

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>CRANE GROUP RETIREMENT PLAN</u>                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/30/1966</u></td> </tr> </table>                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u> | <b>1c</b> Effective date of plan<br><u>06/30/1966</u>       |  |                                                             |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>06/30/1966</u>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>THE CRANE GROUP COMPANIES LIMITED</u><br><br><u>330 W. SPRING ST.,SUITE 200</u><br><u>COLUMBUS, OH 43215</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1411069</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>614-754-3000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>326100</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1411069</u> |            | <b>2c</b> Sponsor's telephone number<br><u>614-754-3000</u> |  | <b>2d</b> Business code (see instructions)<br><u>326100</u> |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1411069</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2c</b> Sponsor's telephone number<br><u>614-754-3000</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 04/08/2015 | JIM WINNEGRAD                                                |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 04/08/2015 | JIM WINNEGRAD                                                |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 661 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 24  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 266 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 321 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 26  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 347 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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.

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

|                                                                                                                                                                                                                |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                       |
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                                                                                |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>19073541</u>                                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>19264936</u>                                                                      |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                                                                                |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>42</u> <b>(1) Number of participants</b> <u>2747935</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>594</u> <u>11901509</u>                                                           |
| <b>c</b> For active participants:                                                                                                                                                                              |                                                                                                |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>0</u>                                                                          |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>3012446</u>                                                                    |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>25</u> <u>3012446</u>                                                          |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>661</u> <u>17661890</u>                                                           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                      |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                      |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.44 %</u>                                                                         |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>77514</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.

|                                                                       |                               |                                        |
|-----------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                      |                               | <u>04/08/2015</u>                      |
|                                                                       | Signature of actuary          | Date                                   |
| <u>BETHANY L. COFFEY</u>                                              | Type or print name of actuary | <u>14-08059</u>                        |
|                                                                       |                               | Most recent enrollment number          |
| <u>AON CONSULTING</u>                                                 | Firm name                     | <u>614-436-8100</u>                    |
|                                                                       |                               | Telephone number (including area code) |
| <u>445 HUTCHINSON AVE., STE 900</u><br><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) 2013**  
**v. 130118**

| 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 (line 13 from prior year) .....                                   | 0                     | 3429922                |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                      |                       | 3429922                |
| 10 Interest on line 9 using prior year's actual return of <u>8.76</u> % .....                                                       |                       | 300461                 |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 808                    |
| b Interest on (a) using prior year's effective interest rate of <u>7.15</u> % except as otherwise provided (see instructions) ..... |                       | 58                     |
| c Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 866                    |
| d Portion of (c) to be added to prefunding balance .....                                                                            |                       | 866                    |
| 12 Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 3731249                |

| Part III Funding Percentages                                                                                                                                        |    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 87.95 %  |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 109.07 % |
| 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 | 100.28 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/26/2015                                                                        | 86183                             | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 86183 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 contributions 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                                                                 | 77713 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |       |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |       |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |       |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                     | <b>31a</b>         | 77514         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            |                     | <b>34</b>          | 77514         |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 77514         |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 77713         |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                     | <b>38a</b>         | 199           |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                    |                                                             |     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014         |                                                             |     |
| <b>A</b> Name of plan<br>CRANE GROUP RETIREMENT PLAN                                               | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                    |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE CRANE GROUP COMPANIES LIMITED | <b>D</b> Employer Identification Number (EIN)<br>31-1411069 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

445 HUTCHINSON AVENUE, SUITE 990  
COLUMBUS, OH 43235

23-2293237

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARIAL                                                                                         | 131000                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HIGHLAND CONSULTING

2488 CLUBHOUSE CIRCLE  
POWELL, OH 43065

34-1753575

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | INVESTMENT MANAGER                                                                                | 25500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE  
CINCINNATI, OH 45263

31-1051736

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18                     | CUSTODIAN                                                                                         | 6187                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                        |            |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>07/01/2013</b> and ending <b>06/30/2014</b>  |                                                                        |            |
| <b>A</b> Name of plan<br><b>CRANE GROUP RETIREMENT PLAN</b>                                               | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE CRANE GROUP COMPANIES LIMITED</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>31-1411069</b> |            |

| <b>Part I</b> | <b>Asset and Liability Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b>      | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|               | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b>      | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 1                     | 1               |
| <b>b</b>      | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|               | (1) Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1b(1)</b>    | 132866                | 86183           |
|               | (2) Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b(2)</b>    |                       |                 |
|               | (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(3)</b>    | 1                     | 27547           |
| <b>c</b>      | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|               | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(1)</b>    | 186008                | 240704          |
|               | (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(2)</b>    |                       |                 |
|               | (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       |                 |
|               | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(A)</b> |                       |                 |
|               | (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(B)</b> |                       |                 |
|               | (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                       |                 |
|               | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(4)(A)</b> |                       |                 |
|               | (B) Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(4)(B)</b> |                       |                 |
|               | (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(5)</b>    |                       |                 |
|               | (6) Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(6)</b>    |                       |                 |
|               | (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(7)</b>    |                       |                 |
|               | (8) Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(8)</b>    |                       |                 |
|               | (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(9)</b>    |                       |                 |
|               | (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(10)</b>   |                       |                 |
|               | (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(11)</b>   |                       |                 |
|               | (12) Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(12)</b>   |                       |                 |
|               | (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(13)</b>   | 18756595              | 16100974        |
|               | (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(14)</b>   |                       |                 |
|               | (15) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 19075471              | 16455409        |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 5928 | 9226 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 5928 | 9226 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 19069543 | 16446183 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 86183      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 86183     |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1032741    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1032741   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 9235000    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 8047668    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 1187332   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 800321     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 800321    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 3106577   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5563952 |         |
| (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) |         | 5563952 |
| 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) | 165985  |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 165985  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 5729937 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -2623360 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 0        |
| (2) From this plan .....                                 | 2l(2) |  | 0        |

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

During the plan year:

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b> | <b>0</b>   |
| <b>2</b> 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):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                       | <b>3</b> | <b>369</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

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

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

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

**CRANE GROUP RETIREMENT PLAN**  
**FINANCIAL STATEMENTS FOR THE YEARS ENDED**  
**JUNE 30, 2014 AND 2013**  
**TOGETHER WITH INDEPENDENT AUDITOR'S REPORT**

# CRANE GROUP RETIREMENT PLAN

## Index

June 30, 2014 and 2013

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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 AUDITOR'S REPORT**

To the Members of  
The Crane Group Companies Limited

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the Crane Group Retirement Plan (the Plan), which comprise the statements of net assets available for pension benefits as of June 30, 2014 and 2013, and the related statements of changes in net assets available for pension benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of June 30,

2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of or for the year ended June 30, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*McIndy & Associates, Inc.*

Columbus, Ohio  
March 30, 2015

**CRANE GROUP RETIREMENT PLAN**  
**Statements of Net Assets Available for Pension Benefits**  
**As of June 30, 2014 and 2013**

|                                               | 2014                            | 2013                            |
|-----------------------------------------------|---------------------------------|---------------------------------|
| <u>ASSETS</u>                                 |                                 |                                 |
| Investments - at fair value:                  |                                 |                                 |
| Money market funds                            | \$ 240,704                      | \$ 186,008                      |
| Mutual funds                                  | <u>16,100,974</u>               | <u>18,756,595</u>               |
| Total investments                             | 16,341,678                      | 18,942,603                      |
| Cash                                          | 1                               | 1                               |
| Accrued dividend receivable                   | 27,547                          | 1                               |
| Contributions receivable from Plan Sponsors   | <u>86,183</u>                   | <u>132,866</u>                  |
| <br>Total assets                              | <br><u>16,455,409</u>           | <br><u>19,075,471</u>           |
| <u>LIABILITIES</u>                            |                                 |                                 |
| Accounts payable                              | <u>9,226</u>                    | <u>5,928</u>                    |
| Total liabilities                             | <u>9,226</u>                    | <u>5,928</u>                    |
| <br>Net assets available for pension benefits | <br><u><u>\$ 16,446,183</u></u> | <br><u><u>\$ 19,069,543</u></u> |

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

**CRANE GROUP RETIREMENT PLAN****Statements of Changes in Net Assets Available for Pension Benefits****For the Years Ended June 30, 2014 and 2013**

|                                                | 2014                 | 2013                 |
|------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                     |                      |                      |
| Dividend and interest income                   | \$ 1,032,741         | \$ 1,133,493         |
| Contributions from Plan Sponsors               | 86,183               | 3,367,202            |
| Net appreciation in fair value of investments: |                      |                      |
| Mutual funds                                   | 1,987,653            | 399,947              |
| Total additions                                | <u>3,106,577</u>     | <u>4,900,642</u>     |
| DEDUCTIONS:                                    |                      |                      |
| Benefit payments                               | 5,563,952            | 2,510,923            |
| Administrative expenses                        | 165,985              | 77,733               |
| Total deductions                               | <u>5,729,937</u>     | <u>2,588,656</u>     |
| NET INCREASE (DECREASE) IN NET ASSETS          | (2,623,360)          | 2,311,986            |
| NET ASSETS AVAILABLE FOR PENSION BENEFITS      |                      |                      |
| Beginning of year                              | <u>19,069,543</u>    | <u>16,757,557</u>    |
| NET ASSETS AVAILABLE FOR PENSION BENEFITS      |                      |                      |
| End of year                                    | <u>\$ 16,446,183</u> | <u>\$ 19,069,543</u> |

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

**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).

**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 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. Effective July 1, 2014, the Plan was amended to allow participants the option to receive lump sum payments, however this option only applies to participants who satisfy the requirements for normal, early, late or disability retirement.

On September 21, 2012, The Crane Group Companies Limited sold all of its interest in TimberTech Limited to an unrelated third party. Effective September 21, 2012, employees of TimberTech Limited ceased to accrue future benefits under the plan.

Effective June 30, 2013 (the “Freeze Date”), all future benefit accruals under the Plan shall cease. This means that no additional benefits will accrue under the Plan after the Freeze Date. In addition, service and compensation that is considered for purposes of determining participants benefit under the Plan will only be considered up to and through the Freeze Date. Note that service after the Freeze Date will continue to count for purposes of determining whether a participant is vested in their benefit under the Plan and whether they are eligible to commence their benefits prior to their normal retirement date (i.e., at an early retirement date). The benefits accrued by participants before the Freeze Date are not impacted by the freezing of future benefit accruals.

**CRANE GROUP RETIREMENT PLAN**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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***Use of 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 reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4). The net appreciation 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 pension benefits.

***Reclassifications*** – Certain amounts in the 2013 financial statements have been reclassified to conform to the presentation of the 2014 financial statements.

***Payment of Benefits***—Benefit payments to participants are recorded upon distribution. At June 30, 2014 five lump sum payments totaling \$103,381 had been requested but not yet paid. These payments were made in July 2014.

***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:

- expected return on assets of 6.76% and 7.52% for Plan years ended June 30, 2014 and 2013, respectively,

**CRANE GROUP RETIREMENT PLAN**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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***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. The Plan Sponsors contributions were \$86,183 for the year ended June 30, 2014 and \$3,367,202 for the year ended June 30, 2013. The Plan Sponsors contributions for 2014 and 2013 exceeded or met the minimum funding requirements of ERISA.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

**CRANE GROUP RETIREMENT PLAN**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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- life expectancy of participants (2014 static mortality table for annuitants and non-annuitants for 2014 and 2013 static mortality table for annuitants and non-annuitants for 2013),
- retirement age (the assumed weighted average retirement age was 62.42),
- funding interest rate (first, second and third segment rates of 4.99%, 6.32% and 6.99%, respectively, for 2014 and 4.94%, 6.15% and 6.76%, respectively, for 2013),
- assumed rate of future salary increases (n/a for 2014 and 2013 as benefits were frozen 7/1/13), 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, 2014 and 2013 and the changes in accumulated plan benefits for the years ended July 1, 2014 and 2013.

|                                                                           | July 1              |                     |
|---------------------------------------------------------------------------|---------------------|---------------------|
|                                                                           | 2014                | 2013                |
| Accumulated Plan Benefits:                                                |                     |                     |
| Actuarial present value of accumulated plan benefits:                     |                     |                     |
| Vested benefits:                                                          |                     |                     |
| Participants currently receiving benefits                                 | \$ 2,564,898        | \$ 2,594,338        |
| Other participants                                                        | 11,158,635          | 15,412,001          |
| Nonvested benefits                                                        | -                   | 57,568              |
| Total actuarial present value of accumulated plan benefits                | <u>\$13,723,533</u> | <u>\$18,063,907</u> |
| Changes in Accumulated Plan Benefits:                                     |                     |                     |
| Actuarial present value of accumulated plan benefits at beginning of year | \$18,063,907        | \$16,475,062        |
| Increase (decrease) during the year attributable to:                      |                     |                     |
| Service-related benefits accumulated                                      | 139,265             | 1,332,962           |
| Change in actuarial assumptions                                           | 11,284              | 1,547,306           |
| Interest accumulation                                                     | 1,073,029           | 1,219,500           |
| Benefits paid                                                             | <u>(5,563,952)</u>  | <u>(2,510,923)</u>  |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$13,723,533</u> | <u>\$18,063,907</u> |

**CRANE GROUP RETIREMENT PLAN**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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

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

|                                              | <u>2014</u> | <u>2013</u> |
|----------------------------------------------|-------------|-------------|
| Delaware Extended Duration Bond Fund         | \$6,429,467 | \$5,463,871 |
| Pimco Long-Term Credit Bond Fund             | 6,376,247   | 5,428,243   |
| Diamond Hill Small Cap Fund                  | -           | 1,005,866   |
| Dodge & Cox Stock Fund                       | -           | 1,005,281   |
| Harbor Capital Appreciation Fund             | -           | 992,093     |
| Oppenheimer International Growth Fund        | -           | 983,388     |
| Morgan Stanley Ins Global Real Estate Fund I | -           | 977,588     |

**4. FAIR VALUE MEASUREMENTS**

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation

**CRANE GROUP RETIREMENT PLAN**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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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, 2014 and 2013.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2014 and 2013, where no transfers between levels has taken place:

***Assets at Fair Value as of June 30, 2014***

|                                 | <u>Level 1</u>       | <u>Total</u>         |
|---------------------------------|----------------------|----------------------|
| Money market funds              | \$ 240,704           | \$ 240,704           |
| Mutual funds                    | <u>16,100,974</u>    | <u>16,100,974</u>    |
| Total investments at fair value | <u>\$ 16,341,678</u> | <u>\$ 16,341,678</u> |

***Assets at Fair Value as of June 30, 2013***

|                                 | <u>Level 1</u>       | <u>Total</u>         |
|---------------------------------|----------------------|----------------------|
| Money market funds              | \$ 186,008           | \$ 186,008           |
| Mutual funds                    | <u>18,756,595</u>    | <u>18,756,595</u>    |
| Total investments at fair value | <u>\$ 18,942,603</u> | <u>\$ 18,942,603</u> |

**5. INFORMATION SUPPLIED BY TRUSTEE**

All investment information relating to the financial statements and supplemental schedules has been prepared in part or entirely from information certified by Fifth Third Bank as trustee of the Plan and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

## **6. 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, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for tax years ending prior to July 1, 2011.

## **7. SUBSEQUENT EVENTS**

Management has evaluated whether any other events or transactions occurred subsequent to June 30, 2014 through March 30, 2015, 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, 2014**

| <b>Description</b>                           | <b>Shares or<br/>Units</b> | <b>Cost</b>                 | <b>Fair Value</b>           |
|----------------------------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>MONEY MARKET FUND:</b>                    |                            |                             |                             |
| Federated Prime Value Obligations Fund       | 240,704                    | \$ 240,704                  | \$ 240,704                  |
| <b>MUTUAL FUNDS:</b>                         |                            |                             |                             |
| AQR Small Cap Momentum Fund                  | 9,062                      | 162,398                     | 206,154                     |
| Delaware Extended Duration Bond Fund         | 939,981                    | 6,276,595                   | 6,429,467                   |
| DFA Emerging Markets Value Fund              | 11,250                     | 348,105                     | 330,978                     |
| Diamond Hill Small Cap Fund                  | 11,546                     | 306,139                     | 413,930                     |
| Dodge & Cox International Stock Fund         | 5,261                      | 194,529                     | 244,311                     |
| Dodge & Cox Stock Fund                       | 2,307                      | 258,634                     | 412,336                     |
| Harbor Capital Appreciation Fund             | 7,033                      | 241,352                     | 416,478                     |
| Harbor International Fund                    | 3,294                      | 208,755                     | 244,256                     |
| Morgan Stanley Ins Global Real Estate Fund I | 37,367                     | 333,016                     | 411,780                     |
| Oppenheimer International Growth Fund        | 10,419                     | 241,004                     | 408,519                     |
| Pimco Long-Term Credit Bond Fund             | 498,924                    | 6,263,075                   | 6,376,247                   |
| William Blair Small Cap Growth Fund          | 6,450                      | 149,331                     | 206,518                     |
| Total Mutual Funds                           |                            | <u>14,982,933</u>           | <u>16,100,974</u>           |
| <b>TOTAL INVESTMENTS</b>                     |                            | <u><u>\$ 15,223,637</u></u> | <u><u>\$ 16,341,678</u></u> |

See accompanying independent auditor's 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, 2014**

|                                                                                  | Purchase Price<br>(1) | Selling Price<br>(1) | Cost         | Gain (Loss) |
|----------------------------------------------------------------------------------|-----------------------|----------------------|--------------|-------------|
| SINGLE REPORTABLE TRANSACTIONS:                                                  |                       |                      |              |             |
| Delaware Extended Duration Bond Fund                                             | \$ 1,600,000          |                      | \$ 1,600,000 |             |
| Pimco Long-Term Credit Bond Fund                                                 | 1,660,000             |                      | 1,660,000    |             |
| SERIES OF REPORTABLE TRANSACTIONS<br>(including single reportable transactions): |                       |                      |              |             |
| Federated Prime Value Obligations Fund                                           | \$ 2,608,204          |                      | \$ 2,608,204 |             |
| Federated Prime Value Obligations Fund                                           |                       | \$ 2,553,508         | 2,553,508    | -           |
| Delaware Extended Duration Bond Fund                                             | 2,040,404             |                      | 2,040,404    |             |
| Delaware Extended Duration Bond Fund                                             |                       | 1,644,700            | 1,689,163    | \$ (44,463) |
| Harbor Capital Appreciation Fund                                                 | 47,211                |                      | 47,211       |             |
| Harbor Capital Appreciation Fund                                                 |                       | 834,650              | 503,344      | 331,306     |
| Pimco Long-Term Credit Bond Fund                                                 | 2,244,244             |                      | 2,244,244    |             |
| Pimco Long-Term Credit Bond Fund                                                 |                       | 1,699,600            | 1,747,747    | (48,147)    |

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

See accompanying independent auditor's 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, 2014**

| <b>Description</b>                           | <b>Shares or<br/>Units</b> | <b>Cost</b>                 | <b>Fair Value</b>           |
|----------------------------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>MONEY MARKET FUND:</b>                    |                            |                             |                             |
| Federated Prime Value Obligations Fund       | 240,704                    | \$ 240,704                  | \$ 240,704                  |
| <b>MUTUAL FUNDS:</b>                         |                            |                             |                             |
| AQR Small Cap Momentum Fund                  | 9,062                      | 162,398                     | 206,154                     |
| Delaware Extended Duration Bond Fund         | 939,981                    | 6,276,595                   | 6,429,467                   |
| DFA Emerging Markets Value Fund              | 11,250                     | 348,105                     | 330,978                     |
| Diamond Hill Small Cap Fund                  | 11,546                     | 306,139                     | 413,930                     |
| Dodge & Cox International Stock Fund         | 5,261                      | 194,529                     | 244,311                     |
| Dodge & Cox Stock Fund                       | 2,307                      | 258,634                     | 412,336                     |
| Harbor Capital Appreciation Fund             | 7,033                      | 241,352                     | 416,478                     |
| Harbor International Fund                    | 3,294                      | 208,755                     | 244,256                     |
| Morgan Stanley Ins Global Real Estate Fund I | 37,367                     | 333,016                     | 411,780                     |
| Oppenheimer International Growth Fund        | 10,419                     | 241,004                     | 408,519                     |
| Pimco Long-Term Credit Bond Fund             | 498,924                    | 6,263,075                   | 6,376,247                   |
| William Blair Small Cap Growth Fund          | 6,450                      | 149,331                     | 206,518                     |
| Total Mutual Funds                           |                            | <u>14,982,933</u>           | <u>16,100,974</u>           |
| <b>TOTAL INVESTMENTS</b>                     |                            | <u><u>\$ 15,223,637</u></u> | <u><u>\$ 16,341,678</u></u> |

See accompanying independent auditor's report and notes to financial statements.

## Schedule SB Attachment (Form 5500)—2013 Plan Year

## Crane Group Retirement Plan

EIN: 31-1411069    PN: 001

### Schedule SB, Line 26—Schedule of Active Participant Data

**The Crane Group Companies Limited**

## Crane Group Retirement Plan

## Active Employees

**EIN: 31-1411069 PN: 001**

### Number of Participants and Average Compensation

[illegible]

70+

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
 EIN: 31-1411069 PN: 001

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

|                                                   |                                                                                                                       |                                           |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Interest Rates                                    | Based on segment rates with a four-month lookback<br>(as of March 2013)                                               |                                           |
|                                                   | <u>Minimum Funding<br/>and Benefit Restrictions</u>                                                                   | <u>Maximum Tax<br/>Deduction and PBGC</u> |
| 1st Segment Rate                                  | 4.94%                                                                                                                 | 1.54%                                     |
| 2nd Segment Rate                                  | 6.15%                                                                                                                 | 4.28%                                     |
| 3rd Segment Rate                                  | 6.76%                                                                                                                 | 5.32%                                     |
| Salary Increases                                  | N/A                                                                                                                   |                                           |
| Social Security Wage Base Increases               | N/A                                                                                                                   |                                           |
| Optional Payment Form Election Percentage         | If hired before July 1, 2002: 10% life annuity and<br>90% lump sum<br>If hired after June 30, 2002: 100% life annuity |                                           |
| Optional Payment Form<br>Conversion Interest Rate | Same as funding interest rates above for lump sums                                                                    |                                           |
| Optional Payment Form<br>Conversion Mortality     | Current IRC section 417(e) table for lump sums                                                                        |                                           |
| Retirement Age                                    |                                                                                                                       |                                           |
| Active Participants                               | See Table 1                                                                                                           |                                           |
| Terminated Vested Participants                    | 65                                                                                                                    |                                           |
| Mortality Rates                                   |                                                                                                                       |                                           |
| Healthy                                           | 2013 static mortality table for annuitants and non-<br>annuitants per §1.430(h)(3)-1(e)                               |                                           |
| Disabled                                          | Revenue Ruling 96-7 mortality table for disability<br>after December 31, 1994                                         |                                           |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
EIN: 31-1411069 PN: 001

Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Withdrawal Rates                              | See Table 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disability Rates                              | See Table 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decrement Timing                              | Beginning of year decrements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2011 Plan Year                                | 6.44%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2012 Plan Year                                | 7.52%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | Based on prior year administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | July 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
EIN: 31-1411069 PN: 001

Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 1

**Retirement Rates—Retirement**  
**Age                      Rate**

|     |         |
|-----|---------|
| 55  | 5.00%   |
| 56  | 5.00%   |
| 57  | 5.00%   |
| 58  | 5.00%   |
| 59  | 5.00%   |
| 60  | 5.00%   |
| 61  | 5.00%   |
| 62  | 20.00%  |
| 63  | 20.00%  |
| 64  | 30.00%  |
| 65  | 30.00%  |
| 66  | 30.00%  |
| 67+ | 100.00% |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
 EIN: 31-1411069 PN: 001

Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 2

Withdrawal Rates—Termination

| Age | Years of Service |        |
|-----|------------------|--------|
|     | 0-4              | 5+     |
| 20  | 0.00%            | 0.00%  |
| 21  | 26.00%           | 15.84% |
| 22  | 24.50%           | 14.94% |
| 23  | 23.00%           | 14.04% |
| 24  | 21.50%           | 13.14% |
|     |                  |        |
| 25  | 20.00%           | 12.24% |
| 26  | 18.50%           | 11.34% |
| 27  | 17.50%           | 10.44% |
| 28  | 16.50%           | 9.99%  |
| 29  | 16.50%           | 9.54%  |
|     |                  |        |
| 30  | 16.50%           | 9.09%  |
| 31  | 16.50%           | 8.64%  |
| 32  | 16.50%           | 8.19%  |
| 33  | 16.50%           | 7.83%  |
| 34  | 16.40%           | 7.47%  |
|     |                  |        |
| 35  | 16.40%           | 7.11%  |
| 36  | 16.40%           | 6.75%  |
| 37  | 16.40%           | 6.39%  |
| 38  | 16.40%           | 6.21%  |
| 39  | 16.40%           | 6.03%  |
|     |                  |        |
| 40  | 16.40%           | 5.85%  |
| 41  | 16.40%           | 5.67%  |
| 42  | 16.40%           | 5.49%  |
| 43  | 16.40%           | 5.31%  |
| 44  | 16.30%           | 5.13%  |
|     |                  |        |
| 45  | 16.30%           | 4.95%  |
| 46  | 16.30%           | 4.77%  |
| 47  | 16.30%           | 4.59%  |
| 48  | 16.30%           | 4.41%  |
| 49  | 16.30%           | 4.23%  |
|     |                  |        |
| 50  | 16.30%           | 4.05%  |
| 51  | 16.30%           | 3.87%  |
| 52  | 16.30%           | 3.69%  |
| 53  | 16.30%           | 3.51%  |
| 54  | 16.20%           | 3.33%  |
|     |                  |        |
| 55+ | 0.00%            | 0.00%  |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
 EIN: 31-1411069 PN: 001

Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 3

**Disability Rates—Disability**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 0.00%       | 45         | 0.18%       |
| 16         | 0.00%       | 46         | 0.21%       |
| 17         | 0.00%       | 47         | 0.23%       |
| 18         | 0.00%       | 48         | 0.27%       |
| 19         | 0.05%       | 49         | 0.32%       |
| 20         | 0.05%       | 50         | 0.38%       |
| 21         | 0.05%       | 51         | 0.45%       |
| 22         | 0.05%       | 52         | 0.53%       |
| 23         | 0.05%       | 53         | 0.60%       |
| 24         | 0.05%       | 54         | 0.67%       |
| 25         | 0.05%       | 55         | 0.75%       |
| 26         | 0.05%       | 56         | 0.82%       |
| 27         | 0.05%       | 57         | 0.89%       |
| 28         | 0.05%       | 58         | 0.97%       |
| 29         | 0.05%       | 59         | 1.04%       |
| 30         | 0.05%       | 60         | 1.26%       |
| 31         | 0.05%       | 61         | 1.41%       |
| 32         | 0.06%       | 62         | 1.62%       |
| 33         | 0.06%       | 63         | 1.91%       |
| 34         | 0.06%       | 64         | 2.30%       |
| 35         | 0.06%       | 65         | 0.00%       |
| 36         | 0.06%       | 66         | 0.00%       |
| 37         | 0.07%       | 67         | 0.00%       |
| 38         | 0.07%       | 68         | 0.00%       |
| 39         | 0.08%       | 69         | 0.00%       |
| 40         | 0.09%       | 70         | 0.00%       |
| 41         | 0.10%       | 71         | 0.00%       |
| 42         | 0.12%       | 72         | 0.00%       |
| 43         | 0.14%       | 73         | 0.00%       |
| 44         | 0.16%       | 74         | 0.00%       |

**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, 2014**

|                                                                                  | Purchase Price<br>(1) | Selling Price<br>(1) | Cost         | Gain (Loss) |
|----------------------------------------------------------------------------------|-----------------------|----------------------|--------------|-------------|
| SINGLE REPORTABLE TRANSACTIONS:                                                  |                       |                      |              |             |
| Delaware Extended Duration Bond Fund                                             | \$ 1,600,000          |                      | \$ 1,600,000 |             |
| Pimco Long-Term Credit Bond Fund                                                 | 1,660,000             |                      | 1,660,000    |             |
| SERIES OF REPORTABLE TRANSACTIONS<br>(including single reportable transactions): |                       |                      |              |             |
| Federated Prime Value Obligations Fund                                           | \$ 2,608,204          |                      | \$ 2,608,204 |             |
| Federated Prime Value Obligations Fund                                           |                       | \$ 2,553,508         | 2,553,508    | -           |
| Delaware Extended Duration Bond Fund                                             | 2,040,404             |                      | 2,040,404    |             |
| Delaware Extended Duration Bond Fund                                             |                       | 1,644,700            | 1,689,163    | \$ (44,463) |
| Harbor Capital Appreciation Fund                                                 | 47,211                |                      | 47,211       |             |
| Harbor Capital Appreciation Fund                                                 |                       | 834,650              | 503,344      | 331,306     |
| Pimco Long-Term Credit Bond Fund                                                 | 2,244,244             |                      | 2,244,244    |             |
| Pimco Long-Term Credit Bond Fund                                                 |                       | 1,699,600            | 1,747,747    | (48,147)    |

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

See accompanying independent auditor's report and notes to financial statements.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2013****This Form is Open to Public  
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

► **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.

|                                                                                                                                                         |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Crane Group Retirement Plan                                                                                                | <b>B</b> Three-digit plan number (PN) ►<br><br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Crane Group Companies Ltd.                                              | <b>D</b> Employer Identification Number (EIN)<br><br>31-1411069 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2013</u>                                                                                                                                 |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 19,073,541         |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 19,264,936         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> 42               | 2,747,935          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> 594              | 11,901,509         |
| <b>c</b> For active participants:                                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>               | 3,012,446          |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> 25            | 3,012,446          |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> 661              | 17,661,890         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.44 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 77,514             |

**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.

|                                |                                    |                                                          |
|--------------------------------|------------------------------------|----------------------------------------------------------|
| <b>SIGN<br/>HERE</b>           | <b>BLC</b><br>Signature of actuary | <b>3/6/2015</b><br>Date                                  |
| Bethany L. Coffey              | Type or print name of actuary      | 14-08059<br>Most recent enrollment number                |
| Aon Consulting, Inc.           | Firm name                          | (614) 436-8100<br>Telephone number (including area code) |
| 445 Hutchinson Ave., Suite 900 | Address of the firm                |                                                          |
| Columbus                       | OH 43235-8619                      |                                                          |

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) 2013  
v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 3,429,922              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 3,429,922              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.76</u> % .....                                                       |                       | 300,461                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 808                    |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.15</u> % except as otherwise provided (see instructions) ..... |                       | 58                     |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 866                    |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 866                    |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                               | 0                     | 3,731,249              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 87.95 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 109.07 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.28 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/26/2015               | 86,183                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 86,183                            | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 77,713 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94 % | 2nd segment:<br>6.15 % | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 77,514             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 77,514             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 77,514             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 77,713             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 199                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

## Schedule SB Attachment (Form 5500)—2013 Plan Year

## Crane Group Retirement Plan

EIN: 31-1411069 PN: 001

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

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55               | 5.00%       | 1.0000        | 2.75                              |
| 56               | 5.00%       | 0.9500        | 2.66                              |
| 57               | 5.00%       | 0.9025        | 2.57                              |
| 58               | 5.00%       | 0.8574        | 2.49                              |
| 59               | 5.00%       | 0.8145        | 2.40                              |
| 60               | 5.00%       | 0.7738        | 2.32                              |
| 61               | 5.00%       | 0.7351        | 2.24                              |
| 62               | 20.00%      | 0.6983        | 8.66                              |
| 63               | 20.00%      | 0.5587        | 7.04                              |
| 64               | 30.00%      | 0.4469        | 8.58                              |
| 65               | 30.00%      | 0.3129        | 6.10                              |
| 66               | 30.00%      | 0.2190        | 4.34                              |
| 67+              | 100.00%     | 0.1533        | 10.27                             |
| Weighted Average |             |               | 62.42                             |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Actuarial Assumptions/Methods

|                                                   |                                                                                                                       |                                           |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Interest Rates                                    | Based on segment rates with a four-month lookback<br>(as of March 2013)                                               |                                           |
|                                                   | <u>Minimum Funding<br/>and Benefit Restrictions</u>                                                                   | <u>Maximum Tax<br/>Deduction and PBGC</u> |
| 1st Segment Rate                                  | 4.94%                                                                                                                 | 1.54%                                     |
| 2nd Segment Rate                                  | 6.15%                                                                                                                 | 4.28%                                     |
| 3rd Segment Rate                                  | 6.76%                                                                                                                 | 5.32%                                     |
| Salary Increases                                  | N/A                                                                                                                   |                                           |
| Social Security Wage Base Increases               | N/A                                                                                                                   |                                           |
| Optional Payment Form Election Percentage         | If hired before July 1, 2002: 10% life annuity and<br>90% lump sum<br>If hired after June 30, 2002: 100% life annuity |                                           |
| Optional Payment Form<br>Conversion Interest Rate | Same as funding interest rates above for lump sums                                                                    |                                           |
| Optional Payment Form<br>Conversion Mortality     | Current IRC section 417(e) table for lump sums                                                                        |                                           |
| Retirement Age                                    |                                                                                                                       |                                           |
| Active Participants                               | See Table 1                                                                                                           |                                           |
| Terminated Vested Participants                    | 65                                                                                                                    |                                           |
| Mortality Rates                                   |                                                                                                                       |                                           |
| Healthy                                           | 2013 static mortality table for annuitants and non-<br>annuitants per §1.430(h)(3)-1(e)                               |                                           |
| Disabled                                          | Revenue Ruling 96-7 mortality table for disability<br>after December 31, 1994                                         |                                           |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
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Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Withdrawal Rates                              | See Table 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disability Rates                              | See Table 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decrement Timing                              | Beginning of year decrements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2011 Plan Year                                | 6.44%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2012 Plan Year                                | 7.52%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | Based on prior year administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | July 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
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Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 1

**Retirement Rates—Retirement**  
**Age                      Rate**

|     |         |
|-----|---------|
| 55  | 5.00%   |
| 56  | 5.00%   |
| 57  | 5.00%   |
| 58  | 5.00%   |
| 59  | 5.00%   |
| 60  | 5.00%   |
| 61  | 5.00%   |
| 62  | 20.00%  |
| 63  | 20.00%  |
| 64  | 30.00%  |
| 65  | 30.00%  |
| 66  | 30.00%  |
| 67+ | 100.00% |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 2

Withdrawal Rates—Termination

| Age | Years of Service |        |
|-----|------------------|--------|
|     | 0-4              | 5+     |
| 20  | 0.00%            | 0.00%  |
| 21  | 26.00%           | 15.84% |
| 22  | 24.50%           | 14.94% |
| 23  | 23.00%           | 14.04% |
| 24  | 21.50%           | 13.14% |
| 25  | 20.00%           | 12.24% |
| 26  | 18.50%           | 11.34% |
| 27  | 17.50%           | 10.44% |
| 28  | 16.50%           | 9.99%  |
| 29  | 16.50%           | 9.54%  |
| 30  | 16.50%           | 9.09%  |
| 31  | 16.50%           | 8.64%  |
| 32  | 16.50%           | 8.19%  |
| 33  | 16.50%           | 7.83%  |
| 34  | 16.40%           | 7.47%  |
| 35  | 16.40%           | 7.11%  |
| 36  | 16.40%           | 6.75%  |
| 37  | 16.40%           | 6.39%  |
| 38  | 16.40%           | 6.21%  |
| 39  | 16.40%           | 6.03%  |
| 40  | 16.40%           | 5.85%  |
| 41  | 16.40%           | 5.67%  |
| 42  | 16.40%           | 5.49%  |
| 43  | 16.40%           | 5.31%  |
| 44  | 16.30%           | 5.13%  |
| 45  | 16.30%           | 4.95%  |
| 46  | 16.30%           | 4.77%  |
| 47  | 16.30%           | 4.59%  |
| 48  | 16.30%           | 4.41%  |
| 49  | 16.30%           | 4.23%  |
| 50  | 16.30%           | 4.05%  |
| 51  | 16.30%           | 3.87%  |
| 52  | 16.30%           | 3.69%  |
| 53  | 16.30%           | 3.51%  |
| 54  | 16.20%           | 3.33%  |
| 55+ | 0.00%            | 0.00%  |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
 Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Actuarial Assumptions/Methods (cont'd)

Table 3

Disability Rates—Disability

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 15  | 0.00% | 45  | 0.18% |
| 16  | 0.00% | 46  | 0.21% |
| 17  | 0.00% | 47  | 0.23% |
| 18  | 0.00% | 48  | 0.27% |
| 19  | 0.05% | 49  | 0.32% |
| 20  | 0.05% | 50  | 0.38% |
| 21  | 0.05% | 51  | 0.45% |
| 22  | 0.05% | 52  | 0.53% |
| 23  | 0.05% | 53  | 0.60% |
| 24  | 0.05% | 54  | 0.67% |
| 25  | 0.05% | 55  | 0.75% |
| 26  | 0.05% | 56  | 0.82% |
| 27  | 0.05% | 57  | 0.89% |
| 28  | 0.05% | 58  | 0.97% |
| 29  | 0.05% | 59  | 1.04% |
| 30  | 0.05% | 60  | 1.26% |
| 31  | 0.05% | 61  | 1.41% |
| 32  | 0.06% | 62  | 1.62% |
| 33  | 0.06% | 63  | 1.91% |
| 34  | 0.06% | 64  | 2.30% |
| 35  | 0.06% | 65  | 0.00% |
| 36  | 0.06% | 66  | 0.00% |
| 37  | 0.07% | 67  | 0.00% |
| 38  | 0.07% | 68  | 0.00% |
| 39  | 0.08% | 69  | 0.00% |
| 40  | 0.09% | 70  | 0.00% |
| 41  | 0.10% | 71  | 0.00% |
| 42  | 0.12% | 72  | 0.00% |
| 43  | 0.14% | 73  | 0.00% |
| 44  | 0.16% | 74  | 0.00% |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions

**General Information**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Original Effective Date:           | June 30, 1966                     |
| Effective Date of Last Amendment:  | June 30, 2013                     |
| Plan Year:                         | July 1st to June 30th             |
| Employer Fiscal Year               | January 1st to December 31st      |
| Employer ID Number:                | 31-1411069                        |
| Plan Administrator's<br>ID Number: | 31-1411069                        |
| Plan Number:                       | 001                               |
| Plan Administrator:                | The 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.

The Plan is frozen effective June 30, 2013.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions (cont'd)

**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.

As of February 4, 2011, employees at Crane Siding will no longer accrue service under the plan.

As of June 30, 2013, no employees will accrue additional 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.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions (cont'd)

**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.

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Schedule SB, Part V—Summary of Plan Provisions (cont'd)

**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 1/180th for each of the first 60 months retirement precedes Normal Retirement Date, and 1/360th 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.

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Schedule SB, Part V—Summary of Plan Provisions (cont'd)

**Severance Benefit**

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

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

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

**Normal Form of Payment**

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

**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'd)

**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.

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Crane Group Retirement Plan  
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**Schedule SB, Line 26—Schedule of Active Participant Data  
As of July 1, 2013**

**The Crane Group Companies Limited**  
**Crane Group Retirement Plan**  
**Active Employees**

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### Number of Participants and Average Compensation

[illegible]