

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CRANE GROUP RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/30/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/30/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/30/1966</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE CRANE GROUP COMPANIES LIMITED</u> <u>330 W. SPRING ST.,SUITE 200</u> <u>COLUMBUS, OH 43215</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1411069</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-754-3000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1411069</u>	2c Sponsor's telephone number <u>614-754-3000</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>31-1411069</u>					
2c Sponsor's telephone number <u>614-754-3000</u>					
2d Business code (see instructions) <u>326100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2012	JIM WINNEGRAD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2012	JIM WINNEGRAD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

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	767
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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	181
b Retired or separated participants receiving benefits.....	6b	28
c Other retired or separated participants entitled to future benefits.....	6c	498
d Subtotal. Add lines 6a , 6b , and 6c	6d	707
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	25
f Total. Add lines 6d and 6e	6f	732
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	6

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

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

A Name of plan <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>2010</u>
2	Assets:
a	Market value 2a <u>14079842</u>
b	Actuarial value 2b <u>14434433</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>32</u> <u>2496046</u>
b	For terminated vested participants 3b <u>355</u> <u>5439304</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>432364</u>
(2)	Vested benefits 3c(2) <u>9652846</u>
(3)	Total active 3c(3) <u>380</u> <u>10085210</u>
d	Total 3d <u>767</u> <u>18020560</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>6.63</u> %
6	Target normal cost 6 <u>436377</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>04/13/2012</u>
Signature of actuary	Date
<u>JASON C. WELLS</u>	<u>11-07067</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING</u>	<u>614-436-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVE., STE 900</u> <u>COLUMBUS, OH 43235-8619</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) 2010
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)		1036268
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		477421
9 Amount remaining (Item 7 minus item 8).....		558847
10 Interest on item 9 using prior year's actual return of <u>18.54</u> %		103610
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____ %		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		644472
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	17985

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	80.00 %
15 Adjusted funding target attainment percentage.....	15	80.00 %
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	86.19 %
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
10/15/2010	157846				
01/14/2011	176169				
04/15/2011	176169				
07/15/2011	176169				
03/15/2012	308901				
Totals ►			18(b)	995254	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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	934221
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	436377
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3604112	515829
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	952206
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		17985
36 Additional cash requirement (item 34 minus item 35).....	36	934221
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	934221
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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

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	40881	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	20701	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	15191	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	10411	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
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	384	4381
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3721	485084
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	240636	6515167
(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)	13571802	893205
(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)		9284719
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	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	14093876	17182556

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	14034	28132
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14034	28132

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14079842	17154424
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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)	995254	
(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)		995254

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)	132753	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		132753

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	211264	
(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)		211264

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14993896	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13504451	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1489445

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1664569	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1664569
(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		4493285

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2971865	
(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)		2971865
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)	87183	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87183
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3059048

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1434237
l Transfers of assets:			
(1) To this plan.....	2l(1)		7067455
(2) From this plan	2l(2)		5427110

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

(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	
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)
CRANE PLASTICS SIDING RETIREMENT PLAN	31-1411069	003

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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
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>26</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)
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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

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

Schedule R (Form 5500) 2010
v.092308.1

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, 2011 AND 2010 TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

CRANE GROUP RETIREMENT PLAN

Index

June 30, 2011 and 2010

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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, 2011 and 2010, 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, 2011. 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, 2011 and by Wilmington Trust, the trustee of the Plan during the year ended June 30, 2010, 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 trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certification from the trustees as of June 30, 2011 and 2010 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.



Columbus, Ohio
April 5, 2012

CRANE GROUP RETIREMENT PLAN
Statements of Net Assets Available for Benefits
As of June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
Investments - at fair value:		
Money market funds	\$ 6,515,167	\$ 240,636
Mutual funds	9,284,719	12,131,791
Exchange traded funds	893,205	-
Common stocks	-	1,440,011
Real estate fund	-	277,333
Total investments	<u>16,693,091</u>	<u>14,089,771</u>
 Cash	 4,381	 384
Accrued interest receivable	14	3,721
Contributions receivable - Plan Sponsors	<u>485,070</u>	<u>-</u>
 Total assets	 <u>17,182,556</u>	 <u>14,093,876</u>
<u>LIABILITIES</u>		
Accounts payable	<u>28,132</u>	<u>14,034</u>
Total liabilities	<u>28,132</u>	<u>14,034</u>
 Net assets available for benefits	 <u><u>\$ 17,154,424</u></u>	 <u><u>\$ 14,079,842</u></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, 2011 and 2010

	2011	2010
ADDITIONS:		
Dividend and interest income	\$ 344,017	\$ 286,617
Contributions from Plan Sponsors	995,254	232,072
Net appreciation (depreciation) in fair value of investments:		
Common stocks	417,426	301,856
Mutual funds	2,736,588	1,773,711
Real estate fund	-	(42,648)
Total additions	<u>4,493,285</u>	<u>2,551,608</u>
DEDUCTIONS:		
Benefit payments	2,971,865	1,589,302
Investment expenses	87,183	98,539
Total deductions	<u>3,059,048</u>	<u>1,687,841</u>
NET INCREASE BEFORE TRANSFER TO AND FROM CRANE PLASTICS SIDING RETIREMENT PLAN	1,434,237	863,767
Less: Transfer of Plan assets due to spin-off to Crane Plastics Siding Retirement Plan	(5,427,110)	-
Plus: Transfer of assets from Crane Plastics Siding Retirement Plan due to Plan merger	<u>7,067,455</u>	<u>-</u>
NET INCREASE IN NET ASSETS	3,074,582	863,767
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>14,079,842</u>	<u>13,216,075</u>
NET ASSETS AVAILABLE FOR BENEFITS		
End of year	<u>\$ 17,154,424</u>	<u>\$ 14,079,842</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, 2011 and 2010

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 Plan Agreement 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 Sponsors pay premiums to the Pension Benefit Guarantee Corporation (PBGC), legal and audit fees and provide 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 February 4, 2011, in which the Internal Revenue Service stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code (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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for tax years ending prior to July 1, 2008.

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 were 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.

CRANE GROUP RETIREMENT PLAN
Notes to Financial Statements
June 30, 2011 and 2010

In February 2011, The Crane Group Companies Limited sold all of its interest in Crane Plastics Siding LLC. Thus, as of February 28, 2011, employees of Crane Plastics Siding LLC ceased to accrue future benefits under the Plan (See Note 6).

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 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.

Contributions—Contributions to the Plan are based on actuarial estimates of the amounts necessary to provide benefits to participants, assuming continued funding of the Plan in a systematic manner. The estimates are based upon assumptions regarding return on investments, termination rates, mortality rates and other factors, which will determine the ultimate costs of the Plan. The Plan Sponsors' funding policy for the Plan is to contribute annually the amount required to meet ERISA funding standards and to provide not only for benefits attributed to service to date but also for those anticipated to be earned in the future. Under minimum funding requirements of ERISA, the Plan Sponsors contributions were \$995,254 for the year ended June 30, 2011 and \$232,072 for the year ended June 30, 2010.

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 changes therein, disclosure of contingent items, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments—Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4). The net appreciation (depreciation) in fair value of investments includes realized and unrealized gains and losses.

The Plan's 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 (2011 static mortality table for annuitants and non-annuitants for 2011 and IRS 2010 Annuitant/Non-Annuitant Mortality Tables for males and females for 2010),

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2011 and 2010

- retirement age (the assumed weighted average retirement age was 62.42),
- funding interest rate (first, second and third segment rates of 2.67%, 5.69% and 6.44%, respectively, for 2011 and 4.44%, 6.62% and 6.74%, respectively for 2010),
- assumed rate of future salary increases (6% for ages 20-34, 4% for ages 35-54, and 2% for ages 55+ in 2011 and 2010), 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).

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, 2011 and 2010 and the changes in accumulated plan benefits for the years ended July 1, 2011 and 2010.

	July 1	
	2011	2010
Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 2,390,034	\$ 2,170,922
Other participants	13,623,694	13,949,620
Nonvested benefits	<u>214,420</u>	<u>528,229</u>
Total actuarial present value of accumulated plan benefits	<u>\$16,228,148</u>	<u>\$16,648,771</u>
Changes in Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits at beginning of year	\$16,648,771	\$16,787,027
Increase (decrease) during the year attributable to:		
Service-related benefits accumulated	619,474	79,266
Change in actuarial assumptions	730,135	11,051
Interest accumulation	1,287,828	1,360,729
Benefits paid	<u>(3,058,060)</u>	<u>(1,589,302)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$16,228,148</u>	<u>\$16,648,771</u>

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2011 and 2010

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>2011</u>	<u>2010</u>
Fifth Third Prime Money Market Fund	\$ 6,515,167	\$ -
Pimco Long-Term Credit Bond Fund	1,326,180	-
Delaware Extended Duration Bond Fund	1,281,361	-
Harbor Capital Appreciation Fund	1,250,430	2,152,306
Dodge & Cox Stock Fund	1,230,498	2,026,786
Diamond Hill Small Cap Fund	954,823	-
DFA Emerging Markets Value Fund	-	1,448,010
Pimco Total Return Fund	-	1,316,185
JP Morgan Select Class Core Bond Fund	-	1,307,768
Oppenheimer International Growth Fund	-	846,794
TCW Galileo Small Cap Growth Fund	-	752,083
William Blair Small Cap Growth Fund	-	740,608

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.

CRANE GROUP RETIREMENT PLAN
Notes to Financial Statements
June 30, 2011 and 2010

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, 2011 and 2010.

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

Exchange traded funds and common stocks: Valued at the closing price reported on the active market on which the individual security is traded.

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, 2011 and 2010:

Assets at Fair Value as of June 30, 2011

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 6,515,167	\$ -	\$ 6,515,167
Mutual funds	9,284,719	-	9,284,719
Exchange traded funds	893,205	-	893,205
Total investments at fair value	<u>\$ 16,693,091</u>	<u>\$ -</u>	<u>\$ 16,693,091</u>

Assets at Fair Value as of June 30, 2010

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 240,636	\$ -	\$ 240,636
Mutual funds	12,131,791	-	12,131,791
Common stocks	1,440,011	-	1,440,011
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>

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 years ended June 30, 2011 and 2010:

CRANE GROUP RETIREMENT PLAN
Notes to Financial Statements
June 30, 2011 and 2010

	2011 Real Estate Fund	2010 Real Estate Fund
Balance, beginning of year	\$ 277,333	\$ 319,981
Realized gain/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date		(42,648)
Purchases, sales, issuances, and settlements, (net)	(277,333)	-
Real estate fund at fair value	<u>\$ -</u>	<u>\$ 277,333</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 \$277,333 at June 30, 2010, and related investment income and net depreciation in fair value of investments of \$(31,761) for the year then ended, has been prepared in part or entirely from information certified 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 SIDING LLC AND CRANE PLASTICS LLC

On February 4, 2011, The Crane Group Companies Limited established a new pension plan, the Crane Plastics Siding Retirement Plan (Siding Plan). A new trust was formed and the 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 Siding 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 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.

As of February 4, 2011, the Plan recorded a liability of \$5,427,110 to the Siding Plan for the transfer of assets and liabilities under the Plan associated with active and former employees of Crane Plastics Siding LLC. On June 6, 2011 \$5,519,250 was transferred to the Siding Plan. This amount reflected the February 4, 2011 liability and the net activity from February 4, 2011 through June 6, 2011. On June 30, 2011, the Siding Plan was merged into the Plan resulting in \$7,067,455 being transferred to the Plan.

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2011 and 2010

7. SUBSEQUENT EVENTS

Management has evaluated whether any other events or transactions occurred subsequent to June 30, 2011 through April 5, 2012, 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, 2011**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Fifth Third Prime Money Market Fund	6,515,167	<u>\$ 6,515,167</u>	<u>\$ 6,515,167</u>
EXCHANGE TRADED FUNDS:			
Schwab Strategic Emerging Market Equity ETF	19,715	564,638	564,638
Vanguard Small Cap Growth ETF	3,825	<u>328,567</u>	<u>328,567</u>
Total Exchange Traded Funds		<u>893,205</u>	<u>893,205</u>
MUTUAL FUNDS:			
Delaware Extended Duration Bond Fund	207,676	1,252,235	1,281,361
DFA Emerging Markets Value Fund	21,674	646,143	766,620
Diamond Hill Small Cap Fund	35,285	932,241	954,823
Dodge & Cox Stock Fund	10,830	1,178,879	1,230,498
Dodge & Cox International Stock Fund	7,772	284,104	285,870
Harbor Capital Appreciation Fund	31,402	866,869	1,250,430
Harbor International Fund	4,477	277,253	290,495
Morgan Stanley Global Real Estate Fund	50,978	427,037	471,545
Oppenheimer International Growth Fund	19,031	322,013	572,823
Pimco Long-Term Credit Bond Fund	112,293	1,271,784	1,326,180
TCW Galileo Small Cap Growth Fund	13,650	191,619	425,074
William Blair Small Cap Growth Fund	17,568	<u>332,529</u>	<u>429,000</u>
Total Mutual Funds		<u>7,982,706</u>	<u>9,284,719</u>
TOTAL INVESTMENTS		<u>\$ 15,391,078</u>	<u>\$ 16,693,091</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, 2011**

	Purchase Price (1)	Selling Price (1)	Cost	Gain (Loss)
SINGLE REPORTABLE TRANSACTIONS:				
Delaware Extended Duration Bond Fund	\$ 1,375,000		\$ 1,375,000	
Diamond Hill Small Cap Fund	1,487,119		1,487,119	
Fifth Third Prime Money Market Fund	6,220,615		6,220,615	
Fifth Third Prime Money Market Fund	13,037,446		1,037,446	
JP Morgan Select Class Core Bond Fund	13,037,446	\$ 1,325,310	1,258,322	\$ 66,988
Pimco Long-Term Credit Bond Fund	1,375,000		1,375,000	
Pimco Total Return Fund		1,260,520	1,249,608	10,912

SERIES OF REPORTABLE TRANSACTIONS

(including single reportable transactions):

Fifth Third Prime Money Market Fund	\$ 8,123,249		\$ 8,123,249	
Fifth Third Prime Money Market Fund		\$ 1,848,718	1,848,718	\$ -
DFA Emerging Markets Value Fund	84,104		84,104	
DFA Emerging Markets Value Fund		1,075,096	897,760	177,336
Delaware Extended Duration Bond Fund	2,056,058		2,056,058	
Delaware Extended Duration Bond Fund		845,000	803,823	41,177
Diamond Hill Small Cap Fund	1,487,119		1,487,119	
Diamond Hill Small Cap Fund		570,000	554,878	15,122
Dodge & Cox Stock Fund	111,473		111,473	
Dodge & Cox Stock Fund		1,499,000	1,464,433	34,567
Harbor Capital Appreciation Fund	107,102		107,102	
Harbor Capital Appreciation Fund		1,716,000	1,249,466	466,534
JP Morgan Select Class Core Bond Fund	110,582		110,582	
JP Morgan Select Class Core Bond Fund		1,417,054	1,344,381	72,673
Pimco Total Return Fund	152,474		152,474	
Pimco Total Return Fund		1,407,795	1,390,722	17,073
Pimco Long-Term Credit Bond Fund	2,059,170		2,059,170	
Pimco Long-Term Credit Bond Fund		845,000	787,386	57,614

(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.

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, 2011**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Fifth Third Prime Money Market Fund	6,515,167	<u>\$ 6,515,167</u>	<u>\$ 6,515,167</u>
EXCHANGE TRADED FUNDS:			
Schwab Strategic Emerging Market Equity ETF	19,715	564,638	564,638
Vanguard Small Cap Growth ETF	3,825	<u>328,567</u>	<u>328,567</u>
Total Exchange Traded Funds		<u>893,205</u>	<u>893,205</u>
MUTUAL FUNDS:			
Delaware Extended Duration Bond Fund	207,676	1,252,235	1,281,361
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Harbor Capital Appreciation Fund	31,402	866,869	1,250,430
Harbor International Fund	4,477	277,253	290,495
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Oppenheimer International Growth Fund	19,031	322,013	572,823
Pimco Long-Term Credit Bond Fund	112,293	1,271,784	1,326,180
TCW Galileo Small Cap Growth Fund	13,650	191,619	425,074
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Total Mutual Funds		<u>7,982,706</u>	<u>9,284,719</u>
TOTAL INVESTMENTS		<u>\$ 15,391,078</u>	<u>\$ 16,693,091</u>

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

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 07/01/2010									
	< 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	0	4	0	0	0	0	0	0	0	0
25 - 29	0	16	12	0	0	0	0	0	0	0
30 - 34	0	10	22	4	2	0	0	0	0	0
35 - 39	0	15	25	9	12	0	0	0	0	0
40 - 44	0	9	19	12	7	12	0	0	0	0
45 - 49	0	10	23	6	7	9	6	3	0	0
50 - 54	0	7	15	5	5	6	6	21	0	0
55 - 59	0	4	11	1	3	2	6	9	1	0
60 - 64	0	6	6	3	0	0	0	5	2	1
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0	0	0	0	0

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	6	5.318350	\$2,162,794	\$1,973,986	\$371,165
07/01/2010	7	5.999069	\$1,630,126	\$1,630,126	\$271,730
Subtotal				\$3,604,112	\$642,895
02/04/2011 ²				N/A	\$127,066
Total				N/A	\$515,829

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

² Shortfall Amortization Charge attributable to Crane Siding for the period from 2/4/2011 through 6/30/2011 was spun off to Crane Plastics Siding Retirement Plan on 2/4/2011.

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

Funding Target Interest rates were changed from the full yield curve with a three-month
lookback to segment rates with a four-month lookback.

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, 2011**

	Purchase Price (1)	Selling Price (1)	Cost	Gain (Loss)
SINGLE REPORTABLE TRANSACTIONS:				
Delaware Extended Duration Bond Fund	\$ 1,375,000		\$ 1,375,000	
Diamond Hill Small Cap Fund	1,487,119		1,487,119	
Fifth Third Prime Money Market Fund	6,220,615		6,220,615	
Fifth Third Prime Money Market Fund	13,037,446		1,037,446	
JP Morgan Select Class Core Bond Fund	13,037,446	\$ 1,325,310	1,258,322	\$ 66,988
Pimco Long-Term Credit Bond Fund	1,375,000		1,375,000	
Pimco Total Return Fund		1,260,520	1,249,608	10,912

SERIES OF REPORTABLE TRANSACTIONS

(including single reportable transactions):

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Fifth Third Prime Money Market Fund		\$ 1,848,718	1,848,718	\$ -
DFA Emerging Markets Value Fund	84,104		84,104	
DFA Emerging Markets Value Fund		1,075,096	897,760	177,336
Delaware Extended Duration Bond Fund	2,056,058		2,056,058	
Delaware Extended Duration Bond Fund		845,000	803,823	41,177
Diamond Hill Small Cap Fund	1,487,119		1,487,119	
Diamond Hill Small Cap Fund		570,000	554,878	15,122
Dodge & Cox Stock Fund	111,473		111,473	
Dodge & Cox Stock Fund		1,499,000	1,464,433	34,567
Harbor Capital Appreciation Fund	107,102		107,102	
Harbor Capital Appreciation Fund		1,716,000	1,249,466	466,534
JP Morgan Select Class Core Bond Fund	110,582		110,582	
JP Morgan Select Class Core Bond Fund		1,417,054	1,344,381	72,673
Pimco Total Return Fund	152,474		152,474	
Pimco Total Return Fund		1,407,795	1,390,722	17,073
Pimco Long-Term Credit Bond Fund	2,059,170		2,059,170	
Pimco Long-Term Credit Bond Fund		845,000	787,386	57,614

(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.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

- **Round off amounts to nearest dollar.**
- **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 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 <u>7</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	14,079,842	
b Actuarial value	2b	14,434,433	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	32	2,496,046
b For terminated vested participants	3b	355	5,439,304
c For active participants:			
(1) Non-vested benefits	3c(1)		432,364
(2) Vested benefits	3c(2)		9,652,846
(3) Total active	3c(3)	380	10,085,210
d Total	3d	767	18,020,560
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate	5		6.63 %
6 Target normal cost	6		436,377

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	<u>3/30/2012</u> Date
	Jason C. Wells Type or print name of actuary	11-07067 Most recent enrollment number
	Aon Consulting Firm name	(614) 436-8100 Telephone number (including area code)
	445 Hutchinson Ave., Suite 900 Columbus OH 43235-8619 Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	1,036,268
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	477,421
9 Amount remaining (Item 7 minus item 8)	0	558,847
10 Interest on item 9 using prior year's actual return of <u>18.54</u> %		103,610
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>7.49</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections		644,472
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	17,985

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	86.19 %
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
10/15/2010	157,846				
01/14/2011	176,169				
04/15/2011	176,169				
07/15/2011	176,169				
03/15/2012	308,901				
			Totals ▶	18(b)	995,254
				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	934,221

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: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	436,377
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,604,112	515,829
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	952,206
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	17,985
36 Additional cash requirement (item 34 minus item 35).....	36	934,221
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	934,221
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
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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 Companies Limited

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 100% vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. Participants who terminate with less than 5 Years of Service have a 0% vested interest in his Accrued Benefit.

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.

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.

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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

On February 4, 2011, obligations belonging to Crane Siding participants were spun off to the Crane Plastics Siding 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.

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.

Dates of Calculations

Funding: The Valuation Date is July 1, 2010.

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
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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 Companies Limited.

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
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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, 2010 valuation.

Interest Rates		Assumption
(1)	Funding	Based on segment rates with a four-month lookback
	(a) First Segment Rate	4.44%
	(b) Second Segment Rate	6.62%
	(c) Third Segment Rate	6.74%
	(d) PPA Effective Rate	6.63%
(2)	FAS 35	8.50%
Other Rates		
(1)	Social Security Wage Bases	3.50%
(2)	Future Salaries	
	Ages 20-34	6.00%
	Ages 35-54	4.00%
	Ages 55+	2.00%

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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 2010 Annuitant/Non-Annuitant Mortality tables for males and females
(2) Disabled	Current liability mortality tables (post-1995)

—Retirement— Decrement		—Termination Rates—		
Age	Rates	Decrement Age	Service <5 Years	Service 5+ Years
55	0.05			
56	0.05	25	0.2000	0.1224
57	0.05	40	0.1638	0.0585
58	0.05	55	0.1623	0.0315
59	0.05	65	0.0000	0.0000
60	0.05			
61	0.05			
62	0.20			
63	0.20	25	0.0005	0.0005
64	0.30	40	0.0009	0.0009
65	0.30	55	0.0075	0.0075
66	0.30	65	0.0000	0.0000
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.

Lump sums calculated 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.

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Schedule SB, Line 25 – Change in Method

Funding Target Interest rates were changed from the full yield curve with a three-month
lookback to segment rates with a four-month lookback.

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Schedule SB, line 26 - Schedule of Active Participant Data

Age	Years of Service as of 07/01/2010									
	< 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	0	4	0	0	0	0	0	0	0	0
25 - 29	0	16	12	0	0	0	0	0	0	0
30 - 34	0	10	22	4	2	0	0	0	0	0
35 - 39	0	15	25	9	12	0	0	0	0	0
40 - 44	0	9	19	12	7	12	0	0	0	0
45 - 49	0	10	23	6	7	9	6	3	0	0
50 - 54	0	7	15	5	5	6	6	21	0	0
55 - 59	0	4	11	1	3	2	6	9	1	0
60 - 64	0	6	6	3	0	0	0	5	2	1
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0	0	0	0	0

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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	6	5.318350	\$2,162,794	\$1,973,986	\$371,165
07/01/2010	7	5.999069	\$1,630,126	\$1,630,126	\$271,730
Subtotal				\$3,604,112	\$642,895
02/04/2011 ²				N/A	\$127,066
Total				N/A	\$515,829

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

² Shortfall Amortization Charge attributable to Crane Siding for the period from 2/4/2011 through 6/30/2011 was spun off to Crane Plastics Siding Retirement Plan on 2/4/2011.