# 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), 6057(b), 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

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ROBBINS RESEARCH INTERNATIONAL, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1995

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

9888 CARROLL CENTRE ROAD SUITE 100
SAN DIEGO, CA 92126-4581

**2b** Employer Identification Number (EIN)
33-0261517

**2c** Plan Sponsor's telephone number
858-713-8243

**2d** Business code (see instructions)
611000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2016 | HEATHER DIEM-POWELL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 281 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 225 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 242 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 61 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 303 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 303 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 277 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [ ] | 0 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [ ] | | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | | **G** (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code_____

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

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

| | |
|---|---|
| **A** Name of plan<br>ROBBINS RESEARCH INTERNATIONAL, INC. 401(K) PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>ROBBINS RESEARCH INTERNATIONAL INC | **D** Employer Identification Number (EIN)<br>33-0261517 |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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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)

LT TRUST

1675 BROADWAY, SUITE 500
DENVER, CO 80202

| (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 37 64 65 | RECORDKEEPER | 21616 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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

**2015**

**This Form is Open to Public Inspection**

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

**A** Name of plan
ROBBINS RESEARCH INTERNATIONAL, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROBBINS RESEARCH INTERNATIONAL INC

**D** Employer Identification Number (EIN)
33-0261517

## 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 | 31950 | 88417 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 441 | 441 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 371356 | 826908 |
| **(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) | 73185 | 145973 |
| **(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) | | |
| **(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) | 4191460 | 4540885 |
| **(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 | 4668392 | 5602624 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 4668392 | 5602624 |

## 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) | | |
| **(B)** Participants | 2a(1)(B) | 1037117 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 152982 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1190099 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1 | |
| **(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) | 4213 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 4214 |
| **(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) | 143106 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 143106 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -193471 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1143948 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 182089 | |
| (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) | | 182089 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 5186 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 21616 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 825 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 22441 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 209716 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 934232 |
| 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: HOCHMAN COHEN TORRES LLP **(2)** EIN: 33-0664240

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | | |

| | | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | X | | | |
| o | Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| p | Were in-service distributions made during the plan year? | 4p | | | | |

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

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

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

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

## Part V Trust Information

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

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

**2015**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
ROBBINS RESEARCH INTERNATIONAL, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROBBINS RESEARCH INTERNATIONAL INC

**D** Employer Identification Number (EIN)
33-0261517

## 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): 42-0127290

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

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

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

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

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

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

## Part VII IRS Compliance Questions

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

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

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

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

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

**Robbins Research International, Inc.**
**401(k) Plan**
Financial Statements
As of December 31, 2015 and 2014
And for the Year Ended December 31, 2015

(With Accompanying Independent Auditors' Report,
Notes to the Financial Statements and
Supplemental Schedule)

Hochman Cohen Torres LLP
Certified Public Accountants

5230 Carroll Canyon Road, Suite 318, San Diego, CA 92121 (T) 858-535-1065 (F) 858-535-1149 www.hochmancohen.com

**Robbins Research International, Inc.**
**401(k) Plan**

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| Supplemental Schedule: | |
| Schedule H, line 4i – Schedule of Assets Held (At End of Year) | 16 |


Note: All schedules required by Section 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 have been omitted because they are not applicable or are not required.

Hochman Cohen Torres LLP
Certified Public Accountants

Gary Hochman, CPA, M.S. Taxation
David Cohen, CPA, M.S. Taxation
Nick Torres, CPA, M.S. Taxation

# Independent Auditors' Report

To the Administrative Committee
Robbins Research International, Inc. 401(k) Plan
San Diego, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Robbins Research International Inc. 401(k) Plan, which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2015, and related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Lincoln Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Lincoln Trust Company held the Plan's investment assets and executed investment transactions for the year ending December 31, 2015 and from January 7, 2014 through December 31, 2014, and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions for the period January 1, 2014 to January 6, 2014. The Plan administrator has obtained certifications from the trustees as of December 31, 2015 and 2014 and for the year ended .December 31, 2015, that the information provided to the Plan administrator by the trustees is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter-Supplemental Schedule**

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for the Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Hochman Cohen Torres LLP
San Diego, California
October 13, 2016

Robbins Research International, Inc.
401(k) Plan

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

For the Years Indicated

| | December 31, 2015 | December 31, 2014 |
|---|---|---|
| **Assets** | | |
| Investments at Fair Value | | |
| Cash and Cash Equivalents | $ 86,367 | $ 31,950 |
| Money Market | 826,908 | 371,356 |
| Mutual Funds | 3,356,464 | 3,524,368 |
| Common Stocks | 1,184,420 | 667,092 |
| Total Investments at Fair Value | 5,454,159 | 4,594,766 |
| Receivables | | |
| Participant Contributions | 442 | 442 |
| Dividends in Transit | 2,050 | - |
| Notes Receivable from Participants | 145,973 | 73,185 |
| Total Receivables | 148,465 | 73,627 |
| Total Assets at Fair Value | 5,602,624 | 4,668,393 |
| **Net Assets Available for Benefits** | $ 5,602,624 | $ 4,668,393 |

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

Robbins Research International, Inc.
401(k) Plan

Statement of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

| | | *Year Ended December 31, 2015* |
|---|---|---|
| **Additions:** | | |
| Additions to Net Assets Attributed to: | | |
| Investment Income (Loss) | | |
| Net (Depreciation) in Fair Value of Investments | $ | (112,409) |
| Realized (Loss) from Investments | | (81,062) |
| Dividends | | 143,106 |
| Total Investment (Loss) | | (50,365) |
| Interest Income on Notes Receivable from Participants | | 4,213 |
| Contributions: | | |
| Participants | | 1,037,117 |
| Rollovers | | 152,982 |
| Total Contributions | | 1,190,099 |
| Total Additions | | 1,143,947 |
| **Deductions:** | | |
| Deductions from Net Assets Attributed to: | | |
| Benefits Paid to Participants | | 187,275 |
| Administration Expenses | | 22,441 |
| Total Deductions | | 209,716 |
| Net Increase | | 934,231 |
| **Net Assets Available for Benefits:** | | |
| Beginning of Year | | 4,668,393 |
| End of Year | $ | 5,602,624 |

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

## 1. DESCRIPTION OF THE PLAN

The following description of the Robbins Research International, Inc. 401(k) Plan, (the "Plan"), is provided for general information purposes only. Eligible employees, as defined by the Plan (Participants"), should refer to the Plan document for a complete description of the Plan provisions.

### General

The Plan is a defined contribution 401(k) plan, covering all eligible employees of Robbins Research International, Inc., and its participating affiliates, ("Employer"), who have attained age 18 and have completed one-month service, which is the total of an employee's Periods of Service without regard to Hours of Service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation in the Plan becomes effective on the 1st day of a month on or after a Participant meets the eligibility requirements.

For the period January 1, 2014 through January 6, 2014, Principal Life Insurance Company ("Principal") was the trustee of the Plan. The Employer was the trustee for the Guaranteed Interest Accounts (CD's) for the Plan. For the period January 7, 2014 through December 31, 2014 and 2015 Lincoln Trust Company ("Lincoln") was the trustee of the Plan.

### Participant Contributions

Employees who actively participate in the Plan may elect to contribute, subject to the statutory limitation, between one percent and one hundred percent of their gross pay. Certain eligible Participants are allowed to make catch-up contributions. This provision is available to eligible Participants age fifty or older during the Plan year. Participants may increase or decrease their elective deferrals percentage on the 1st day of any month. The Plan includes an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled Participants have their deferral rate set at three percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the Participant. Participants may terminate their contributions at any time. Participants who terminate their contributions may not reinstate payroll withholding until the first day of the next Plan year. The Employer may also reduce or terminate a Participant's withholding if required to maintain the Plan's qualified status.

### Rollover and Transfer Contributions

The Plan accepts rollover contributions from any qualified plan if proof can be furnished that the contribution has been in such a plan or a Rollover IRA.

### Employer Contributions

Under the terms of the Plan, the Employer may make matching contributions, qualified non-elective contributions, and discretionary contributions for eligible Participants. Participants should refer to the Plan document for details.

1. DESCRIPTION OF THE PLAN (CONTINUED):

Participant Accounts

Each Participant's account is credited with their contribution and the Employer's contribution, allocation of Plan earnings (losses) from the funds in which the account is invested, and charged with an allocation of certain administrative and investment-related expenses, and Participant specific charges, if applicable. Allocations are based on Participant earnings or account balances, as defined by the Plan document. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the profit sharing and Employer contribution portions of their accounts, and any earnings credited thereon, are based upon their years of vesting service.

The Employer contributions, and any earnings credited thereon will vest according to the following schedule:

| Years of Service | Vested Interest |
|---|---|
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

Withdrawals

Participant's may elect to withdraw all or a portion of their own pretax contribution accounts vested, Employer matching accounts vested, profit sharing accounts, and rollover accounts at any time on or after the day the Participant attains age 59½. If a Participant is under 59½, withdrawals from pretax contribution accounts are subject to certain hardship rules as provided by the Plan. If a Participant takes a hardship withdrawal, elective deferrals will be suspended for six months after the receipt of the hardship withdrawal.

Notes Receivable From Participants

Participants may borrow from their fund account a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or fifty percent of their account balance at the time of the loan issuance and may have up to two loans outstanding. Loans may be additionally limited in accordance with Plan provisions. The interest rate is at the published prime rate by the Wall Street Journal, plus 1.00% to 2.00%. At December 31, 2015, interest rates on outstanding loans ranged from 4.25% to 5.25% with loans maturing at various dates through August 2028.

Loan repayments are made through monthly payroll deductions over a period of up to 60 months for general loans and over a longer period for loans used to finance the purchase of a principal residence. If a Participant's employment terminates for any reason and the loan balances are not paid in full on the date of termination, the

1. DESCRIPTION OF THE PLAN (CONTINUED)

Notes Receivable From Participants (Continued)

loan balances will be canceled and become taxable income to the Participant. However, no default will occur if payments are not made while a Participant is actively serving in the military or for a period up to one year during an approved unpaid leave of absence, other than military leave. Certain Participants may continue to make loan repayments after termination of employment under procedures established by the Plan document.

Notes receivable from Participants are valued at cost.

Benefit Payments

On termination of service due to retirement, a Participant may elect to receive a lump sum amount equal to the value of the Participant's vested interest in his or her account; monthly or a series of flexible payment options.

On termination of service due to death, if the vested account is $5,000 or less, the full value of the Participant's account is payable to their beneficiary in a single sum. If the vested account is more than $5,000, the full value of the Participant's account is payable to their beneficiary in annuity options or a single sum payment.

Investment Funds

Participants may allocate their account balance to 47 investment funds. These 47 investment funds consist of money market accounts, mutual funds, and common stocks. Investment funds are valued daily and Participants may elect to change their investment allocations on a daily basis. Changes to investment allocations become effective on the day of the change or the next business day according to when the request for a change was made in relation to the stock market close of business.

Forfeitures

Forfeitures are first used to pay Plan expenses. Any forfeitures left after paying Plan expenses are used to offset the Employer's next matching contribution. In 2015, Plan expenses were reduced by $825 and in 2014 Plan contributions were reduced by $948 from forfeited accounts. At December 31, 2015 and 2014, forfeited accounts totaled $1 and $473, respectively.

Administrative Expenses

Except for loan origination fees associated with the Notes Receivable from Participants, all administrative expenses of maintaining the Plan are paid by the Employer, after Plan forfeitures are used to offset expenses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

### Basis of Accounting

The financial statements of the Plan are presented on the modified cash basis of accounting.

Investment contracts held by the 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.

### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### Risks and Uncertainties

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

### Investment Valuation and Income Recognition

The investments in all of the funds are presented at fair value, based on the quoted market prices of the underlying securities within each fund at year end. 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.

The Plans assets held and invested by Principal and Lincoln are stated at estimated fair value and have been determined by Lincoln, using available market information and appropriate valuation methodologies. However, considerable judgment is required in interpreting market data to develop this estimate. Accordingly, the estimates presented herein are not necessarily indicative of the amounts presented herein that the Plan could realize in a current market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated liquidation value amounts.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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 bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid investments that have original maturities of three months or less.

Benefits

Benefits are recorded when paid.

## 3. FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the frame-work 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 FASB ASC 820 for financial assets and financial liabilities are described below:

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 included

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in non-active markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

3. FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES (CONTINUED)

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

The assets 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

*Common stocks, corporate bonds and U.S. government securities*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

*Guaranteed investment contract*: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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 believes its 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 following tables on the next two pages sets forth by level within the fair value hierarchy a summary of Plan investments measured at fair value as of December 31, 2015 and 2014.

3. FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES (CONTINUED)

| | Plan Assets at Fair Value as of December 31, 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments | | | | |
| Mutual Funds: | | | | |
| Fixed Income | $ 322,919 | $ - | $ - | $ 322,919 |
| International Equity | 168,144 | - | - | 168,144 |
| Large U.S. Equity | 348,630 | - | - | 348,630 |
| Small/Mid U.S. Equity | 145,188 | - | - | 145,188 |
| Balanced/Assets Allocation | 2,295,853 | - | - | 2,295,853 |
| Real Estate | 75,730 | - | - | 75,730 |
| Common Stock: | | | | |
| Fixed Income | - | 354,094 | - | 354,094 |
| International Equity | - | 184,095 | - | 184,095 |
| Large U.S. Equity | - | 372,428 | - | 372,428 |
| Small/Mid U.S. Equity | - | 180,678 | - | 180,678 |
| Real Estate | - | 62,482 | - | 62,482 |
| Commodity | - | 30,643 | - | 30,643 |
| Money Market | 826,908 | - | - | 826,908 |
| Non-Interest Bearing Cash | 86,367 | - | - | 86,367 |
| Total Plan Assets at Fair Value as of December 31, 2015 | $4,269,739 | $ 1,184,420 | $ - | $5,454,159 |

## 3. FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES (CONTINUED)

| | Plan Assets at Fair Value as of December 31, 2014 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments | | | | |
| Mutual Funds: | | | | |
| Fixed Income | $ 248,105 | $ - | $ - | $ 248,105 |
| International Equity | 151,770 | - | - | 151,770 |
| Large U.S. Equity | 291,027 | - | - | 291,027 |
| Small/Mid U.S. Equity | 135,524 | - | - | 135,524 |
| Balanced/Assets Allocation | 2,638,766 | - | - | 2,638,766 |
| Real Estate | 59,176 | - | - | 59,176 |
| Common Stock: | | | | |
| Fixed Income | - | 106,867 | - | 106,867 |
| International Equity | - | 121,687 | - | 121,687 |
| Large U.S. Equity | - | 209,479 | - | 209,479 |
| Small/Mid U.S. Equity | - | 218,585 | - | 218,585 |
| Real Estate | - | 10,474 | - | 10,474 |
| Money Market | 371,356 | - | - | 371,356 |
| Non-Interest Bearing Cash | 31,950 | - | - | 31,950 |
| Total Plan Assets at Fair Value as of December 31, 2014 | $3,927,674 | $ 667,092 | $ - | $4,594,766 |

## 4. PLAN AMENDMENT AND TERMINATION

Subject to the provisions of ERISA, the Employer has the right to amend the Plan at any time, provided that no amendment will divert any part of the Plan's assets to any purpose other than for the exclusive benefit of the Participants in the Plan or eliminate an optional form of distribution.

Effective January 1, 2014, the Plan was amended and restated to reflect a change in the trustee from Principal Life Insurance Company to Lincoln Trust Company. As a result of this change, Participants can no longer contribute to investment options offered under Principal. The conversion initiated a blackout period beginning December 19, 2013 and ending the week of January 13, 2014. During this period, funds could not be applied to the Participant-selected funds with the custodian or withdrawn from the Plan until the custodian could accurately complete the conversion. During this period, Participant contributions continued to be made through payroll deductions, and the contributions were deposited and held in the income fund until the completion of the blackout period. At the end of the blackout period, such funds were transferred to the investment options requested by each Participant.

## 4. PLAN AMENDMENT AND TERMINATION (CONTINUED)

The Employer may also terminate the Plan. In the event of an actual Plan termination, all amounts credited to a Participant's account will be fully vested and paid to them. Depending on the facts and circumstances, a partial termination may be found to occur where a significant number of Participants are terminated by the Employer or excluded from Plan participation. In case of a partial termination, only those affected will become 100% vested.

## 5. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Lincoln Trust Company. Plan administrative services are provided by Lincoln Trust Company. Additionally, Lincoln Trust Company acts as trustee for funds held as investment vehicles for the Plan. Therefore, investment fund transactions are classified as party-in-interest transactions.

Fees paid by the Plan for investment management services amounted to $11,015 and $1,675 for the year ended December 31, 2015 and 2014, respectively.

## 6. SIGNIFICANT INVESTMENTS

At the direction of Participants, the Plan has invested in the following funds, representing 5% or more of the net assets available for benefits at December 31, 2015 and 2014, stated at fair value:

| | For the Years Indicated December 31, | |
|---|---|---|
| | 2015 | 2014 |
| Assets Representing 5% or more of Net Assets Available for Benefits | | |
| Lincoln - Citibank Money Market | $ 441,871 | $ 369,896 |
| Vanguard Prime Money Market Inv | 385,037 | - |
| Vanguard Target Retirement 2015 Inv | 366,384 | 663,925 |
| Vanguard Target Retirement 2020 Inv | 530,288 | 575,059 |
| Vanguard Target Retirement 2025 Inv | 279,987 | 241,990 |
| Vanguard Target Retirement 2040 Inv | 292,121 | 398,844 |
| Vanguard Target Retirement 2045 Inv | - | 273,137 |
| Total Assets Representing 5% or more of Net Assets Available for Benefits | $ 2,295,688 | $ 2,522,851 |

## 7. TAX STATUS

The Internal Revenue Service has determined and informed the Employer by a letter, dated March 16, 2010, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore the Plan is qualified as tax-exempt.

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or assets) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and Franchise Tax Board of California. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, 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 it is no longer subject to income tax examinations for the years prior to 2012.

## 8. INVESTMENTS CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2015 and 2014, the Plan's investments were held by the trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the trustees as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for the Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

The investments at fair value at December 31, 2015 and 2014, as reported by the trustees is summarized as follows:

| | For the Years Indicated December 31, | |
|---|---|---|
| | *2015* | *2014* |
| Cash and Cash Equivalents | $ 86,367 | $ 31,950 |
| Money Market | 826,908 | 371,356 |
| Mutual Funds | 3,356,464 | 3,524,368 |
| Common Stocks | 1,184,420 | 667,092 |
| Total Investments at Fair Value | $ 5,454,159 | $ 4,594,766 |

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | For the Years Indicated December 31 | |
|---|---|---|
| | 2015 | 2014 |
| Net Assets Available for Benefits per Financial Statements | $ 5,602,624 | $ 4,668,393 |
| Less: Rounding | - | (1) |
| Net Asset Available for Benefits per Form 5500 | $ 5,602,624 | $ 4,668,392 |

## 10. SUBSQUENT EVENTS

The Employer has evaluated subsequent events through October 13, 2016, the date the financial statements were available to be issued.

Robbins Research International, Inc.
401(k) Plan

Supplemental Schedule
Schedule H, Line 4i-Schedule of Assets Held (At End of Year)
As of December 31, 2015
(Modified Cash Basis)

PIN: 001
EIN:33-0261517

| (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 of Acquisition | (e) Current Value |
|---|---|---|---|---|
| * | Cash | | ** | $ 86,367 |
| * | Lincoln - Citibank Money Market | Money Market | ** | 441,871 |
| * | Vanguard Prime Money Market Inv | Money Market | ** | 385,037 |
| * | DFA Commodity Strategy | Mutual Funds | ** | 30,543 |
| * | DFA Inflation Protected Securities I | Mutual Funds | ** | 78,208 |
| * | DFA Intermediate Govt Fixed Income I | Mutual Funds | ** | 63,708 |
| * | Vanguard 500 Index Adm | Mutual Funds | ** | 236,630 |
| * | Vanguard Emerging Mkts Stock Idx Adm | Mutual Funds | ** | 8,569 |
| * | Vanguard Growth Index Adm | Mutual Funds | ** | 100,334 |
| * | Vanguard Mid Cap Index Adm | Mutual Funds | ** | 72,989 |
| * | Vanguard REIT Index ETF | Mutual Funds | ** | 75,730 |
| * | Vanguard Short-Term Bond Index Admr | Mutual Funds | ** | 82 |
| * | Vanguard Small Cap Index Adm | Mutual Funds | ** | 72,199 |
| * | Vanguard Target Retirement 2015 Inv | Mutual Funds | ** | 366,384 |
| * | Vanguard Target Retirement 2020 Inv | Mutual Funds | ** | 530,288 |
| * | Vanguard Target Retirement 2025 Inv | Mutual Funds | ** | 279,987 |
| * | Vanguard Target Retirement 2030 Inv | Mutual Funds | ** | 184,898 |
| * | Vanguard Target Retirement 2035 Inv | Mutual Funds | ** | 224,123 |
| * | Vanguard Target Retirement 2040 Inv | Mutual Funds | ** | 292,121 |
| * | Vanguard Target Retirement 2045 Inv | Mutual Funds | ** | 256,703 |
| * | Vanguard Target Retirement 2050 Inv | Mutual Funds | ** | 161,349 |
| * | Vanguard Total Bond Market Index Adm | Mutual Funds | ** | 150,378 |
| * | Vanguard Total Intl Stock Index Adm | Mutual Funds | ** | 159,575 |
| * | Vanguard Total Stock Mkt ETF | Mutual Funds | ** | 9,988 |
| * | Vanguard Value Index Adm | Mutual Funds | ** | 1,678 |
| * | iShares 7-10 Year Treasury Bond ETF | Common Stocks | ** | 12,219 |
| * | iShares Comex Gold | Common Stocks | ** | 30,643 |
| * | iShares Core S&P 500 ETF | Common Stocks | ** | 55,897 |
| * | iShares Core S&P Small Cap ETF | Common Stocks | ** | 13,083 |
| * | iShares iBoxx $ Invest Grade Corp Bd | Common Stocks | ** | 5,750 |
| * | iShares S&P/Citi Intl Treasury Bond | Common Stocks | ** | 480 |
| * | iShares Barclays TIPS Bond TIP | Common Stocks | ** | 6,435 |
| * | iShares Trust S&P MidCap 400 Index | Common Stocks | ** | 23,846 |
| * | SPDR Barclays Cap High Yield Bond ETF | Common Stocks | ** | 80,928 |
| * | SPDR S&P 500 SPY | Common Stocks | ** | 95,822 |
| * | Vanguard FTSE All-World ex-US ETF | Common Stocks | ** | 93,290 |
| * | Vanguard FTSE Developed Markets ETF | Common Stocks | ** | 74,785 |
| * | Vanguard FTSE Emerging Markets ETF | Common Stocks | ** | 16,020 |
| * | Vanguard Intermediate Term Gov't Bond ETF | Common Stocks | ** | 85,162 |
| * | Vanguard Long-Term Govt Bond Indx ETF | Common Stocks | ** | 158,223 |
| * | Vanguard Mid Cap ETF | Common Stocks | ** | 66,819 |
| * | Vanguard REIT Index Adm | Common Stocks | ** | 62,482 |
| * | Vanguard Small Cap ETF | Common Stocks | ** | 76,930 |
| * | Vanguard Total Bond Market ETF | Common Stocks | ** | 4,897 |
| * | Vanguard Total Stock Mkt Idx Adm | Common Stocks | ** | 174,666 |
| * | Vanguard Value ETF | Common Stocks | ** | 46,043 |
| * | Notes Receivable from Participants | Interest rates 4.25% to 5.25% maturing through August 2028 | ** | 145,973 |
| | | | ** | $ 5,600,132 |

* Party-in-Interest

** Historical cost is not required as all assets are participant directed.

Robbins Research International, Inc.
401(k) Plan

Supplemental Schedule
Schedule H, Line 4i-Schedule of Assets Held (At End of Year)
As of December 31, 2015
(Modified Cash Basis)

PIN: 001
EIN:33-0261517

| (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 of Acquisition | (e) Current Value |
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| * | Cash | | ** | $ 86,367 |
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* Party-in-Interest

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