Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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;
- [X] 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
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/11/1984

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CRANE PLUMBING, L.L.C.

1 CENTENNIAL AVE
PISCATAWAY, NJ 08855

2b Employer Identification Number (EIN) 36-3721652

2c Sponsor's telephone number 732-980-3165

2d Business code (see instructions) 332900

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.	10/15/2010	THERESA ARENA
	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")
AS AMERICA INC.

1 CENTENNIAL AVE
PISCATAWAY, NJ 08855

3b Administrator's EIN
26-0887443

3c Administrator's telephone number
732-980-3165

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**	898
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
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:
1A 1G 1I 3H

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)
36-3721652

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	430262		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2009

This Form is Open to Public Inspection

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

▶ **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
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)
36-3721652

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 01 Day 01 Year 2009

2	Assets:			
a	Market value		**2a**	11950141
b	Actuarial value		**2b**	13145155
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	325	10226860
b	For terminated vested participants	**3b**	498	4999910
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		28496
	(2) Vested benefits	**3c(2)**		1394583
	(3) Total active	**3c(3)**	75	1423079
d	Total	**3d**	898	16649849
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**	8.13 %
6	Target normal cost		**6**	15247

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

Signature of actuary	10/05/2010 Date
ROBERT EAKER Type or print name of actuary	08-03973 Most recent enrollment number
HEWITT ASSOCIATES LLC Firm name	203-852-1100 Telephone number (including area code)
45 GLOVER AVENUE NORWALK, CT 06850-1203 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 -32.88 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.30 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding percentages

14	Funding target attainment percentage	14	78.95 %
15	Adjusted funding target attainment percentage	15	78.95 %
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	91.42 %
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
04/15/2009	72875				
07/09/2009	72875				
10/13/2009	72875				
01/13/2010	72875				
09/14/2010	450557				
			Totals ► 18(b)	742057	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	671489

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: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] 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**		15247
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3504694	656158
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**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		671405

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

36 Additional cash requirement (item 34 minus item 35)	**36**	671405
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	671489
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan	B Three-digit plan number (PN) ▶	
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CRANE PLUMBING, L.L.C.	36-3721652	

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	NONE	15628	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PRINCIPAL FINANCIAL ADVISORS INC

52-1523364

(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?
27 49 50	NONE	6830	Yes [ ] No [X]	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 ☐

(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: HOWARD FREIDIN	**b** EIN: 13-1939741	
c Position: ACTUARY		
d Address: 111 SOUTH WACKER DR CHICAGO, IL 60606-4301	**e** Telephone: 312-486-2778	

Explanation: DECISION TO OUTSOURCE PENSION PLAN TO HEWITT PROMPTED ASA TO ALSO ENGAGE HEWITT'S ACTUARIAL SERVICE FOR EASE OF ADMINISTRATION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)
36-3721652

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: PRINCIPAL INTL EM MKT SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-013	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LG CO GRWTH SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-018	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BOND AND MTG SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-005	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR INTERNATIONAL SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-048	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL INTL GROWTH SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-064	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR LG-CAP GR I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-066	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR LG-CAP VALUE SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PREFERRED SEC SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-087	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR SM-CAP CAL I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR LG-CAP VAL I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-098	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL HIGH YIELD SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-101	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROT SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR SM-CP GR II SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-071	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL REAL EST SEC SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR LG-CAP BLD I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MID-CAP VALUE III SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-022	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MID-CAP GROWTH III SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-115	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LG-CAP S&P500 SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SM-CAP VALUE II SEPARATE ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PR INTERNAT'L VALUE I SAP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-116	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)
36-3721652

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)	335811	0
(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)		
(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)	11628216	0
(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)		
(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	11964027	0
	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	11964027	0

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)	742246	
	(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)		742246
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		2361780
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3104026
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1238121	
(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)		1238121
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)	15628	
(3) Investment advisory and management fees	2i(3)	6830	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		22458
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1260579
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1843447
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		13807474

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: CROWE HORWATH LLP (2) EIN: 35-0921680

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		2000000
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			
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			

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 ... [X] **Yes** [ ] **No** **Amount:** 0

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)
AS AMERICA INC PENSION PLAN	26-0887443	002

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CRANE PLUMBING, L.L.C. NON-BARGAINING EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)
36-3721652

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** 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):

CRANE PLUMBING L.L.C. NON-BARGAINING EMPLOYEES RETIREMENT PLAN

Rosemont, Illinois

FINANCIAL STATEMENTS

December 31, 2009 and 2008

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
Rosemont, Illinois

FINANCIAL STATEMENTS
December 31, 2009 and 2008

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Crowe Horwath LLP
Independent Member Crowe Horwath International

REPORT OF INDEPENDENT AUDITORS

To the Trustees of the
Crane Plumbing L.L.C. Non-Bargaining
Employees Retirement Plan
Rosemont, Illinois

We were engaged to audit the statements of net assets available for benefits of Crane Plumbing L.L.C. Non-Bargaining Employees Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2008 and 2007, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2008 and the 2009 supplemental schedules, as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United 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.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 15, 2009

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at estimated fair value (Note 3)		
Pooled separate accounts	$ 13,284,159	$ 11,628,216
Total investments	13,284,159	11,628,216
Receivables		
Employer contributions	523,601	335,811
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,807,760	$ 11,964,027

See accompanying notes to financial statements.

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment income/(loss) (Note 3)		
Net appreciation/(depreciation) in fair value of investments	$ 2,362,088	$ (5,930,389)
Interest	-	4,536
Employer contributions	742,226	335,811
	3,104,314	(5,590,042)
Deductions from net assets attributed to:		
Benefits paid directly to participants	1,238,121	1,207,583
Administrative expenses	22,460	53,841
	1,260,581	1,261,424
Net increase/(decrease)	1,843,733	(6,851,466)
Net assets available for benefits		
Beginning of year	11,964,027	18,815,493
End of year	$ 13,807,760	$ 11,964,027

See accompanying notes to financial statements.

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2008 and 2007

	2008	2007
Accumulated plan benefits		
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 11,563,016	$ 11,228,927
Other participants	8,247,613	8,811,128
Total vested benefits	19,810,629	20,040,055
Nonvested benefits	36,915	88,875
Total actuarial present value of accumulated plan benefits	$ 19,847,544	$ 20,128,930

See accompanying notes to financial statements.

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2008

Actuarial present value of accumulated plan benefits	
Beginning of year,	$ 20,128,930
Increase (decrease) during the year attributable to	
Benefits paid	(1,207,583)
Increase for interest due to decrease in the discount period	1,269,752
Net actuarial gain/(loss)	(387,529)
Changes in actuarial mortality assumptions	43,974
Actuarial present value of accumulated plan benefits	
End of year	$ 19,847,544

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Crane Plumbing L.L.C. Non-Bargaining Employees Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan, established in 1985, is a defined benefit pension plan covering all non-bargaining employees at Crane Plumbing L.L.C. ("the Company" or "the Employer"). The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). Principal Life Insurance Company ("Principal") serves as custodian of the Plan's assets.

Eligibility: All non-bargaining employees are eligible to participate in the Plan if they are not actively participating in any other qualified defined benefit plan maintained by the Employer, have completed one year of service as defined by the Plan, and have attained age 21. Effective May 31, 2004, the Plan's benefits were frozen and there are to be no new entrants to the Plan and no more benefits will accrue.

Pension Benefits: Upon normal retirement at age 65, participants are entitled to receive a monthly benefit equal to the following formula: The sum of (1) participants' monthly accrued benefit determined under the terms of the Plan on December 31, 1988 and (2) for each plan year beginning on or after January 1, 1989, an amount equal to one and one quarter of one percent (1.25%) of his or her average monthly compensation for such plan year.

Benefits Payments: A participant may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment under the Plan's group annuity contract, which are as follows:

- A straight-life annuity for the lifetime of the participant without death benefits.
- A life annuity with a period certain (5, 10, or 15 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary.
- A survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66 2/3%, or 100% of such annuity for the lifetime of the named beneficiary.

Death Benefits: If a vested participant dies before pension benefits have commenced, the participant's beneficiary shall receive a percentage of the monthly retirement benefit which would have been received if the participant had retired on the day coinciding with the date of his or her death with a qualified joint survivor pension.

Early Retirement: A participant who was attained the age of 55 and completed five years of service or a participant who has attained the age of 50, and if the sum of the participant's age and years of service equals or exceeds 65, the participant can elect to receive early retirement benefits. The amount of early retirement benefit is determined using the participant's accrued benefit at the normal retirement date reduced by 7% per year for the first five years, and 6% per year for each additional year the early retirement date precedes the participant's normal retirement date.

A participant who is not covered under a collective bargaining agreement or who was laid off in connection with the shutdown of the Plainview and Alliance plants and who reaches his early retirement date (as explained above) is eligible to receive his or her accrued benefit reduced by 3% for each year by which his or her early retirement date precedes his or her normal retirement.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Vesting: Participants are fully vested after five years of continuous service. Participants who attain the age of 65 or meet the requirements for early retirement become fully vested as well. Vesting service is determined on an elapsed time basis.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: All investments are reported at estimated fair value as determined by the custodian. Purchases and sales are recorded on a trade-date basis. Interest income is recorded as earned on an accrual basis.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

> Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Pooled separate accounts: The fair values of participation units held in pooled separate accounts are based on their net asset values, as reported by the managers of the pooled separate accounts and as supported by the unit prices of actual purchase and sale transactions occurring as of, or close to, the financial statement date (level 2 inputs). With the exception of the Principal U.S. Property Separate Account (Property Account), each of the pooled separate accounts invests in stocks, fixed securities and mutual funds. With the exception of the Property Account, each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the fund's net asset value per share or per unit, as applicable. Due to illiquidity of the underlying assets of the Property Account, which consist primarily of commercial real estate, Principal Financial Group (Principal) has imposed a freeze upon all withdrawals from the Property Account other

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

than distributions upon death and disability. The duration of the blackout period for such withdrawals is uncertain; however, Principal has reported that the backlog of withdrawal requests will eventually be processed, as funds become available, in accordance with the order in which the requests have been received. While the fair value of the Plan's interest in the Property Account has been determined based upon the net asset value of the Property Account, this fair value measurement is reported as including Level 3 inputs because of the nature of the redemption restrictions.

Unallocated investment contract: The fair value of the Plan's investment contract reflected in the Level 3 reconciliation was valued using a cash-out factor based on an associated pool of general account assets.

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.

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2009 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Pooled separate accounts			
Fixed Income	$ -	$ 2,959,680	$ -
International	-	2,298,632	-
Large Cap	-	5,971,497	-
Mid Cap	-	564,719	-
Small Cap	-	551,081	-
Real Estate	-	359,468	579,082

	Fair Value Measurements at December 31, 2008 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Pooled separate accounts	$ -	$ 10,781,802	$ 846,414

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The tables below present a reconciliation of Plan investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended December 31, 2009 and 2008, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Investment Contracts and Pooled Separate Accounts
Beginning balance, January 1, 2009	$ 846,414
Total realized and unrealized gains or losses Included in change in net assets available for benefits:	
Interest and dividend income	-
Net realized and unrealized appreciation (depreciation)	(267,332)
Purchases, sales, issuances and settlements (net)	-
Transfers in and/or out of Level 3	-
Ending balance, December 31, 2009	$ 579,082

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Investment Contracts and Pooled Separate Accounts
Beginning balance, January 1, 2008	$ 444,838
Total realized and unrealized gains or losses Included in change in net assets available for benefits:	
Interest and dividend income	4,536
Net realized and unrealized appreciation (depreciation)	(116,701)
Purchases, sales, issuances and settlements (net)	(352,233)
Transfers in and/or out of Level 3	865,974
Ending balance, December 31, 2008	$ 846,414

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which an amendment is approved, with the exception of plan mergers which are recorded as of the effective merger dates.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits as December 31, 2008 and 2007 are as follows:

A. Assumed settlement interest rate: 6.5% for 2008 and 2007
B. Average assumed retirement age: Inactive participants – 65
Active participants – see table below

Current Age:	% Expected to Retire:
55	5%
56-59	3%
60	5%
61	3%
62	7%
63-64	3%
65	100%

C. Mortality: 2009 and 2008 Static Mortality Table for Annuitants and Non-Annuitants

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

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2009 has not yet been completed.

Contributions and Funding Policy: The Company's funding policy is to make quarterly contributions to the Plan to meet minimum funding requirements, as determined by the Plan's independent actuary. The Company's contributions to the Plan for the years ended December 31, 2009 and 2008 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

Administrative Expenses: Plan fees are paid by the Plan to Principal for custodial and recordkeeping services. Expenses incurred for other services, such as lawyers, actuaries, and accountants, and premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") are paid by the Company, which can elect to have such expenses paid by the Plan. The Company elected to have the Plan pay PBGC in the amounts of $0 and $38,594 in 2009 and 2008, respectively.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates: The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date; the changes in net assets available for benefits and actuarial present value of accumulated plan benefits during the reporting period; and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. The actuarial present value of accumulated plan benefits and the fair values of certain pooled separate accounts are particularly subject to change in the near term.

Risks and Uncertainties: Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term, and due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the financial statements.

The Plan provides for investment in various securities that are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities, and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably 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 statement of net assets available for benefits.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION

The plan administrator has elected the method of compliance 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.

Principal Life Insurance Company, which holds investment assets and executes investment transactions therein, is responsible for the maintenance of all accounting records and the preparation of reports of activity relative to the Plan's investment assets. They have certified to the plan administrator the completeness and accuracy of substantially all investment information set forth in the financial statements. This information has not been audited by independent accountants.

(Continued)

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION (Continued)

The following table presents the fair value of investments, as well as individual investments greater than 5% of net assets held by the Plan, at December 31, 2009 and 2008:

Description	2009	2008
Pooled Separate account, at estimated fair value –		
Principal Life Insurance Company:		
Principal Large-Cap Blend I Separate Account	$ -*	$ 1,106,969
Principal Large-Cap Value I Separate Account	1,566,757	1,236,341
Principal Large-Cap Value III Separate Account	843,388	650,229
Principal Large-Cap S&P 500 Separate Account	1,083,404	-*
Principal Large-Cap Growth Separate Account	1,225,719	926,138
Principal Large-Cap Growth I Separate Account	1,252,229	949,216
Principal International Separate Account	689,621*	877,722
Principal International Growth Separate Account	696,828	868,570
Principal Core Plus Bond I	1,140,937	202,538*
Principal Bond and Mortgage Separate Account	843,906	1,419,397
Principal U.S. Property Separate Account	579,082*	846,414
Other Pooled Separate Accounts	3,362,288	2,544,682
Total Investments	$ 13,284,159	$ 11,628,216

* Amount is less than 5% of the plan's net assets. This is shown for comparative purposes only.

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in value as follows:

	For the year ended December 31, 2009	2008
Guaranteed Investment Contract	$ -	$ 11,417
Pooled Separate Account	2,362,088	(5,941,806)
Net appreciation	$ 2,362,088	$ (5,930,389)

During the years ended December 31, 2009 and 2008, the Plan's investments earned interest income of $0 and $4,536, respectively.

NOTE 4 - TAX STATUS

The Internal Revenue Service has determined and informed the Company, by a letter dated July 13, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes that the Plan is currently designed and is being operated in compliance with applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan continues to qualify and that the related trust is tax-exempt.

(Continued)

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. All of the Plan's investments are issued by Principal Life Insurance Company, the custodian of the Plan. Accordingly, these investments qualify as party-in-interest investments.

Fees paid by the Plan for investment management and recordkeeping services amounted to $22,460 and $15,247 for the year ended December 31, 2009 and 2008, respectively, which qualifies as a party-in-interest transaction.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 7 - RESTRICTIONS ON AN INVESTMENT

Principal Financial Group has announced that effective September 26, 2008 it has placed contractual limits on participant withdrawals from its U.S. Property Separate Account (Separate Account), managed by Principal Real Estate Investors, LLC, due to liquidity constraints of the Separate Account which invests primarily in commercial real estate. Outstanding withdrawal requests will be paid proportionately with other pending requests as sufficient cash becomes distributable, as determined by Principal Life Insurance Company. Payments will be based upon the unit value as of the date of the distribution. Regular processing of all withdrawal transactions will resume once the Principal U.S. Property Separate Account has adequate liquidity and all withdrawal requests that had been subject to the limitation have been satisfied. Death and disability benefits are not affected by this limitation and will be processed as usual. In addition, transfers and contributions into this Separate Account are being accepted as usual. The Plan holds approximately $579,082 and $846,414 in the U.S. Property Separate Account as of December 31, 2009 and 2008, respectively.

(Continued)

NOTE 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 15, 2010, which is the date the financial statements were available to be issued.

Effective January 1, 2010, the Plan was merged into the AS America, Inc. Hourly Pension Plan. All plan assets have been transferred as a result of the merger.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2009
Net assets available for plan benefits per the financial statements	$ 13,807,760
Plan transfer to AS America, Inc. Hourly Pension Plan	(13,807,760)
Net assets available for plan benefits per Form 5500	$ -

The following is a reconciliation of the net increase in assets available for plan benefits for the year ended December 31, 2009 per the financial statements to the Form 5500:

Net increase in assets available for plan benefits per the financial statements	$ 1,843,733
Plan transfer to AS America, Inc. Hourly Pension Plan	(13,807,760)
Net income per the Form 5500	$ (11,964,027)

SUPPLEMENTAL SCHEDULES

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4i – SCHEDULE OF ASSETS HELD
December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Pooled Separate Accounts:		
*	The Principal Life Insurance Company	Real Estate Securities Separate Account	$ 223,259	$ 359,468
*	The Principal Life Insurance Company	International Emerging Markets Separate Account	240,992	245,658
*	The Principal Life Insurance Company	International Growth Separate Account	928,975	696,828
*	The Principal Life Insurance Company	Bond and Mortgage Separate Account	784,775	843,906
*	The Principal Life Insurance Company	Core Plus Bond I Separate Account	1,058,973	1,140,937
*	The Principal Life Insurance Company	Inflation Protection Separate Account	530,087	492,389
*	The Principal Life Insurance Company	US Property Separate Account	936,091	579,082
*	The Principal Life Insurance Company	Mid-Cap Value III Separate Account	279,011	282,146
*	The Principal Life Insurance Company	Mid-Cap Growth III Separate Account	279,546	282,573
*	The Principal Life Insurance Company	Large-Cap Value III Separate Account	957,313	843,388
*	The Principal Life Insurance Company	Large-Cap Value I Separate Account	1,703,417	1,566,757
*	The Principal Life Insurance Company	Large-Cap Growth Separate Account	1,343,227	1,225,719
*	The Principal Life Insurance Company	Large-Cap Growth I Separate Account	1,135,197	1,252,229

(Continued)

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4i – SCHEDULE OF ASSETS HELD
December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	The Principal Life Insurance Company	Large-Cap S&P 500 Separate Account	$ 1,025,784	$ 1,083,404
*	The Principal Life Insurance Company	Small-Cap Value II Separate Account	266,777	272,596
*	The Principal Life Insurance Company	Small-Cap Growth II Separate Account	293,535	278,485
*	The Principal Life Insurance Company	International I Separate Account	872,180	689,621
*	The Principal Life Insurance Company	High Yield I Separate Account	400,748	482,448
*	The Principal Life Insurance Company	Preferred Internt'l Value I Separate Account	454,062	666,525
				$ 13,284,159

* Denotes a party-in-interest.

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Principal Life Insurance Company	Principal Core Plus Bond I Separate Account (9 transactions)	$ 862,287	$ -	$ -	$ -	$ 862,287	$ 862,287	$ -
Principal Life Insurance Company	Principal Core Plus Bond I Separate Account (4 transactions)	-	2,576	-	-	2,443	2,576	133
Principal Life Insurance Company	Principal Bond and Mortgage Separate Account (15 transactions)	849,362	-	-	-	849,362	849,362	-
Principal Life Insurance Company	Principal Bond and Mortgage Separate Account (52 transactions)	-	1,582,268	-	-	1,665,797	1,582,268	(83,529)
Principal Lif Insurance Company	Principal Large-Cap Blend I Separate Account (5 transactions)	47,677	-	-	-	47,677	47,677	-
Principal Life Insurance Company	Principal Large-Cap Blend I Separate Account (2 transactions)	-	1,332,416	-	-	1,625,931	1,332,416	(293,515)
Principal Life Insurance Company	Principal Large-Cap S&P 500 Separate Account (2 transactions)	1,025,806	-	-	-	1,025,806	1,025,806	-
Principal Life Insurance Company	Principal Large-Cap S&P 500 Separate Account (1 transaction)	-	23	-	-	22	23	1
Principal Life Insurance Company	Principal International Value I Separate Account (6 transactions)	533,380	-	-	-	533,380	533,380	-
Principal life Insurance Company	Principal Interntl Value I Separate Account (3 transaction)	-	106,115	-	-	79,318	106,115	26,797

Schedule SB Attachment (Form 5500)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 15, 2009	$72,875	8.13%	$71,270
July 9, 2009	$72,875	8.13%	$69,984
October 13, 2009	$72,875	8.13%	$68,560
January 13, 2010	$72,875	8.13%	$67,223
September 14, 2010	$450,557	8.13%	$394,452
Total Contribution	$742,057		$671,489

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

2009

This Form is Open to Public Inspection

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

▶ **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

CRANE PLUMBING, L.L.C. NON-BARGAINING EES' RET PLAN

B Three-digit plan number (PN) ▶ 002

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

CRANE PLUMBING, L.L.C.

D Employer Identification Number (EIN)

36-3721652

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 1 Day 1 Year 2009

2 Assets:

a	Market value	**2a**	11,950,141
b	Actuarial value	**2b**	13,145,155

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	325	10,226,860
b	For terminated vested participants	**3b**	498	4,999,910
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		28,496
	(2) Vested benefits	**3c(2)**		1,394,583
	(3) Total active	**3c(3)**	75	1,423,079
d	Total	**3d**	898	16,649,849

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**	8.13 %
6	Target normal cost	**6**	15,247

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 Robert C Baker Jr

Signature of actuary

10/05/2010

Date

ROBERT EAKER

Type or print name of actuary

08-03973

Most recent enrollment number

HEWITT ASSOCIATES LLC

Firm name

(203)852-1100

Telephone number (including area code)

45 GLOVER AVENUE

NORWALK CT 06850-1203

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 (32.88)%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.30 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding percentages

14	Funding target attainment percentage	14	78.95 %
15	Adjusted funding target attainment percentage	15	78.95 %
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	91.42 %
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
04/15/2009	72,875				
07/09/2009	72,875				
10/13/2009	72,875				
01/13/2010	72,875				
09/14/2010	450,557				
			Totals ► 18(b)	742,057	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	671,489

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: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] 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**		15,247
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3,504,694	656,158
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**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**		671,405

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

36 Additional cash requirement (item 34 minus item 35)	**36**	671,405
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	671,489
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
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)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the portion of each life that has not retired at each age according to the following table, using age 55 to first enter the table and assuming no decrements other than retirement for this calculation.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.0%	1.000000	2.75
56	3.0%	0.950000	1.60
57	3.0%	0.921520	1.58
58	3.0%	0.893851	1.56
59	3.0%	0.867062	1.54
60	5.0%	0.841033	2.52
61	3.0%	0.798962	1.46
62	7.0%	0.775000	3.36
63	3.0%	0.720741	1.36
64	3.0%	0.699115	1.34
65	100.0%	0.678160	44.08
		Weighted Average	63.15
		Rounded to Age	63

Schedule SB Attachment (Form 5500)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
Retirement Age	
Terminated Vested Participants	Age 65.
Active Participants	Assumed by age. See Table 1.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	Sarason's T7 Withdrawal Table. See Table 2 for sample rates.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 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 year, 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).
Trustee Expenses Included in Target Normal Cost	$15,247 (Estimated 2009 expenses are equal to the actual administrative expenses paid in 2008).
Expected Return on Assets 2008 Plan Year	6.43%
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	5%
56-59	3%
60	5%
61	3%
62	7%
63-64	3%
65	100%

Table 2
Termination Rates

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Schedule SB, Part V—Summary of Plan Provisions

Participation	January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 5 years of service. If the sum of age and service is greater than or equal to 65, age 50 with 5 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility
Vested	Five years of service. No service prior to age 18 is recognized for this purpose.
Disability	Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.
Amount of Benefits	
Normal	Payable as a single life annuity equal to the sum of (a) and (b) below: (a) the participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988; (b) 1.25% of the employee's average monthly compensation for each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004; The participant will accrue no additional benefit beginning June 1, 2004.
Early	Equal to the accrued benefit at normal retirement reduced by 7% for each of the first 5 years and 6% for each additional year that the participant's early retirement date precedes his/her normal retirement date.

Amount of Benefits (continued)

Postponed	Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Death	50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date. Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.
Normal Form of Payment	(a) Unmarried participants – single life annuity (b) Married participants – joint and 50% survivor annuity actuarially equivalent to single life annuity (c) Lumps sums less than $1,000 are paid automatically to participants. Lumps sums greater than $1,000 are not payable.

Changes in Plan Provisions since Prior Year

- An increase in the annual pay limit under IRC Section 401(a)(17) from $230,000 in 2008 to $245,000 in 2009.

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

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by American Standard Brands. Asset information and the dates and amounts of contributions are based on information supplied by American Standard Brands.

The funding valuation mortality assumption changed from the 2008 Static Mortality for Annuitants and Non-Annuitants Annuitants Per §1.430(h)(3)-1(e) to the 2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

The target liability was calculated using the full yield curve based on corporate bond rates for October 2008. As such, “2” was entered on line 21b as the applicable lookback month.

The enrolled actuary changed from Howard Freidin at Deloitte Consulting LLP to Robert Eaker at Hewiit Associates LLC.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following changes:

- A change in the asset valuation method from a Market Value method to the 2-point, 1-year smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from the full yield curve with no lookback (December 2007 yield curve) to the full yield curve with a two month lookback (October 2008 yield curve).
- The Target Normal Cost is loaded by the prior year's administrative expenses.

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

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

Schedule SB Attachment (Form 5500)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

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			3							
30-34			4	1						
35-39			4	3	3					
40-44			2	2	3		1			
45-49			3	3	4		2			
50-54				2	1		4	2		
55-59			2	1	4	1	1	1	6	
60-64			2		3			1		
65-69				1	1			1		1
70+					1				1	

N-75

Schedule SB Attachment (Form 5500)—2009 Plan Year
Crane Plumbing, L.L.C. Non-Bargaining Employees Retirement Plan
EIN: 36-3721652 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Remaining Years	Amortization Amount
Shortfall	$ 2,047,523	January 1, 2009	7	$ 364,659
Shortfall	$ 1,457,171	January 1, 2008	6	$ 291,499

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4i – SCHEDULE OF ASSETS HELD
December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Pooled Separate Accounts:		
*	The Principal Life Insurance Company	Real Estate Securities Separate Account	$ 223,259	$ 359,468
*	The Principal Life Insurance Company	International Emerging Markets Separate Account	240,992	245,658
*	The Principal Life Insurance Company	International Growth Separate Account	928,975	696,828
*	The Principal Life Insurance Company	Bond and Mortgage Separate Account	784,775	843,906
*	The Principal Life Insurance Company	Core Plus Bond I Separate Account	1,058,973	1,140,937
*	The Principal Life Insurance Company	Inflation Protection Separate Account	530,087	492,389
*	The Principal Life Insurance Company	US Property Separate Account	936,091	579,082
*	The Principal Life Insurance Company	Mid-Cap Value III Separate Account	279,011	282,146
*	The Principal Life Insurance Company	Mid-Cap Growth III Separate Account	279,546	282,573
*	The Principal Life Insurance Company	Large-Cap Value III Separate Account	957,313	843,388
*	The Principal Life Insurance Company	Large-Cap Value I Separate Account	1,703,417	1,566,757
*	The Principal Life Insurance Company	Large-Cap Growth Separate Account	1,343,227	1,225,719
*	The Principal Life Insurance Company	Large-Cap Growth I Separate Account	1,135,197	1,252,229

(Continued)

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4i – SCHEDULE OF ASSETS HELD
December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	The Principal Life Insurance Company	Large-Cap S&P 500 Separate Account	$ 1,025,784	$ 1,083,404
*	The Principal Life Insurance Company	Small-Cap Value II Separate Account	266,777	272,596
*	The Principal Life Insurance Company	Small-Cap Growth II Separate Account	293,535	278,485
*	The Principal Life Insurance Company	International I Separate Account	872,180	689,621
*	The Principal Life Insurance Company	High Yield I Separate Account	400,748	482,448
*	The Principal Life Insurance Company	Preferred Internt'l Value I Separate Account	454,062	666,525
				$ 13,284,159

* Denotes a party-in-interest.

CRANE PLUMBING L.L.C. NON-BARGAINING
EMPLOYEES RETIREMENT PLAN
SCHEDULE, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2009

Name of Plan Sponsor: Crane Plumbing L.L.C.
Employer Identification Number: 36-3721652
Three Digit Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Principal Life Insurance Company	Principal Core Plus Bond I Separate Account (9 transactions)	$ 862,287	$ -	$ -	$ -	$ 862,287	$ 862,287	$ -
Principal Life Insurance Company	Principal Core Plus Bond I Separate Account (4 transactions)	-	2,576	-	-	2,443	2,576	133
Principal Life Insurance Company	Principal Bond and Mortgage Separate Account (15 transactions)	849,362	-	-	-	849,362	849,362	-
Principal Life Insurance Company	Principal Bond and Mortgage Separate Account (52 transactions)	-	1,582,268	-	-	1,665,797	1,582,268	(83,529)
Principal Lif Insurance Company	Principal Large-Cap Blend I Separate Account (5 transactions)	47,677	-	-	-	47,677	47,677	-
Principal Life Insurance Company	Principal Large-Cap Blend I Separate Account (2 transactions)	-	1,332,416	-	-	1,625,931	1,332,416	(293,515)
Principal Life Insurance Company	Principal Large-Cap S&P 500 Separate Account (2 transactions)	1,025,806	-	-	-	1,025,806	1,025,806	-
Principal Life Insurance Company	Principal Large-Cap S&P 500 Separate Account (1 transaction)	-	23	-	-	22	23	1
Principal Life Insurance Company	Principal International Value I Separate Account (6 transactions)	533,380	-	-	-	533,380	533,380	-
Principal life Insurance Company	Principal Interntl Value I Separate Account (3 transaction)	-	106,115	-	-	79,318	106,115	26,797