

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☒ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CRANE GROUP RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/30/1966
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE CRANE GROUP COMPANIES LIMITED 330 W. SPRING ST., SUITE 200 COLUMBUS, OH 43215
2b	Employer Identification Number (EIN) 31-1411069
2c	Sponsor's telephone number 614-754-3000
2d	Business code (see instructions) 326100

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.	09/28/2011	JIM WINNEGRAD
	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") THE CRANE GROUP COMPANIES LIMITED 330 W. SPRING ST., SUITE 200 COLUMBUS, OH 43215	3b Administrator's EIN 31-1411069 3c Administrator's telephone number 614-754-3000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	814
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	380
b Retired or separated participants receiving benefits.....	6b	26
c Other retired or separated participants entitled to future benefits.....	6c	348
d Subtotal. Add lines 6a , 6b , and 6c	6d	754
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	767
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	29

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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 <u>CRANE GROUP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE CRANE GROUP COMPANIES LIMITED</u>	D Employer Identification Number (EIN) <u>31-1411069</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>13215490</u>
b	Actuarial value 2b <u>14537039</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>37</u> <u>2851880</u>
b	For terminated vested participants 3b <u>341</u> <u>4557622</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>309323</u>
(2)	Vested benefits 3c(2) <u>7944740</u>
(3)	Total active 3c(3) <u>436</u> <u>8254063</u>
d	Total 3d <u>814</u> <u>15663565</u>
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 <u>7.49</u> %
6	Target normal cost 6 <u>333511</u>

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	<u>03/18/2011</u>
Signature of actuary	Date
<u>JASON C. WELLS</u>	<u>08-07067</u>
Type or print name of actuary	Most recent enrollment number
<u>AON HEWITT</u>	<u>614-436-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON</u> <u>COLUMBUS, OH 43235</u>	
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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 <u>17.21</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		970834
b Interest on (a) using prior year's effective rate of <u>6.74</u> %		65434
c Total available at beginning of current plan year to add to prefunding balance		1036268
d Portion of (c) to be added to prefunding balance.....		1036268
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	1036268

Part III Funding percentages		
14 Funding target attainment percentage.....	14	86.19 %
15 Adjusted funding target attainment percentage.....	15	86.19 %
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	102.06 %
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
10/15/2009	232072				
			Totals ►	18(b)	232072
				18(c)	

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 227255
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	333511
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2162794	371165
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	704676
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	477421
36 Additional cash requirement (item 34 minus item 35).....	36	227255
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	227255
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan CRANE GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRANE GROUP COMPANIES LIMITED	D Employer Identification Number (EIN) 31-1411069

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING

445 HUTCHINSON AVENUE, SUITE 990
COLUMBUS, OH 43235

23-2293237

(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?
11	ACTUARIAL	37676	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

HIGHLAND CONSULTING

2488 CLUBHOUSE CIRCLE
POWELL, OH 43065

34-1753575

(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?
21	INVESTMENT MANAGER	21432	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE
CINCINNATI, OH 45263

31-1051736

(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?
18	CUSTODIAN	20566	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

DIAMOND HILL - MGMT FEES

325 JOHN H. MCCONNELL BLVD
SUITE 20
COLUMBUS, OH 43215

31-1019984

(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?
28	INVESTMENT MANAGER	18865	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan CRANE GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRANE GROUP COMPANIES LIMITED	D Employer Identification Number (EIN) 31-1411069	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	14379	384
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	253427	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	5867	3721
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	301897	240636
(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)	17956928	13571802
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	319981	277333

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	18852479	14093876

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5636404	14034
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5636404	14034

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13216075	14079842
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	232072	
(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)		232072

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)	112694	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		112694

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	173923	
(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)		173923

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10482737	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10462726	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		20011

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2012908	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2012908
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2551608

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1589302	
(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)		1589302
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	98539	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		98539
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1687841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		863767
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCCURDY & ASSOCIATES INC.

(2) EIN: 31-1401234

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		277333
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>CRANE GROUP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CRANE GROUP COMPANIES LIMITED</u>	D Employer Identification Number (EIN) <u>31-1411069</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1051736</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>14</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

CRANE GROUP RETIREMENT PLAN
FINANCIAL STATEMENTS FOR THE YEARS ENDED
JUNE 30, 2010 AND 2009 AND SUPPLEMENTAL
SCHEDULES FOR THE YEAR ENDED JUNE 30, 2010 AND
INDEPENDENT AUDITORS' REPORT

CRANE GROUP RETIREMENT PLAN

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June 30, 2010 and 2009

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

McCURDY & ASSOCIATES, INC.
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Members of
The Crane Group Companies Limited

We were engaged to audit the accompanying statements of net assets available for benefits of the Crane Group Retirement Plan (the Plan) as of June 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended June 30, 2010. 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 5, which was certified by Wilmington Trust Company and Fifth Third Bank, the trustees of the Plan during the year ended June 30, 2010 and by Wilmington Trust, the trustee of the Plan during the year ended June 30, 2009, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustees as of June 30, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustees 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 trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McCurdy & Associates, Inc.

Columbus, Ohio
April 8, 2011

CRANE GROUP RETIREMENT PLAN
Statements of Net Assets Available for Benefits
As of June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Investments - at fair value:		
Money market funds	\$ 240,636	\$ 301,897
Common stocks	1,440,011	1,686,100
Mutual funds	12,131,791	16,270,828
Real estate fund	<u>277,333</u>	<u>319,981</u>
Total investments at fair value	14,089,771	18,578,806
 Cash	 384	 14,379
Accrued interest receivable	3,721	5,867
Contributions receivable - Plan Sponsors	<u>-</u>	<u>253,427</u>
 Total assets	 <u>14,093,876</u>	 <u>18,852,479</u>
<u>LIABILITIES</u>		
Amount payable to Engineered Profiles LLC		
Retirement Plan	-	5,630,086
Accounts payable	<u>14,034</u>	<u>6,318</u>
Total Liabilities	<u>14,034</u>	<u>5,636,404</u>
 Net assets available for benefits	 <u>\$ 14,079,842</u>	 <u>\$ 13,216,075</u>

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with these statements.

CRANE GROUP RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Dividend and interest income	\$ 286,617	\$ 749,925
Contributions from Plan Sponsors	232,072	1,014,238
Net appreciation (depreciation) in fair value of investments:		
Common stocks	301,856	(1,204,179)
Mutual funds	1,773,711	(3,334,779)
Real estate fund	(42,648)	(155,606)
Total additions to net assets	<u>2,551,608</u>	<u>(2,930,401)</u>
DEDUCTIONS:		
Benefit payments	1,589,302	2,193,589
Investment expenses	98,539	81,886
Total deductions from net assets	<u>1,687,841</u>	<u>2,275,475</u>
NET INCREASE (DECREASE) IN NET ASSETS BEFORE TRANSFER TO ENGINEERED PROFILES LLC RETIREMENT PLAN	863,767	(5,205,876)
Less: Transfer of Plan assets due to spin-off to Engineered Profiles LLC Retirement Plan	<u>-</u>	<u>(5,630,086)</u>
NET (INCREASE) DECREASE IN NET ASSETS	863,767	(10,835,962)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>13,216,075</u>	<u>24,052,037</u>
NET ASSETS AVAILABLE FOR BENEFITS		
End of year	<u><u>\$ 14,079,842</u></u>	<u><u>\$ 13,216,075</u></u>

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with these statements.

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2010 and 2009

1. PLAN DESCRIPTION

The following brief description of the Crane Group Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General—The Plan is a defined benefit pension plan covering certain full-time employees of The Crane Group Companies Limited and participating employers, as defined in the Plan agreement (the "Plan Sponsors"). Substantially all investment expenses incurred by the Plan are paid by the Plan. The plan sponsor pays premiums to the Pension Benefit Guarantee Corporation (PBGC), legal and audit fees and provides administrative and accounting services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Tax Status—The Plan obtained its latest determination letter dated January 9, 2002, in which the Internal Revenue Service stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been included in the Plan's financial statements. The plan administrator intends to operate the Plan in a manner which will not jeopardize this tax status.

Pension Benefits—Employees are entitled to receive full benefits beginning at the normal retirement age of sixty-five. The Plan permits early retirement at age fifty-five with fifteen years of service. Employees with five years or more of service are fully vested. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

Effective July 1, 2007, newly hired employees will no longer be eligible to participate in this Plan. Also, the Plan has adopted a safe harbor formula to compute participant benefits. Under this formula, annual benefits will be equal to the sum of .65% of the employee's average effective compensation and .65% of the average effective compensation in excess of the compensation limit (as defined) times the years of credited service (limited to 30 years). Employees hired after June 30, 2002 will not have the option to take their retirement benefit in a lump sum.

Death and Disability Benefits—If a participant is eligible for early retirement and married, upon the death of the participant, the spouse will be entitled to a death benefit equal to 50% of the monthly pension the participant would have received had the participant retired the day prior to the death. Active employees who become disabled are eligible for a disability pension beginning at what would have been the normal retirement date. The amount of the disability pension is equal to 100% of the benefits accrued to the date of disability, based upon the number of years of participation in the Plan. The Plan provides that if disability

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2010 and 2009

payments begin before the normal retirement date such payments shall be actuarially reduced based on the number of months preceding normal retirement date.

Plan Termination—The Plan sponsors expect and intend to continue the Plan indefinitely but reserve the right to amend or terminate it in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document.

If the Plan terminates, certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. 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 the 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 these 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 existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Funding—Funding is provided by annual contributions determined at the discretion of the Plan sponsors (subject to minimum funding standards of ERISA) in amounts estimated to be sufficient to meet future benefits. The Plan Sponsors' contributions were \$232,072 for the year ended June 30, 2010 and \$1,014,238 for the year ended June 30, 2009 under the minimum funding requirements of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Accounting Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and disclosure of contingent items at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Valuation of Investments—Investments in common stocks and mutual funds are stated at fair value as determined by quoted market prices. Investment in the real estate fund (a group trust investing primarily in real estate) is stated at the Plan's share of the estimated fair value

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2010 and 2009

of the fund's net assets as determined by the fund's trustees. Investments in money market funds are stated at cost which approximates fair value. The net appreciation (depreciation) in fair value of investments includes realized and unrealized gains and losses.

The Plan invests in money market funds, various common stocks, mutual funds, and a real estate investment. Such investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with such investments, it is reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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. Benefits under the Plan are paid based on employees' average compensation in the 60 consecutive months of the final 120 months of employment during which the average compensation was the greatest. The accumulated plan benefits for active employees are based on .65% of their average effective compensation plus .65% of the average effective compensation in excess of the compensation limit (as defined) times the years of credited service as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to:

- life expectancy of participants (IRS 2010 Annuitant/Non-Annuitant Mortality Tables for males and females),
- retirement age (the assumed weighted average retirement age was 62.42),
- funding interest rate (first, second and third segment rates of 4.44%, 6.62% and 6.74%, respectively, for 2010 or effective rate of 6.63% and assumed interest rate on the Pension Protection Act of 2006's effective rate of 7.49% in 2009),
- assumed rate of future salary increases (6% for ages 20-34, 4% for ages 35-54, and 2% for ages 55+ in 2010 and 2009), and
- benefit payments (90% of participants hired prior to July 1, 2002 are assumed to elect lump sum distribution. All participants hired after June 30, 2002 are assumed to elect the life annuity form of distribution).

CRANE GROUP RETIREMENT PLAN**Notes to Financial Statements****June 30, 2010 and 2009**

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

The following information represents the actuarial present value of accumulated plan benefits as of July 1, 2010 and 2009 and the changes in accumulated plan benefits for the years ended July 1, 2010 and 2009.

	July 1	
	<u>2010</u>	<u>2009</u>
Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$ 8,925,829	\$ 8,679,056
Deferred vested terminations	5,023,791	4,975,324
Participants currently receiving benefits	2,170,922	2,643,408
Nonvested benefits	<u>528,229</u>	<u>489,239</u>
Total actuarial present value of accumulated plan benefits	<u>\$16,648,771</u>	<u>\$16,787,027</u>
Changes in Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits at beginning of year	\$16,787,027	\$24,901,808
Increase (decrease) during the year attributable to:		
Plan spin-off (see note 6)	-	(6,945,854)
Service-related benefits accumulated	79,266	318,632
Change in actuarial assumptions	11,051	(1,319,298)
Increase for interest due to decrease in		
Discount period	1,360,729	2,025,328
Benefits paid	<u>(1,589,302)</u>	<u>(2,193,589)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$16,648,771</u>	<u>\$16,787,027</u>

3. INVESTMENTS EXCEEDING 5% OF NET ASSETS AVAILABLE FOR BENEFITS

The following investments were in excess of 5% of net assets available for benefits at June 30:

	<u>2010</u>	<u>2009</u>
Harbor Capital Appreciation Fund	\$ 2,152,306	\$ 2,872,961
Dodge & Cox Stock Fund	2,026,786	2,515,389
DFA Emerging Markets Value Fund	1,448,010	2,457,241
Pimco Total Return Fund	1,316,185	1,529,426
JP Morgan Select Class Core Bond Fund	1,307,768	1,530,923
Oppenheimer International Growth Fund	846,794	1,110,312
TCW Galileo Small Cap Growth Fund	752,083	1,162,821

CRANE GROUP RETIREMENT PLAN
Notes to Financial Statements
June 30, 2010 and 2009

William Blair Small Cap Growth Fund	740,608	-
Harbor Small Company Growth Fund	-	1,033,233
Morgan Stanley Global Real Estate Fund	-	947,577

4. FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

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

Common stocks: Valued at the closing price reported on the active market on which the individual security is traded.

CRANE GROUP RETIREMENT PLAN**Notes to Financial Statements****June 30, 2010 and 2009**

Real estate fund: Valuations derived from other valuation methodologies, including appraisals, pricing models, discounted cash flow models and similar techniques, and not based on market, exchange, dealer, or broker-traded transactions.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010 and 2009:

Assets at Fair Value as of June 30, 2010

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 12,131,791	\$ -	\$ 12,131,791
Common stocks	1,440,011	-	1,440,011
Money market funds	240,636	-	240,636
Real estate fund	-	277,333	277,333
Total investments at fair value	<u>\$ 13,812,438</u>	<u>\$ 277,333</u>	<u>\$ 14,089,771</u>

Assets at Fair Value as of June 30, 2009

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 16,270,828	\$ -	\$ 16,270,828
Common stocks	1,686,100	-	1,686,100
Money market funds	301,897	-	301,897
Real estate fund	-	319,981	319,981
Total investments at fair value	<u>\$ 18,258,825</u>	<u>\$ 319,981</u>	<u>\$ 18,578,806</u>

Level 3 Gains and Losses

The following tables sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended June 30, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
	<u>Real estate</u>	<u>Real estate</u>
	<u>Fund</u>	<u>Fund</u>
Balance, beginning of year	\$ 319,981	\$ 475,587
Realized gain/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	(42,648)	(155,606)
Purchases, sales, issuances, and settlements, (net)	-	-
Real estate fund at fair value	<u>\$ 277,333</u>	<u>\$ 319,981</u>

5. INFORMATION SUPPLIED BY TRUSTEES

All investment information relating to the financial statements and supplemental schedules, except information related to the investment in the Sentinel Real Estate Fund totaling approximately \$277,000 and \$320,000 at June 30, 2010 and 2009, respectively, and related

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2010 and 2009

investment income and net depreciation in fair value of investments of \$(31,761) and \$(140,723) for the years then ended, have been prepared by Wilmington Trust Company and Fifth Third Bank as trustees of the Plan and furnished to the plan administrator. The plan administrator has obtained certification from the trustees that such information is complete and accurate. The investment in Sentinel Real Estate Corporation does not qualify for limited scope procedures permitted under 29 CFR 2520.103-8.

6. SPIN-OFF OF CRANE PLASTICS LLC

Prior to June 1, 2009, Crane Plastics LLC was a participating employer whose employees participated in the Plan. Effective June 1, 2009, a majority of the membership interest in Crane Plastics LLC was sold to an employee group by The Crane Group Companies Limited resulting in a transfer of assets and liabilities associated with certain employees of Crane Plastics LLC under the Plan to a new pension plan to be established by Crane Plastics LLC (to be known as Engineered Profiles LLC after June 1, 2009).

Effective June 1, 2009, employees of Engineered Profiles LLC no longer accrued additional benefits under or actively participate in the Plan because such employees will accrue future benefits under a new, separate pension plan established by Engineered Profiles LLC.

As of June 30, 2009, the Plan recorded a liability of \$5,630,086 to the Engineered Profiles LLC Retirement Plan for the transfer of assets and liabilities under the Plan associated with (1) active employees of Engineered Profiles LLC as of June 1, 2009 and (2) former employees of Engineered Profiles LLC who have not begun receipt of benefits from or had an annuity starting date under the Plan as of June 1, 2009 to the new defined benefit pension plan to be established by Engineered Profiles LLC. The liability did not include the assets and liabilities associated with retirees of Engineered Profiles LLC as of June 1, 2009. On November 5, 2009, \$5,839,582 was transferred to the Engineered Profiles LLC Retirement Plan. This amount reflected the June 30, 2009 liability and the net activity from July 1, 2009 through November 5, 2009.

7. SUBSEQUENT EVENTS

The Sentinel Real Estate Fund investment was liquidated on July 1, 2010. The total proceeds from this liquidation were \$277,333.

On February 4, 2011, The Crane Group Companies Limited established a new pension plan, the Crane Plastics Siding Retirement Plan. A new trust was formed and related assets and pension liabilities for the employees of Crane Plastics Siding LLC, a participating employer under the Plan, were spun off to this new trust. Effective February 4, 2011, the employees of Crane Plastics Siding LLC became participants in the Crane Plastics Siding Retirement Plan. On February 7, 2011 a plan contribution of \$1.5 million was made to this new trust by The Crane Group Companies Limited on behalf of the Crane Plastics Siding LLC employees. On February 9, 2011, The Crane Group Companies Limited sold all of its interest in Crane

CRANE GROUP RETIREMENT PLAN**Notes to Financial Statements****June 30, 2010 and 2009**

Plastics Siding LLC to an unrelated third party. Effective February 28, 2011, employees of Crane Plastics Siding LLC ceased to accrue future benefits under the new plan.

Management has evaluated whether any other events or transactions occurred subsequent to June 30, 2010 through April 8, 2011, the date on which the Company's financial statements were available to be issued. Except as discussed in the notes to financial statements, management determined that there were no other material events or transactions that would require recognition or disclosure in the financial statements.

CRANE GROUP RETIREMENT PLAN

EIN: 31-1411069 Plan Number: 001

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of June 30, 2010

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Fifth Third Prime Money Market Fund	240,636	\$ 240,636	\$ 240,636
MUTUAL FUNDS:			
DFA Emerging Markets Value Fund	49,437	1,459,799	1,448,010
Dodge & Cox Stock Fund	23,055	2,531,839	2,026,786
Dodge & Cox International Stock Fund	14,762	540,844	419,093
Harbor Capital Appreciation Fund	73,059	2,009,232	2,152,306
Harbor International Fund	8,739	541,611	423,164
JP Morgan Select Class Core Bond Fund	114,116	1,233,799	1,307,768
Morgan Stanley Global Real Estate Fund	97,761	820,055	698,994
Oppenheimer International Growth Fund	37,386	630,565	846,794
Pimco Total Return Fund	116,890	1,238,248	1,316,185
TCW Galileo Small Cap Growth Fund	32,756	451,217	752,083
William Blair Small Cap Growth Fund	37,179	700,083	740,608
Total Mutual Funds		12,157,292	12,131,791
COMMON STOCKS:			
Aaron's, Inc.	822	15,143	14,032
Airtran Holdings, Inc.	4,250	32,728	20,612
Alleghany Corp Del	96	24,495	28,157
Alliance Data Systems	512	26,044	30,474
American Italian Pasta Company	615	17,439	32,515
Apogee Enterprises, Inc.	1,925	32,682	20,848
Arch Capital Group Ltd.	475	35,926	35,388
Assurant Inc.	1,879	48,596	65,201
Assured Guaranty Ltd.	3,788	61,042	50,267
Berry Petroleum Company	1,127	35,179	28,986
Brink's Company	1,090	28,857	20,743
Callaway Golf Company	2,950	36,139	17,818
Cimarex Energy Company	552	24,242	39,512
Cleco Corporation	1,178	28,779	31,111
Corelogic Inc.	875	16,332	15,453
Corrections Corporation Amer New	860	16,782	16,409
CSG Systems International, Inc.	775	11,699	14,206
Del Monte Foods Company	1,113	11,405	16,016
Denbury Resources Inc.	1,630	23,865	23,863
Energizer Holdings Inc.	1,015	58,173	51,034
Exterran Holdings Inc.	700	15,903	18,067
First American Financial Corporation	715	10,011	9,066
First Niagra Financial Group, Inc.	595	7,553	7,455
Flowers Foods, Inc.	2,009	46,162	49,080
Forest Oil Corporation	675	11,614	18,468
Global Services Ltd.	1,900	11,940	14,896
Hain Celestial Group Inc.	385	6,526	7,765
Hanover Insurance Group, Inc.	281	11,822	12,223
Hillenbrand Inc.	1,100	22,525	23,529
Horace Mann Educators Corporation New	1,689	20,911	25,842

See accompanying independent auditors' report and notes to financial statements.

CRANE GROUP RETIREMENT PLAN

EIN: 31-1411069 Plan Number: 001

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of June 30, 2010

Description	Shares or Units	Cost	Fair Value
Hornbeck Offshore Services, Inc.	1,198	\$ 36,942	\$ 17,491
Hub Group, Inc.	634	16,606	19,026
Huntington Bancshares	5,374	28,384	29,772
Inventive Health, Inc.	464	6,030	11,878
Jakks Pac Inc.	1,514	19,202	21,771
K-Swiss, Inc.	2,499	50,458	28,064
Kaydon Corporation	329	13,436	10,811
Kinetic Concepts Inc.	400	15,642	14,604
King Pharmaceuticals Inc.	2,670	29,340	20,265
KLA Tencor Corporation	788	19,776	21,969
Lance, Inc.	955	20,788	15,748
Leucadia National Corporation	628	11,921	12,252
Lifepoint Hospitals, Inc.	787	24,006	24,712
Liquidity Services Inc.	345	3,763	4,471
Mid-America Apartment Communities, Inc.	347	16,438	17,860
Myriad Genetics Inc.	1,125	26,076	16,819
National Penn Bancshares Inc.	1,835	10,051	11,028
Old Republic International Corporation	2,982	31,468	36,172
Popular Inc.	2,395	8,158	6,419
Ralcorp Holdings Inc.	275	17,018	15,070
Redwood Trust Inc.	834	13,901	12,210
Res-Care, Inc.	2,282	37,354	22,044
Ruddick Corporation	211	5,129	6,539
SAIA, Inc.	985	11,932	14,775
Southwestern Energy Company	806	20,459	31,144
Steiner Leisure Limited	658	22,889	25,294
Steris Corporation	871	22,157	27,071
Sterling Bancorp	455	4,075	4,095
Toro Company	311	12,945	15,276
Trinity Industries, Inc.	879	25,438	15,576
UGI Corporation	1,091	27,673	27,755
United Fire & Casualty Company	633	15,140	12,546
Verigy LTD	3,878	63,982	33,700
WGL Holdings Inc.	881	28,475	29,980
Whiting Petroleum Corporation	479	24,320	37,563
Wilmington Trust Corporation	830	11,931	9,205
Total Common Stocks		<u>1,503,817</u>	<u>1,440,011</u>
REAL ESTATE - Sentinel Real Estate Fund	6.57	<u>500,000</u>	<u>277,333</u>
TOTAL INVESTMENTS		<u>\$ 14,401,745</u>	<u>\$ 14,089,771</u>

See accompanying independent auditors' report and notes to financial statements.

CRANE GROUP RETIREMENT PLAN**EIN: 31-1411069 Plan Number: 001****Form 5500 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions****For the Year Ended June 30, 2010**

	Purchase Price (1)	Selling Price (1)	Cost	Gain (Loss)
SINGLE REPORTABLE TRANSACTIONS:				
William Blair Small Cap Growth Fund	\$ 1,216,220		\$ 1,216,220	
DFA Emerging Markets Value Fund		\$ 945,077	942,539	\$ 2,538
Dodge & Cox Stock Fund		924,524	1,131,780	(207,256)
Harbor Small Company Growth Fund		1,216,220	1,590,222	(374,002)
Harbor Capital Appreciation Fund		1,029,187	919,699	109,488
SERIES OF REPORTABLE TRANSACTIONS (including single reportable transactions):				
Fifth Third Prime Money Market Fund	\$ 826,471		\$ 826,471	
Fifth Third Prime Money Market Fund		\$ 887,732	887,732	\$ -
William Blair Small Cap Growth Fund	1,216,220		1,216,220	
William Blair Small Cap Growth Fund		531,144	516,137	15,007
DFA Emerging Markets Value Fund	56,867		56,867	
DFA Emerging Markets Value Fund		1,676,219	1,645,517	30,702
Dodge & Cox Stock Fund	149,685		149,685	
Dodge & Cox Stock Fund		1,011,927	1,233,216	(221,289)
Harbor Small Company Growth Fund		1,216,220	1,590,222	(374,002)
Harbor Capital Appreciation Fund	30,388		30,388	
Harbor Capital Appreciation Fund		1,092,044	974,063	117,981
Pimco Total Return Fund	275,523		275,523	
Pimco Total Return Fund		598,279	576,047	22,232
JP Morgan Select Class Core Bond Fund	283,581		283,581	
JP Morgan Select Class Core Bond Fund		582,556	559,574	22,982

(1) Fair value is equal to purchase or selling price on the date of purchase or sale.

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CRANE GROUP RETIREMENT PLAN

EIN: 31-1411069 Plan Number: 001

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of June 30, 2010

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CRANE GROUP RETIREMENT PLAN

EIN: 31-1411069 Plan Number: 001

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TOTAL INVESTMENTS		<u>\$ 14,401,745</u>	<u>\$ 14,089,771</u>

See accompanying independent auditors' report and notes to financial statements.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 07/01/2009 and ending 06/30/2010

▶ **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 Group Retirement Plan

B Three-digit
plan number (PN) ▶

001

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

Crane Group Companies Ltd.

D Employer Identification Number (EIN)

31-1411069

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 7 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 13,215,490**b** Actuarial value..... **2b** 14,537,039**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 37 (2) Funding Target 2,851,880**b** For terminated vested participants..... **3b** 341 4,557,622**c** For active participants:(1) Non-vested benefits..... **3c(1)** 309,323(2) Vested benefits..... **3c(2)** 7,944,740(3) Total active..... **3c(3)** 436 8,254,063**d** Total..... **3d** 814 15,663,565**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** 7.49 %**6** Target normal cost..... **6** 333,511**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

Jason C. Wells

Type or print name of actuary

Aon Hewitt

Firm name

445 Hutchinson Ave., Suite 900

Columbus

OH 43235-8619

Address of the firm

3/18/2011

Date

08-07067

Most recent enrollment number

(614) 436-8100

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (17.21)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		970,834
b	Interest on (a) using prior year's effective rate of 6.74 %		65,434
c	Total available at beginning of current plan year to add to prefunding balance		1,036,268
d	Portion of (c) to be added to prefunding balance.....		1,036,268
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	1,036,268

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.19 %
15	Adjusted funding target attainment percentage.....	15	86.19 %
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	102.06 %
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
10/15/2009	232,072				
Totals ▶			18(b)	232,072	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 227,255

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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: %	☒ N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code)**21b**

3

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

333,511

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

2,162,794

371,165

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**

704,676

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	477,421	477,421

36 Additional cash requirement (item 34 minus item 35)**36**

227,255

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

227,255

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

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Line 19 – Discounted Employer Contributions

The following contributions for the prior plan year were made or are assumed to be made on the dates indicated. The contributions are also shown discounted to the beginning of the plan year at the Effective Interest Rate (7.49%) for the Plan Year.

Date	Contribution	Discounted Contribution as of 07/01/2009	Late Quarterly Penalty
10/15/2009	\$232,072	\$227,255	\$0
Total	\$232,072	\$227,255	\$0

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

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

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
55	0.050000	0.950000	1.000000	0.050000	55.0	2.750
56	0.050000	0.950000	0.950000	0.047500	56.0	2.660
57	0.050000	0.950000	0.902500	0.045125	57.0	2.572
58	0.050000	0.950000	0.857375	0.042869	58.0	2.486
59	0.050000	0.950000	0.814506	0.040725	59.0	2.403
60	0.050000	0.950000	0.773781	0.038689	60.0	2.321
61	0.050000	0.950000	0.735092	0.036755	61.0	2.242
62	0.200000	0.800000	0.698337	0.139667	62.0	8.659
63	0.200000	0.800000	0.558670	0.111734	63.0	7.039
64	0.300000	0.700000	0.446936	0.134081	64.0	8.581
65	0.300000	0.700000	0.312855	0.093857	65.0	6.101
66	0.300000	0.700000	0.218999	0.065700	66.0	4.336
67	1.000000	0.000000	0.153299	0.153299	67.0	10.271
Totals:				1.00000		62.422
Total of Column (6) / Total of Column (4), Rounded to nearest age:						62.000

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	June 30, 1966
Effective Date of Last Amendment:	June 1, 2009
Plan Year:	July 1st to June 30th
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	31-1411069
Plan Administrator's ID Number:	31-1411069
Plan Number:	001
Plan Administrator:	Crane Group Company

Eligibility

Each full-time employee of the Employer is eligible to participate in the Plan as of the July 1 coincident with or following the employee's date of employment. A part-time employee is eligible to participate as of the January 1 or July 1 next following the date on which the employee completes one qualifying year of service. No employee hired after June 30, 2007 will enter the plan. Part-time employees hired prior to July 1, 2007 may become eligible provided they complete one qualifying year of service by June 30, 2008. Former participants who were not active as of June 30, 2007 shall not re-enter the plan if they return to active status.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Service

Service shall equal the period of continuous employment measured in years and full months from date of hire to date of termination, with one day worked in a month considered a completed month. For part-time employees, a year of service is credited for each plan year in which the employee works 1,000 Hours.

A break in service occurs at the start of any plan year in which the employee works 500 Hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Transfer of employment from one participating Employer to another.
- (4) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of his pre-break service or 5 years.

As of June 1, 2009, employees at Crane Plastics LLC will no longer accrue service under the plan.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the individual's lifetime is equal to 1 plus 2 multiplied by 3 as follows:

- (1) 0.65% of Final Average Compensation, plus
- (2) 0.65% of Final Average Compensation in excess of Covered Compensation, times
- (3) Credited Service at the date of determination, up to a maximum of 30 years

In no event shall this benefit be less than the Accrued Benefit earned as of June 30, 2002 and as of June 30, 2007 based on the formula in effect at those times.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation

The average of the highest five consecutive annualized pay rates paid during the ten years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

In no event shall the benefit be less than the Accrued Benefit earned as of June 30, 2002 and as of June 30, 2007 based on the formula in effect at those times.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Early Retirement Benefit

Upon the completion of 15 years of Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit as of the early retirement date, actuarially reduced for early commencement.

In no event shall the early retirement benefit be less than the June 30, 2002 Accrued Benefit reduced by $1/180^{\text{th}}$ for each of the first 60 months retirement precedes Normal Retirement Date, and $1/360^{\text{th}}$ for each of the next 60 months retirement precedes Normal Retirement Date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his Normal Retirement Date will be eligible to receive his Accrued Benefit at Normal Retirement Date, or alternatively, may elect to commence a benefit at an earlier date that is actuarially equivalent to the benefit accrued at his date of disability.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 15 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66 2/3%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 Months Certain and thereafter for life.
- (4) Participants hired prior to July 1, 2002 may elect a lump sum.

All Optional Methods of Settlement except the Lump Sum Option are actuarially equivalent to the Normal Form of Payment based on the 1971 Group Annuity Mortality Table for Males projected to 1990 by Scale D with an age setback of one year for the participant and five years for the spouse, and an interest rate of 7.00%. Lump sums are determined using IRS prescribed mortality and interest rates with a 3-month look back for interest rates based on the month of payment.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Changes Since Prior Valuation

May 31, 2009, Crane Plastics LLC was sold. As of June 30, 2009, assets and liabilities for current and former employees of Crane Plastics LLC (except for Retirees) were transferred to the Engineered Profiles LLC Retirement Plan.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

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

Cost Method

Funding Target: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

FAS 87: The Market-Related Value of Assets is determined by using a 5-year Moving average method.

Dates of Calculations

Funding: The Valuation Date is July 1, 2009.

FAS 87: The Measurement Date is July 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work full-time in all future years.

Past salaries are based on salary rate history.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Crane Group Company.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the July 1, 2009 valuation.

Interest Rates	Assumption
(1) Funding	Full Yield Curve, 3 rd month preceeding
(a) PPA Effective Rate	7.49%
(2) FAS 35	8.50%
(3) FAS 87	
(a) Discount rate on December 31, 2008	6.26%
(b) Discount rate on May 31, 2009	6.88%
(c) Discount rate on June 30, 2009	6.46%
(d) Long-Term Rate of Return	8.50%

Other Rates	Assumption	
	Funding	FAS 87
(1) Social Security Wage Bases	3.50%	4.00%
(2) CPI for Social Security	3.00%	4.00%
(3) Future Salaries		
Ages 20-34	6.00%	6.00%
Ages 35-54	4.00%	4.00%
Ages 55+	2.00%	2.00%
(4) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	N/A	4.00%
(5) Cost of Living Adjustment	N/A	N/A

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Healthy	IRS 2009 Annuitant/Non-Annuitant Mortality tables for males and females
(2) Disabled	Current liability mortality tables (post-1995)

—Retirement— Decrement		—Non-Annuitant Mortality— Decrement			—Termination Rates— Decrement		
Age	Rates	Age	Male Rates	Female Rates	Age	Service <5 Years	Service 5+ Years
55	0.05	25	.000295	.000148			
56	0.05	40	.000890	.000491	25	0.2000	0.1224
57	0.05	55	.001911	.002083	40	0.1638	0.0585
58	0.05	65	.005399	.005161	55	0.1623	0.0315
59	0.05				65	0.0000	0.0000
60	0.05	—Annuitant Mortality— Decrement			—Disability— Decrement		
61	0.05	Age	Male Rates	Female Rates	Age	Male Rates	Female Rates
62	0.20	45	.001763	.000767	25	0.0005	0.0005
63	0.20	55	.004344	.003105	40	0.0009	0.0009
64	0.30	65	.010709	.009565	55	0.0075	0.0075
65	0.30	75	.030193	.024716	65	0.0000	0.0000
66	0.30						
67	1.00						

The weighted average retirement age is 62.42. Sample Retirement, Termination, and Disability rates are illustrated in the tables above.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year.

Form of Benefit Payment

For employees hired before July 1, 2002, 10% of participants are assumed to elect the Normal Form, and 90% are assumed to elect a Lump Sum. For employees hired on or after July 1, 2002, 100% of participants are assumed to elect the life annuity form.

- (1) Lump sums calculated for accounting purposes are based on the mortality table prescribed by the IRS for the current plan year and an interest rate of 5.50%.
- (2) Lump sums calculated for funding purposes are based on the mortality table prescribed by the IRS for the current plan year and interest rates used for funding purposes.

Other

For the purpose of valuing death benefits, 80% of males and 50% of females are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

An expense load equal to the actual expenses paid by the trust in the previous year has been added to the target normal cost.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Line 25 – Change in Method

The Funding Target interest rates have been changed from the Full Yield Curve for the month of the valuation to the Full Yield Curve for the third month preceeding the valuation.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, line 26 - Schedule of Active Participant Data

Age	Years of Service as of 07/01/2009										Total
	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	10	1	0	0	0	0	0	0	0	11
25 - 29	0	24	13	0	0	0	0	0	0	0	37
30 - 34	0	23	24	8	2	0	0	0	0	0	57
35 - 39	0	20	27	9	7	0	0	0	0	0	63
40 - 44	0	22	19	6	10	13	0	0	0	0	70
45 - 49	0	18	23	3	4	11	7	4	0	0	70
50 - 54	0	11	11	4	4	6	8	20	0	0	64
55 - 59	0	9	13	3	4	2	3	9	3	0	46
60 - 64	0	6	1	2	1	0	0	6	1	0	17
65 - 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0	0	0	0	0	1
Totals	0	143	132	36	32	32	18	39	4	0	436

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

**Schedule SB, line 32 - Schedule of Amortization
Bases**

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
07/01/2009	7	5.827045	\$2,162,794	\$2,162,794	\$371,165
Total				\$2,162,794	\$371,165

¹ Calculated using the segment interest rates for the current Plan Year.

CRANE GROUP RETIREMENT PLAN**EIN: 31-1411069 Plan Number: 001****Form 5500 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions****For the Year Ended June 30, 2010**

	Purchase Price (1)	Selling Price (1)	Cost	Gain (Loss)
SINGLE REPORTABLE TRANSACTIONS:				
William Blair Small Cap Growth Fund	\$ 1,216,220		\$ 1,216,220	
DFA Emerging Markets Value Fund		\$ 945,077	942,539	\$ 2,538
Dodge & Cox Stock Fund		924,524	1,131,780	(207,256)
Harbor Small Company Growth Fund		1,216,220	1,590,222	(374,002)
Harbor Capital Appreciation Fund		1,029,187	919,699	109,488
SERIES OF REPORTABLE TRANSACTIONS (including single reportable transactions):				
Fifth Third Prime Money Market Fund	\$ 826,471		\$ 826,471	
Fifth Third Prime Money Market Fund		\$ 887,732	887,732	\$ -
William Blair Small Cap Growth Fund	1,216,220		1,216,220	
William Blair Small Cap Growth Fund		531,144	516,137	15,007
DFA Emerging Markets Value Fund	56,867		56,867	
DFA Emerging Markets Value Fund		1,676,219	1,645,517	30,702
Dodge & Cox Stock Fund	149,685		149,685	
Dodge & Cox Stock Fund		1,011,927	1,233,216	(221,289)
Harbor Small Company Growth Fund		1,216,220	1,590,222	(374,002)
Harbor Capital Appreciation Fund	30,388		30,388	
Harbor Capital Appreciation Fund		1,092,044	974,063	117,981
Pimco Total Return Fund	275,523		275,523	
Pimco Total Return Fund		598,279	576,047	22,232
JP Morgan Select Class Core Bond Fund	283,581		283,581	
JP Morgan Select Class Core Bond Fund		582,556	559,574	22,982

(1) Fair value is equal to purchase or selling price on the date of purchase or sale.

See accompanying independent auditors' report and notes to financial statements.

Statement A

Crane Group Retirement Plan
3-digit Plan Number: 001
2008
Schedule H, Item 4g

Investment in the real estate fund (a group trust investing primarily in real estate) is stated at the Plan's share of the estimated fair value of the fund's net assets as determined by the fund's trustees.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
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Schedule SB, line 26 - Schedule of Active Participant Data

Age	Years of Service as of 07/01/2009										Total
	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	10	1	0	0	0	0	0	0	0	11
25 - 29	0	24	13	0	0	0	0	0	0	0	37
30 - 34	0	23	24	8	2	0	0	0	0	0	57
35 - 39	0	20	27	9	7	0	0	0	0	0	63
40 - 44	0	22	19	6	10	13	0	0	0	0	70
45 - 49	0	18	23	3	4	11	7	4	0	0	70
50 - 54	0	11	11	4	4	6	8	20	0	0	64
55 - 59	0	9	13	3	4	2	3	9	3	0	46
60 - 64	0	6	1	2	1	0	0	6	1	0	17
65 - 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0	0	0	0	0	1
Totals	0	143	132	36	32	32	18	39	4	0	436

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
EIN: 31-1411069
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	June 30, 1966
Effective Date of Last Amendment:	June 1, 2009
Plan Year:	July 1st to June 30th
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	31-1411069
Plan Administrator's ID Number:	31-1411069
Plan Number:	001
Plan Administrator:	Crane Group Company

Eligibility

Each full-time employee of the Employer is eligible to participate in the Plan as of the July 1 coincident with or following the employee's date of employment. A part-time employee is eligible to participate as of the January 1 or July 1 next following the date on which the employee completes one qualifying year of service. No employee hired after June 30, 2007 will enter the plan. Part-time employees hired prior to July 1, 2007 may become eligible provided they complete one qualifying year of service by June 30, 2008. Former participants who were not active as of June 30, 2007 shall not re-enter the plan if they return to active status.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Service

Service shall equal the period of continuous employment measured in years and full months from date of hire to date of termination, with one day worked in a month considered a completed month. For part-time employees, a year of service is credited for each plan year in which the employee works 1,000 Hours.

A break in service occurs at the start of any plan year in which the employee works 500 Hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Transfer of employment from one participating Employer to another.
- (4) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of his pre-break service or 5 years.

As of June 1, 2009, employees at Crane Plastics LLC will no longer accrue service under the plan.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the individual's lifetime is equal to 1 plus 2 multiplied by 3 as follows:

- (1) 0.65% of Final Average Compensation, plus
- (2) 0.65% of Final Average Compensation in excess of Covered Compensation, times
- (3) Credited Service at the date of determination, up to a maximum of 30 years

In no event shall this benefit be less than the Accrued Benefit earned as of June 30, 2002 and as of June 30, 2007 based on the formula in effect at those times.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation

The average of the highest five consecutive annualized pay rates paid during the ten years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

In no event shall the benefit be less than the Accrued Benefit earned as of June 30, 2002 and as of June 30, 2007 based on the formula in effect at those times.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Early Retirement Benefit

Upon the completion of 15 years of Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit as of the early retirement date, actuarially reduced for early commencement.

In no event shall the early retirement benefit be less than the June 30, 2002 Accrued Benefit reduced by $1/180^{\text{th}}$ for each of the first 60 months retirement precedes Normal Retirement Date, and $1/360^{\text{th}}$ for each of the next 60 months retirement precedes Normal Retirement Date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his Normal Retirement Date will be eligible to receive his Accrued Benefit at Normal Retirement Date, or alternatively, may elect to commence a benefit at an earlier date that is actuarially equivalent to the benefit accrued at his date of disability.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 15 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66 2/3%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 Months Certain and thereafter for life.
- (4) Participants hired prior to July 1, 2002 may elect a lump sum.

All Optional Methods of Settlement except the Lump Sum Option are actuarially equivalent to the Normal Form of Payment based on the 1971 Group Annuity Mortality Table for Males projected to 1990 by Scale D with an age setback of one year for the participant and five years for the spouse, and an interest rate of 7.00%. Lump sums are determined using IRS prescribed mortality and interest rates with a 3-month look back for interest rates based on the month of payment.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Changes Since Prior Valuation

May 31, 2009, Crane Plastics LLC was sold. As of June 30, 2009, assets and liabilities for current and former employees of Crane Plastics LLC (except for Retirees) were transferred to the Engineered Profiles LLC Retirement Plan.

Plan Sponsor: Crane Group Companies Ltd.
Plan Name: Crane Group Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding Target: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

FAS 87: The Market-Related Value of Assets is determined by using a 5-year Moving average method.

Dates of Calculations

Funding: The Valuation Date is July 1, 2009.

FAS 87: The Measurement Date is July 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work full-time in all future years.

Past salaries are based on salary rate history.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Crane Group Company.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the July 1, 2009 valuation.

Interest Rates	Assumption
(1) Funding	Full Yield Curve, 3 rd month preceeding
(a) PPA Effective Rate	7.49%
(2) FAS 35	8.50%
(3) FAS 87	
(a) Discount rate on December 31, 2008	6.26%
(b) Discount rate on May 31, 2009	6.88%
(c) Discount rate on June 30, 2009	6.46%
(d) Long-Term Rate of Return	8.50%

Other Rates	Assumption	
	Funding	FAS 87
(1) Social Security Wage Bases	3.50%	4.00%
(2) CPI for Social Security	3.00%	4.00%
(3) Future Salaries		
Ages 20-34	6.00%	6.00%
Ages 35-54	4.00%	4.00%
Ages 55+	2.00%	2.00%
(4) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	N/A	4.00%
(5) Cost of Living Adjustment	N/A	N/A

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Healthy	IRS 2009 Annuitant/Non-Annuitant Mortality tables for males and females
(2) Disabled	Current liability mortality tables (post-1995)

—Retirement— Decrement		—Non-Annuitant Mortality—			—Termination Rates—		
Age	Rates	Decrement Age	Male Rates	Female Rates	Decrement Age	Service <5 Years	Service 5+ Years
55	0.05	25	.000295	.000148			
56	0.05	40	.000890	.000491	25	0.2000	0.1224
57	0.05	55	.001911	.002083	40	0.1638	0.0585
58	0.05	65	.005399	.005161	55	0.1623	0.0315
59	0.05				65	0.0000	0.0000
60	0.05	—Annuitant Mortality—			—Disability—		
61	0.05	Decrement Age	Male Rates	Female Rates	Decrement Age	Male Rates	Female Rates
62	0.20	45	.001763	.000767	25	0.0005	0.0005
63	0.20	55	.004344	.003105	40	0.0009	0.0009
64	0.30	65	.010709	.009565	55	0.0075	0.0075
65	0.30	75	.030193	.024716	65	0.0000	0.0000
66	0.30						
67	1.00						

The weighted average retirement age is 62.42. Sample Retirement, Termination, and Disability rates are illustrated in the tables above.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year.

Form of Benefit Payment

For employees hired before July 1, 2002, 10% of participants are assumed to elect the Normal Form, and 90% are assumed to elect a Lump Sum. For employees hired on or after July 1, 2002, 100% of participants are assumed to elect the life annuity form.

- (1) Lump sums calculated for accounting purposes are based on the mortality table prescribed by the IRS for the current plan year and an interest rate of 5.50%.
- (2) Lump sums calculated for funding purposes are based on the mortality table prescribed by the IRS for the current plan year and interest rates used for funding purposes.

Other

For the purpose of valuing death benefits, 80% of males and 50% of females are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Plan Sponsor: Crane Group Companies Ltd.
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**Schedule SB, line 32 - Schedule of Amortization
Bases**

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
07/01/2009	7	5.827045	\$2,162,794	\$2,162,794	\$371,165
Total				\$2,162,794	\$371,165

¹ Calculated using the segment interest rates for the current Plan Year.

Plan Sponsor: Crane Group Companies Ltd.
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Schedule SB, Line 24 – Change in Actuarial Assumptions

An expense load equal to the actual expenses paid by the trust in the previous year has been added to the target normal cost.

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Schedule SB, Line 25 – Change in Method

The Funding Target interest rates have been changed from the Full Yield Curve for the month of the valuation to the Full Yield Curve for the third month preceeding the valuation.