, OH 45440

2b Employer Identification Number (EIN)
31-0424220

2c Sponsor's telephone number
937-458-6600

2d Business code (see instructions)
333900

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.	07/16/2012	ANGELA YOUNG
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ROBBINS & MYERS, INC.

51 PLUM STREET STE. 260
DAYTON, OH 45440

3b Administrator's EIN
31-0424220

3c Administrator's telephone number
937-458-6600

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

5	Total number of participants at the beginning of the plan year	**5**	175
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**	46
b	Retired or separated participants receiving benefits	**6b**	66
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	19
f	Total. Add lines **6d** and **6e**	**6f**	167
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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 Characteristic Codes in the instructions:
1B 1G 1I

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)	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)	X	**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)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROBBINS & MYERS, INC.

D Employer Identification Number (EIN)
31-0424220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2010

2	Assets:			
a	Market value	**2a**		10267923
b	Actuarial value	**2b**		10201040
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	83	7938401
b	For terminated vested participants	**3b**	39	792638
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		393129
	(2) Vested benefits	**3c(2)**		3496384
	(3) Total active	**3c(3)**	53	3889513
d	Total	**3d**	175	12620552
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.40 %
6	Target normal cost	**6**		80073

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	06/20/2012
Signature of actuary	Date
GREGORY H. REYNOLDS	11-06401
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	216-573-9700
Firm name	Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 1000 INDEPENDENCE, OH 44131-6828	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 11.14 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1260573
b	Interest on (a) using prior year's effective rate of 6.84 %		86223
c	Total available at beginning of current plan year to add to prefunding balance		1346796
d	Portion of (c) to be added to prefunding balance		97208
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	97208

Part III Funding percentages

14	Funding target attainment percentage	14	80.05 %
15	Adjusted funding target attainment percentage	15	80.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2011	131082				
06/24/2011	104404				
09/23/2011	104404				
11/28/2011	929094				
01/20/2012	1500000				
			Totals ► 18(b)	2768984	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2575057

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	6.52 %	6.68 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		80073
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2011898	382717
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		462790

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	97208	97208

36 Additional cash requirement (item 34 minus item 35)	**36**	365582
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	2575057
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2209475
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROBBINS & MYERS, INC.

D Employer Identification Number (EIN)
31-0424220

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: ROBBINS&MYERS CONS TR FOR QUALIFIED

b Name of sponsor of entity listed in (a): ROBBINS & MYERS, INC.

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)
31-0838515-111	M	9651014

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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ROBBINS & MYERS, INC.

D Employer Identification Number (EIN)
31-0424220

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)	1565997	2429094
(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)	125660	160455
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	8495152	9651014
(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)		
(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	10186809	12240563
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	50722	74999
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	50722	74999
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10136087	12165564

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)	2873388	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2873388
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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

		(a) Amount	(b) Total
2b (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
(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)		90223
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2963625
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	934148	
(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)		934148
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		934148
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2029477
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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.)	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	
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		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?	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	

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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ROBBINS & MYERS, INC.

D Employer Identification Number (EIN)
31-0424220

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): 31-0838515

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** 0

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 **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

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**

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):

---

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):

Chemineer, Inc. Collective Bargaining Pension Plan

Financial Statements and Supplemental Schedules

September 30, 2011 and 2010

with Independent Auditors' Report

CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

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CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

INDEPENDENT AUDITORS' REPORT

The Corporate Benefits Committee
Robbins & Myers, Inc.

We were engaged to audit the financial statements of Chemineer, Inc. Collective Bargaining Pension Plan (the "Plan") as of September 30, 2011 and 2010 and for the years then ended and the supplemental schedules as of and for the year ended September 30, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's administrator.

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 JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2011 and 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended September 30, 2011 and 2010 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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 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.

Clark, Schaefer, Hackett & Co.

June 27, 2012
Dayton, Ohio

40 north main street, ste 800
dayton, oh 45423

www.cshco.com
p. 937.226.0070
f. 937.226.1626

Chemineer, Inc. Collective Bargaining Pension Plan
Statements of Net Assets Available for Benefits
September 30, 2011 and 2010

Assets:			
Investments, at fair value:			
JP Morgan Liquid Assets Money Market Fund	$	160,455	125,660
Plan interest in Master Trust		9,651,014	8,495,152
Employer contribution receivable		2,429,094	1,565,997
		12,240,563	10,186,809
Liabilities:			
Accrued expenses		74,999	50,722
Net assets available for benefits	$	12,165,564	10,136,087

See accompanying notes to financial statements.

Chemineer, Inc. Collective Bargaining Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2011 and 2010

Plan interest in Master Trust investment income	$ 166,307	883,046
Interest and dividends	14	6
	166,321	883,052
Employer contributions	2,873,388	1,817,553
	3,039,709	2,700,605
Benefit payments	934,148	725,256
Administrative expenses	76,084	86,756
	1,010,232	812,012
Net increase	2,029,477	1,888,593
Net assets available for benefits:		
Beginning of year	10,136,087	8,247,494
End of year	$ 12,165,564	10,136,087

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN:
The following description of the Chemineer, Inc. Collective Bargaining Pension Plan (the Plan) provides only general information. Participants should refer to the *Summary Plan Description* for a complete description of the Plan's provisions.

General
The Plan is a defined benefit pension plan which covers substantially all hourly employees of Chemineer, Inc. who are members of the bargaining unit, Local Lodge 225, International Association of Machinists and Aerospace Workers and who meet the requirements of the Plan. The Plan provides pension, death, and permanent disability benefits.

Chemineer, Inc. is a wholly owned subsidiary of Robbins & Myers, Inc. (the Company).

Funding policy
The Company has agreed to contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. It is the intention of the Company to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost plus interest (all normal costs and to fund the unfunded accrued liability) over a period of 30 years. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

Plan termination
The Company has the right to terminate the Plan and to discontinue contributions. However, no action shall alter the Plan or its operation that would violate the provisions of any collective bargaining agreements pertaining to pension benefits. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC's guarantee, while other benefits may not be provided for at all.

Pension benefits
As of March 4, 2007, the plan was closed to new participants, unless the person had become an employee on or prior to that date. Eligible employees who have completed at least five years of service are entitled to monthly retirement benefits beginning at normal retirement age (65) as computed below:

A member who is eligible to receive a normal retirement benefit is entitled to a monthly benefit equal to the member's years of credited service multiplied by the following rate:

(1) $20.00 for a Participant who retires on or after October 1, 1989 but before October 1, 1990;
(2) $22.00 for a Participant who retires on or after October 1, 1990 but before October 1, 1991;
(3) $23.00 for a Participant who retires on or after October 1, 1991 but before October 1, 1992;
(4) $24.00 for a Participant who retires on or after October 1, 1992 but before October 1, 1994;
(5) $25.00 for a Participant who retires on or after October 1, 1994 but before October 1, 1995;
(6) $26.00 for a Participant who retires on or after October 1, 1995 but before October 1, 1997;
(7) $27.00 for a Participant who retires on or after October 1, 1997 but before October 1, 1998;
(8) $29.00 for a Participant who retires on or after October 1, 1998 but before October 1, 1999;
(9) $31.00 for a Participant who retires on or after October 1, 1999 but before October 1, 2000;
(10) $33.00 for a Participant who retires on or after October 1, 2000 but before November 1, 2000;

(11) $35.00 for a Participant who retires on or after November 1, 2000 but before October 1, 2002;

(12) $36.50 for a Participant who retires on or after October 1, 2002 but before October 1, 2003;

(13) $37.50 for a Participant who retires on or after October 1, 2003 but before March 7, 2004;

(14) $40.00 for a Participant who retires on or after March 7, 2004 but before March 4, 2007;

(15) $40.50 for a Participant who retires on or after March 4, 2007 but before March 3, 2008;

(16) $41.00 for a Participant who retires on or after March 3, 2008 but before March 2, 2009; and

(17) $41.50 for a Participant that retires on or after March 2, 2009.

The Plan permits early retirement for a participant who has reached age 60 with 15 years of service (at a reduced rate), and for participants at age 55 with at least 30 years of service or at age 62 with at least 10 years of service with no reduction in benefit. Pension benefits may be paid in the form of joint and survivor annuities. Terminated vested members with a lump sum actuarial equivalent benefit of less than $1,000 may take their benefit in a lump sum. An employee terminating before rendering five years of service forfeits the right to receive any portion of accumulated plan benefits at the point when they have incurred five separate breaks in service.

Effective October 1, 2010, the Plan was frozen. There is presently no intention to terminate the Plan. As a result of the freezing of the Plan, credited service will not include any period of service after September 30, 2010. There will be no new entrants to the Plan after September 30, 2010.

2. SIGNIFICANT ACCOUNTING POLICIES:
The following are the significant accounting policies of the Plan:

Basis of accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

With respect to the Plan's investment in the Robbins & Myers, Inc. Master Trust (Master Trust), the Master Trust records purchases and sales of securities 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 Master Trust's gains and losses on investments bought and sold as well as held during the year.

With respect to the Plan's investment in money market assets, interest income is recorded on the accrual basis.

Actuarial present value of accumulated plan benefits
Accumulated plan benefits (see Note 3) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired and terminated vested participants or their beneficiaries, and (b) present participants or their beneficiaries.

Benefits for retired and terminated vested participants or their beneficiaries are based on the monthly pension benefit rate per the Plan times years of credited service. The accumulated plan benefits for active participants are based on the monthly pension benefit rate per the Plan times years of credited service through the valuation date. Benefits payable under all circumstances – retirement, death, disability, and

termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Operating expenses
Certain expenses of maintaining the Plan are paid by the Company and certain expenses are paid by the Plan.

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

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 June 27, 2012, the date on which the financial statements were available to be issued.

3. ACCUMULATED PLAN BENEFITS:
A consulting actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the beginning of each plan year is as follows:

	October 1	
	2010	2009
Vested benefits:		
Participants currently in payment status	$ 8,614,391	5,770,002
Participants with deferred benefits	1,084,785	789,545
Other participants	4,351,324	5,001,491
	14,050,500	11,561,038
Nonvested benefits	437,290	523,200
	$ 14,487,790	12,084,238
Actuarial present value of accumulated plan benefits at beginning of year	$ 12,084,238	10,449,689
Increase (decrease) during the year attributable to:		
Interest accumulation	691,698	698,756
Benefit payments	(731,585)	(608,577)
Change in actuarial assumptions	1,727,419	1,225,320
Plan amendments	-	56,625
Other changes	716,020	262,425
Net increase	2,403,552	1,634,549
Actuarial present value of accumulated plan benefits at end of year	$ 14,487,790	12,084,238

Significant assumptions underlying the actuarial computations at the beginning of each plan year are:

Interest rate	4.70% (5.90% in the prior year) compounded annually
Retirement age	Based on age when first eligible to retire with unreduced benefits
Actuarial method	Projected unit credit cost method
Mortality rates	RP2000CH projected to 2011 with scale AA

The significant assumption change reflected in the October 1, 2010 and 2009 actuarial valuations was due to changes in the discount rate. The discount rate at October 1, 2010, 2009 and 2008 was 4.70%, 5.90%, and 6.90%, respectively.

Actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. INVESTMENTS:

All investment information disclosed in the accompanying financial statements, notes and supplemental schedules, including investments held at September 30, 2011 and 2010, and net appreciation (depreciation) in fair value of investments, interest and dividends and investment expenses for the years ended September 30, 2011 and 2010, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The Master Trust was established for the investment of assets of the Plan and several other Company sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At September 30, 2011 and 2010, the Plan's interest in the net assets of the Master Trust was approximately 15.38% and 14.66%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the fair value of investments of the Master Trust at September 30:

	2011	2010
Assets:		
Interest bearing cash	$ 149,055	189,412
U.S. Government and U.S. Agency obligations	10,875,169	6,835,369
Common stocks	1,487,925	1,579,349
Company stock	3,471,000	4,284,800
Foreign stocks	5,936,447	6,798,664
Mutual funds	28,148,201	25,571,360
Corporate obligations	11,408,829	11,944,608
Foreign obligations	1,148,800	553,777
Joint venture/partnerships	2	50,690
Total investments	62,625,428	57,808,029
Accrued income	136,639	125,370
	62,762,067	57,933,399
Plan interest in Master Trust	$ 9,651,014	8,495,152

Investment income for the Master Trust is as follows:

	Year Ended September 30	
	2011	2010
Net appreciation (depreciation) in fair value of investments:		
U.S. Government and U.S. Agency obligations	$ 315,461	232,707
Common stocks	(46,002)	95,164
Company stock	1,750,768	528,000
Foreign stocks	(819,894)	458,720
Mutual funds	(1,020,637)	2,822,044
Municipal obligations	-	20
Corporate obligations	(46,639)	767,576
Foreign obligations	(561)	19,794
Joint venture/partnerships	(50,688)	(36,091)
	81,808	4,887,934
Interest and dividends	1,372,124	1,336,524
	$ 1,453,932	6,224,458
Plan interest in Master Trust investment income	$ 166,307	883,046

5. FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America, Fair Value Measurements and Disclosures, provides the 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011:

	September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	$160,455	160,455	-	-

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010:

	September 30, 2010	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	$125,660	125,660	-	-

(1) The money market fund is valued at the closing price reported on the active market on which it is traded.

The following table summarizes the bases used to measure certain financial assets of the Master Trust at their fair market value on a recurring basis as of September 30, 2011:

	September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest bearing cash	$ 149,055	149,055	-	-
U.S. Government and U.S. Agency obligations	10,875,169	10,875,169	-	-
Common stocks	1,487,925	1,487,925	-	-
Company stock	3,471,000	3,471,000	-	-
Foreign stocks	5,936,447	5,936,447	-	-
Mutual funds	28,148,201	28,148,201	-	-
Corporate obligations	11,408,829	-	11,408,829	-
Foreign obligations	1,148,800	-	1,148,800	-
Joint venture/partnerships	2	-	-	2
Total	$62,625,428	50,067,797	12,557,629	2

The following table summarizes the bases used to measure certain financial assets of the Master Trust at their fair market value on a recurring basis as of September 30, 2010:

	September 30, 2010	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest bearing cash	$189,412	189,412	-	-
U.S. Government and U.S. Agency obligations	6,835,369	6,835,369	-	-
Common stocks	1,579,349	1,579,349	-	-
Company stock	4,284,800	4,284,800	-	-
Foreign stocks	6,798,664	6,798,664	-	-
Mutual funds	25,571,360	25,571,360	-	-
Corporate obligations	11,944,608	-	11,944,608	-
Foreign obligations	553,777	-	553,777	-
Joint venture/partnerships	50,690	-	-	50,690
Total	$57,808,029	45,258,954	12,498,385	50,690

(2) U.S. Government and Agency obligations, Common and Foreign stocks, and Mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

(3) Corporate and Foreign obligations are estimated using recent transactions, broker quotations and/or bond spread information.

(4) Investments in Joint venture/partnerships are carried at estimated net asset value as determined by and reported by their management and represent the proportionate share of the estimated fair value of the underlying assets of the joint venture/ partnerships.

For investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during 2011 and 2010, a reconciliation of the September 30, 2011 and 2010 balances is as follows:

Balance, September 30, 2009	$86,781
Unrealized depreciation	(36,091)
Balance, September 30, 2010	50,690
Unrealized depreciation	(50,688)
Balance, September 30, 2011	$ 2

6. RISKS AND UNCERTAINTIES:
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of net assets available for benefits.

7. RELATED-PARTY TRANSACTIONS:
The Plan invests in Robbins & Myers, Inc. common stock through the Master Trust. The Master Trust received dividends of $3,952 and $3,930 on behalf of the Plan in the years ended September 30, 2011 and 2010, respectively.

8. INCOME TAX STATUS:
The Plan has received a determination letter from the Internal Revenue Service dated March 26, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years ended prior to September 30, 2008.

SUPPLEMENTAL SCHEDULES

(a)	(b) Identity of Issuer, 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
*	JP Morgan Liquid Assets Money Market Fund	160,455 shares	$ 160,455	160,455

* Party-in-interest

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identify of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5 Percent of Net Assets						
* JP Morgan Chase Bank, N.A.						
	JP Morgan Liquid Assets Money Market Fund					
	Purchases	$2,733,367	-	2,733,367	2,733,367	-
	Sales	-	2,698,572	2,698,572	2,698,572	-

*Party-in-interest

There were no reportable category (i), (ii), or (iv) transactions for the year ended September 30, 2011.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Deparment of Labor's Regulations.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Chemineer, Inc. Collective Bargaining Pension Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Robbins & Myers, Inc.

D Employer Identification Number (EIN)

31-0424220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	10,267,923
	b Actuarial value		**2b**	10,201,040
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	83	7,938,401
	b For terminated vested participants	**3b**	39	792,638
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		393,129
	(2) Vested benefits	**3c(2)**		3,496,384
	(3) Total active	**3c(3)**	53	3,889,513
	d Total	**3d**	175	12,620,552
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.40 %
6	Target normal cost		**6**	80,073

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Gregory H. Reynolds GHR

Signature of actuary

06/20/2012
Date

Gregory H. Reynolds
Type or print name of actuary

11-06401
Most recent enrollment number

Hewitt Associates LLC
Firm name

(216)573-9700
Telephone number (including area code)

5005 Rockside Road, Suite 1000

Independence OH 44131-6828
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 11.14 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,260,573
	b Interest on (a) using prior year's effective rate of 6.84 %		86,223
	c Total available at beginning of current plan year to add to prefunding balance		1,346,796
	d Portion of (c) to be added to prefunding balance		97,208
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	97,208

Part III Funding percentages

14	Funding target attainment percentage	14	80.05 %
15	Adjusted funding target attainment percentage	15	80.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2011	131,082				
06/24/2011	104,404				
09/23/2011	104,404				
11/28/2011	929,094				
01/20/2012	1,500,000				
			Totals ► 18(b)	2,768,984	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,575,057

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	6.52 %	6.68 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		80,073
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2,011,898	382,717
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**		462,790

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	97,208	97,208

36 Additional cash requirement (item 34 minus item 35)	**36**	365,582
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	2,575,057
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2,209,475
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
January 6, 2011	$ 131,082	6.40%	$ 128,939
June 24, 2011	104,404	6.40%	99,789
September 23, 2011	104,404	6.40%	98,258
November 28, 2011	929,094	6.40%	864,643
January 20, 2012	1,500,000	6.40%	1,383,428
Total Contribution	$ 2,768,984		$ 2,575,057

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	20.00%	0.7351	9.04
62.5	50.00%	0.5881	18.38
63.5	10.00%	0.2940	1.87
64.5	5.00%	0.2646	0.85
65	100.00%	0.2514	16.34
		Weighted Average	61.80

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four-month look-back (as of June 2010).
1st Segment Rate	4.16%.
2nd Segment Rate	6.52%.
3rd Segment Rate	6.68%.
Optional Payment Form Election Percentage	100% life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2010 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Expected Return on Assets	
2008 Plan Year	6.58%.
2009 Plan Year	6.80%.
Trust Expenses Included in Target Normal Cost	$76,362. Based on prior year's actual plan administrative expenses.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	October 1, 2010.

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	20.00%
62	50.00%
63	10.00%
64	5.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	60.00%	70.20%	45	5.60%	8.60%
16	55.60%	66.00%	46	5.20%	7.80%
17	51.20%	61.80%	47	4.80%	7.20%
18	46.80%	57.60%	48	4.40%	6.60%
19	42.40%	53.40%	49	3.80%	5.80%
20	38.00%	49.20%	50	3.40%	5.00%
21	33.60%	45.00%	51	2.80%	4.20%
22	29.20%	40.80%	52	2.20%	3.40%
23	26.40%	36.60%	53	1.80%	2.40%
24	23.60%	32.40%	54	1.20%	1.60%
25	20.80%	28.20%	55	0.60%	0.80%
26	18.00%	24.00%	56	0.20%	0.20%
27	15.20%	19.80%	57+	0.00%	0.00%
28	14.40%	19.20%			
29	13.60%	18.60%			
30	12.80%	18.00%			
31	12.00%	17.40%			
32	11.20%	16.60%			
33	10.80%	16.00%			
34	10.40%	15.40%			
35	10.00%	14.80%			
36	9.60%	14.20%			
37	9.20%	13.60%			
38	8.60%	13.00%			
39	8.20%	12.40%			
40	7.80%	11.80%			
41	7.40%	11.20%			
42	7.00%	10.40%			
43	6.60%	9.80%			
44	6.20%	9.20%			

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a four-month look-back (as of May 2009) to segment rates with a four-month look-back (4.16%, 6.52%, 6.68% as of June 2010).
- A change in the allocation methodology of a flat dollar benefit from linear proration to benefit eligibility to linear proration to decrement.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2010

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1								
30-34										
35-39			2							
40-44			1		1	1				
45-49	1			3	2	4				
50-54	1			2	2	4		2	3	
55-59			1	2	2	3	1	2	3	
60-64		1			2	1			3	
65-69					1			1		
70+										

N-53

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$ 661,042	October 1, 2008	5	$ 143,199
Shortfall	$ 729,616	October 1, 2009	6	$ 136,493
Shortfall	$ 621,240	October 1, 2010	7	$ 103,025

Schedule SB Attachment (Form 5500)—2010 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 31-0424220 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	December 1, 1966. Amended and restated effective October 1, 2010.
Coverage	All regular, full-time (1,000 hours or more) employees who are members of the Local Lodge 225, International Association of Machinists and Aerospace Workers Union. The plan was closed to new hires as of March 4, 2007. Credited service was frozen as of September 30, 2010.
Retirement Age	
Normal	The later of age 65 or completion of five Vesting Years of Service.
Early	Age 60 and 15 Vesting Years of Service; or Age 62 and 10 Vesting Years of Service; or Age 55 and 30 Vesting Years of Service.
Disability	Ten years of Credited Service.
Deferred Vested	Five Vesting Years of Service.
Amount of Retirement Benefit	
Normal	A participant's monthly benefit is equal to Credited Service frozen as of September 30, 2010 multiplied by a benefit accrual rate as shown in the table below:

Retirement Date	Benefit Accrual Rate
Before 10/01/1977	$5.50
After 09/30/1977, before 10/01/1981	$5.50 For Credited Service prior to 10/01/1977 plus $9.50 for Credited Service after 09/30/1977 and before 10/01/1981
After 09/30/1981, before 10/01/1985	$12.00
After 09/30/1985, before 10/01/1986	$15.00
After 09/30/1986, before 10/01/1988	$17.00
After 09/30/1988, before 10/01/1989	$18.00
After 09/30/1989, before 10/01/1990	$20.00
After 09/30/1990, before 10/01/1991	$22.00
After 09/30/1991, before 10/01/1992	$23.00

Retirement Date	Benefit Accrual Rate
After 09/30/1992, before 10/01/1994	$24.00
After 09/30/1994, before 03/04/1995	$25.00
After 03/03/1995, before 03/04/1997	$26.00
After 03/04/1997, before 10/01/1998	$27.00
After 10/01/1998, before 10/01/1999	$29.00
After 10/01/1999, before 10/01/2000	$31.00
After 10/01/2000, before 10/31/2000	$33.00
After 11/01/2000, before 09/30/2002	$35.00
After 10/01/2002, before 09/30/2003	$36.50
After 10/01/2003, before 03/06/2004	$37.50
After 03/07/2004, before 03/03/2007	$40.00
After 03/04/2007, before 03/02/2008	$40.50
After 03/03/2008, before 03/01/2009	$41.00
After 03/02/2009	$41.50

Early	Benefit computed as for normal retirement but based on Credited Service at early retirement and the benefit accrual rate then in effect payable at normal retirement date. Benefit is reduced 5/9% for each month by which the benefit commencement date precedes normal retirement date. No reduction is applied if retirement occurs after age 55 and completion of 30 Vesting Years of Service or age 62 and completion of ten Vesting Years of Service. An additional monthly benefit is payable to participants retiring with unreduced benefits in the amount of $350 from age 55 to age 62 and $250 from age 62 to age 65.
Late	Benefit computed as for normal retirement but based on Credited Service at actual retirement and the benefit rate then in effect payable immediately.
Disability	Benefit computed as for normal retirement but based on Credited Service at disability retirement and the benefit accrual rate then in effect payable immediately.

Deferred Vested	Accrued normal retirement benefit based on Credited Service at termination date and on the benefit accrual rate then in effect payable at normal retirement date. If the participant meets any of the age and service requirements listed under early retirement, the benefit is reduced under the early retirement provisions, otherwise the benefit is reduced 5/9% for each month by which benefit payments begin before normal retirement date.
Normal Form of Annuity	A monthly annuity for life. Married participants will receive, unless they elect otherwise, an actuarially reduced pension paid for life with 50% of the reduced benefit payable to the participant's spouse, if alive, upon the death of the participant.
Optional Payment Forms	Life annuity, 100%, 75%, 66-2/3%, and 50% contingent annuities, 10-year certain and life annuity, 10-year certain annuity, and lump sums under $1,000.
Death Benefits	For a participant who is eligible for early retirement, the benefit is an immediate monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he retired the day before his death and elected the 50% joint and survivor option with his spouse as the contingent annuitant. For all other participants, the benefit is a deferred monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he terminated employment on the date of his death, survived to the earliest retirement age, elected the 50% joint and survivor option with his spouse as contingent annuitant, and then died the following day.
Definitions	
Plan Year	October 1 to September 30.
Actuarial Equivalence	Tables for converting to optional forms of payment can be found in Exhibit A of the plan document. Lump sum factors based on the 30-year Treasury interest rates and the 83GATT mortality table. Effective December 31, 2002, the mortality table referenced in Revenue Ruling 2001-62 is used for lump sum distributions.

	Effective January 1, 2008, the applicable mortality table and applicable interest rate for the month of August that precedes the Plan Year defined under Code Section 417(e)(3) is used for lump sum distributions.
Vesting Year of Service	A Plan Year in which the participant completes 1,000 or more hours of service.
Credited Service	One year for each Plan Year in which a participant is credited with at least 1,800 hours of service. 1/10 of a year credited for each 180 hours of service if less than 1,800 hours. Credited Service is frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2009 Valuation

The October 1, 2010 funding valuation reflects the following plan change:

- Credited service was frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2008 Valuation

The October 1, 2009 funding valuation reflects the following plan changes:

- An increase in the annual maximum benefit limit under IRC Section 415 from $185,000 in 2008 to $195,000 in 2009.

Changes in Plan Provisions Since the October 1, 2007 Valuation

The October 1, 2008 funding valuation reflects the following plan changes:

- An increase in the annual maximum benefit limit under IRC Section 415 from $180,000 in 2007 to $185,000 in 2008.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

(a)	(b) Identity of Issuer, 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
*	JP Morgan Liquid Assets Money Market Fund	160,455 shares	$ 160,455	160,455

* Party-in-interest

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identify of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5 Percent of Net Assets						
* JP Morgan Chase Bank, N.A.						
	JP Morgan Liquid Assets Money Market Fund					
	Purchases	$2,733,367	-	2,733,367	2,733,367	-
	Sales	-	2,698,572	2,698,572	2,698,572	-

*Party-in-interest

There were no reportable category (i), (ii), or (iv) transactions for the year ended September 30, 2011.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Deparment of Labor's Regulations.