

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2017	JIM WINNEGRAD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2017	JIM WINNEGRAD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	329
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	
a(2) Total number of active participants at the end of the plan year		6a(2)	21
b Retired or separated participants receiving benefits.....		6b	32
c Other retired or separated participants entitled to future benefits.....		6c	190
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	243
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	26
f Total. Add lines 6d and 6e		6f	269
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2015	
2	Assets:	
	a Market value	2a 14061755
	b Actuarial value	2b 14027408
3	Funding target/participant count breakdown	
	(1) Number of participants	(2) Vested Funding Target
	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving payment	41 2680465 2680465
	b For terminated vested participants	265 7577117 7577117
	c For active participants	23 3086846 3086846
	d Total	329 13344428 13344428
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 6.37%
6	Target normal cost	6 74120

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary LORI A. DEVORE Type or print name of actuary AON CONSULTING Firm name 445 HUTCHINSON AVE., STE 900 COLUMBUS, OH 43235-8619 Address of the firm	04/04/2017 Date 14-05257 Most recent enrollment number 614-436-8100 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4284185
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)		4284185
10	Interest on line 9 using prior year's actual return of <u>1.06</u> %		45412
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1707
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.57</u> %.....		112
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance.....		1819
d	Portion of (c) to be added to prefunding balance		1819
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	4331416

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	72.65 %
15	Adjusted funding target attainment percentage	15	104.41 %
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	80.48 %
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
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18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/24/2015	77912	0			
03/14/2017	1500000	0			
			Totals ►	18(b)	1577912 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	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1426493

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ 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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	74120	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	74120	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	74120	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1426493	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1352373	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan CRANE GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRANE GROUP COMPANIES LIMITED	D Employer Identification Number (EIN) 31-1411069	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

AON CONSULTING

445 HUTCHINSON AVENUE, SUITE 990
COLUMBUS, OH 43235

23-2293237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	24295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHLAND CONSULTING

2488 CLUBHOUSE CIRCLE
POWELL, OH 43065

34-1753575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGER	20542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE
CINCINNATI, OH 45263

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	CUSTODIAN	15195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>		
A Name of plan <u>CRANE GROUP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CRANE GROUP COMPANIES LIMITED</u>	D Employer Identification Number (EIN) <u>31-1411069</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	96524	1500000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	26569	27832
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	86483	59302
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13881172	13676178
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14090749	15263313

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6549	3983
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6549	3983

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14084200	15259330
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1577912	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1577912

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1045624	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1045624

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1469400	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1544129	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-74729

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	33690	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		33690

		(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 income amounts in column (b) and enter total	2d		2582497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1349901	
(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)		1349901
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)	57466	
(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)		57466
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1407367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1175130
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:

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

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

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

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>9</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

CRANE GROUP RETIREMENT PLAN

**FINANCIAL STATEMENTS AS OF AND
FOR THE YEARS ENDED**

JUNE 30, 2016 AND 2015

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

CRANE GROUP RETIREMENT PLAN

Index

June 30, 2016 and 2015

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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
Crane Group Co.

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, 2016 and 2015, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 referred to in Note 4, 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 and for the years end June 30, 2016 and 2015, 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, 2016 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.

McCurdy + Associates, Inc.

Columbus, Ohio
April 3, 2017

CRANE GROUP RETIREMENT PLAN
Statements of Net Assets Available for Pension Benefits
As of June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
Investments - at fair value:		
Money market funds	\$ 59,302	\$ 86,483
Mutual funds	<u>13,676,178</u>	<u>13,881,172</u>
Total investments	13,735,480	13,967,655
Cash	1	1
Accrued dividends receivable	27,832	26,569
Contributions receivable from Plan Sponsors	<u>1,500,000</u>	<u>96,524</u>
 Total assets	 <u>15,263,313</u>	 <u>14,090,749</u>
<u>LIABILITIES</u>		
Accounts payable	<u>3,983</u>	<u>6,549</u>
Total liabilities	<u>3,983</u>	<u>6,549</u>
 Net assets available for pension benefits	 <u><u>\$ 15,259,330</u></u>	 <u><u>\$ 14,084,200</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, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS:		
Investment income	\$ 1,045,624	\$ 1,005,537
Contributions from Plan Sponsors	1,577,912	174,040
Net depreciation in fair value of investments:		
Mutual funds	<u>(41,039)</u>	<u>(853,596)</u>
Total additions	<u>2,582,497</u>	<u>325,981</u>
DEDUCTIONS:		
Benefit payments	1,349,901	2,616,521
Administrative expenses	<u>57,466</u>	<u>71,443</u>
Total deductions	<u>1,407,367</u>	<u>2,687,964</u>
NET INCREASE (DECREASE) IN NET ASSETS	1,175,130	(2,361,983)
NET ASSETS AVAILABLE FOR PENSION BENEFITS		
Beginning of year	<u>14,084,200</u>	<u>16,446,183</u>
NET ASSETS AVAILABLE FOR PENSION BENEFITS		
End of year	<u>\$ 15,259,330</u>	<u>\$ 14,084,200</u>

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

CRANE GROUP RETIREMENT PLAN
Notes to Financial Statements
June 30, 2016 and 2015

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 Crane Group Co. 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) multiplied by the years of credited service (limited to 30 years). Employees hired after June 30, 2002 that retired prior to July 1, 2014 did 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.

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, 2016 and 2015

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 reserve the right to amend or terminate the Plan in certain 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 guarantee, 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 \$1,577,912 for the year ended June 30, 2016 and \$174,040 for the year ended June 30, 2015. The Plan Sponsors contributions for 2016 and 2015 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, 2016 and 2015

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 3). The net depreciation in fair value of investments includes realized and unrealized gains and losses.

The Plan's investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with such investments, it is reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for pension benefits.

Payment of Benefits—Benefit payments to participants are recorded upon distribution. At June 30, 2016 one lump sum payment totaling \$228,186 had been requested but not yet paid. This payment was made in July 2016.

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) multiplied by 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 6.81% and 6.99% for Plan years ended June 30, 2016 and 2015, respectively,
- life expectancy of participants (2016 static mortality table for annuitants and non-annuitants for 2016 and 2015 static mortality table for annuitants and non-annuitants for 2015),

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2016 and 2015

- retirement age (the assumed weighted average retirement age for active participants was 62.42),
- minimum funding interest rate (first, second and third segment rates of 4.43%, 5.91% and 6.65%, respectively, for 2016 and 4.72%, 6.11% and 6.81%, respectively, for 2015),
- assumed rate of future salary increases (n/a for 2016 and 2015 as benefits were frozen effective June 30, 2013), and
- benefit payments (90% of participants are assumed to elect lump sum 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, 2016 and 2015 and the changes in accumulated plan benefits for the years ended July 1, 2016 and 2015.

	July 1	
	2016	2015
Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 2,464,054	\$ 2,703,009
Other participants	<u>10,742,234</u>	<u>10,934,578</u>
Total actuarial present value of accumulated plan benefits	<u>\$13,206,288</u>	<u>\$13,637,587</u>
Changes in Accumulated Plan Benefits:		
Actuarial present value of accumulated plan benefits at beginning of year	\$13,637,587	\$13,723,533
Increase (decrease) during the year attributable to:		
Service-related benefits accumulated	10,419	1,517,577
Change in actuarial assumptions	-	145,598
Interest accumulation	908,183	870,511
Benefits paid	<u>(1,349,901)</u>	<u>(2,619,632)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$13,206,288</u>	<u>\$13,637,587</u>

Recent Accounting Pronouncements—In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value for Share (or its Equivalent).

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2016 and 2015

The purpose of the update is to address that there is diversity in practice related to how certain investments measured at net asset value with redemption dates in the future (including periodic redemption dates) are categorized within the fair value hierarchy. Provisions of ASU 2015-07 include: removal of the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient; eliminates the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The new guidance is effective for non-public business entities for fiscal years beginning December 15, 2016. The reporting entity should apply the amendments retrospectively to all periods presented. The new guidance permits early adoption but does not apply to the Plan.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting. The purpose of the update is to simplify or eliminate some of the financial reporting and disclosure requirements for employee benefit plans. Provisions of ASU 2015-12 include: designation of contract value as the only required measure for fully benefit-responsive investment contracts; eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation (depreciation) in fair value of investments by general type. The new guidance is effective for non-public business entities for fiscal years beginning December 15, 2016. The reporting entity should apply the amendments retrospectively to all periods presented. Management has elected to early adopt and the guidance is reflected in these financial statements.

These standards, both ASU 2015-07 and ASU 2015-12 are considered preferable for reasons described above.

3. 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;

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2016 and 2015

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2016 and 2015.

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, 2016 and 2015, where no transfers between levels has taken place:

Assets at Fair Value as of June 30, 2016

	<u>Level 1</u>	<u>Total</u>
Money market funds	\$ 59,302	\$ 59,302
Mutual funds	<u>13,676,178</u>	<u>13,676,178</u>
Total investments at fair value	<u>\$ 13,735,480</u>	<u>\$ 13,735,480</u>

Assets at Fair Value as of June 30, 2015

	<u>Level 1</u>	<u>Total</u>
Money market funds	\$ 86,483	\$ 86,483
Mutual funds	<u>13,881,172</u>	<u>13,881,172</u>
Total investments at fair value	<u>\$ 13,967,655</u>	<u>\$ 13,967,655</u>

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

June 30, 2016 and 2015

4. 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.

5. TAX STATUS

The Plan obtained its latest determination letter dated October 14, 2015, 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, 2016, 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.

6. SUBSEQUENT EVENTS

Management has evaluated whether any other events or transactions occurred subsequent to June 30, 2016 through April 3, 2017, 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, 2016**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Federated Prime Value Obligations Fund	59,302	\$ 59,302	\$ 59,302
MUTUAL FUNDS:			
AQR Small Cap Momentum Fund	9,203	168,008	179,909
Delaware Extended Duration Bond Fund	822,311	5,469,361	5,410,808
DFA Emerging Markets Value Fund	12,273	345,541	273,191
Diamond Hill Small Cap Fund	10,698	290,802	343,095
Dodge & Cox International Stock Fund	5,781	213,438	200,559
Dodge & Cox Stock Fund	2,184	268,668	347,691
Harbor Capital Appreciation Fund	5,856	227,076	332,163
Harbor International Fund	3,392	214,045	199,305
Morgan Stanley Ins Global Real Estate Fund I	30,114	272,252	347,516
Oppenheimer International Growth Fund	9,360	225,357	328,990
Pimco Long-Term Credit Bond Fund	459,050	5,690,875	5,531,549
William Blair Small Cap Growth Fund	7,213	172,194	181,402
Total Mutual Funds		<u>13,557,617</u>	<u>13,676,178</u>
TOTAL INVESTMENTS		<u><u>\$ 13,616,919</u></u>	<u><u>\$ 13,735,480</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, 2016**

	<u>Purchase Price (1)</u>	<u>Selling Price (1)</u>	<u>Cost</u>	<u>Gain (Loss)</u>
SINGLE REPORTABLE TRANSACTIONS:				
None to report				
SERIES OF REPORTABLE TRANSACTIONS (including single reportable transactions):				
Pimco Long-Term Credit Bond Fund	\$ 749,261	\$ -	\$ 749,261	\$ -
Pimco Long-Term Credit Bond Fund		630,200	689,621	(59,421)
Federated Prime Value Obligations Fund	744,857		744,857	
Federated Prime Value Obligations Fund		772,038	772,038	-
Delaware Extended Duration Bond Fund	221,891		221,891	
Delaware Extended Duration Bond Fund		609,100	657,943	(48,843)

(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, 2016**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Federated Prime Value Obligations Fund	59,302	\$ 59,302	\$ 59,302
MUTUAL FUNDS:			
AQR Small Cap Momentum Fund	9,203	168,008	179,909
Delaware Extended Duration Bond Fund	822,311	5,469,361	5,410,808
DFA Emerging Markets Value Fund	12,273	345,541	273,191
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Dodge & Cox International Stock Fund	5,781	213,438	200,559
Dodge & Cox Stock Fund	2,184	268,668	347,691
Harbor Capital Appreciation Fund	5,856	227,076	332,163
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Morgan Stanley Ins Global Real Estate Fund I	30,114	272,252	347,516
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William Blair Small Cap Growth Fund	7,213	172,194	181,402
Total Mutual Funds		<u>13,557,617</u>	<u>13,676,178</u>
TOTAL INVESTMENTS		<u>\$ 13,616,919</u>	<u>\$ 13,735,480</u>

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
 Crane Group Retirement Plan
 EIN: 31-1411069 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2015

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			2	1						
35-39			1							
40-44			1	2	1					
45-49						1				
50-54							2		1	
55-59			1		1	2	2	1		
60-64							1	1	1	
65-69			1							
70+										

N-23

Schedule SB Attachment (Form 5500)—2015 Plan Year
Crane Group Retirement Plan
EIN: 31-1411069 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

A change from the 100% life annuity elections for those hired after June 30, 2002 to 10% life annuity and 90% lump sum.

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, 2016**

	<u>Purchase Price (1)</u>	<u>Selling Price (1)</u>	<u>Cost</u>	<u>Gain (Loss)</u>
SINGLE REPORTABLE TRANSACTIONS:				
None to report				
SERIES OF REPORTABLE TRANSACTIONS (including single reportable transactions):				
Pimco Long-Term Credit Bond Fund	\$ 749,261	\$ -	\$ 749,261	\$ -
Pimco Long-Term Credit Bond Fund		630,200	689,621	(59,421)
Federated Prime Value Obligations Fund	744,857		744,857	
Federated Prime Value Obligations Fund		772,038	772,038	-
Delaware Extended Duration Bond Fund	221,891		221,891	
Delaware Extended Duration Bond Fund		609,100	657,943	(48,843)

(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 Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

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

Part I Basic Information				
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>				
2 Assets:				
a Market value	2a	14,061,755		
b Actuarial value	2b	14,027,408		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment.....	41	2,680,465	2,680,465	
b For terminated vested participants.....	265	7,577,117	7,577,117	
c For active participants.....	23	3,086,846	3,086,846	
d Total.....	329	13,344,428	13,344,428	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate.....	5	6.37%		
6 Target normal cost.....	6	74,120		

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>03/27/2017</u> Date
	LORI A. DEVORE Type or print name of actuary	<u>1405257</u> Most recent enrollment number
	AON CONSULTING Firm name	<u>614-436-8100</u> Telephone number (including area code)
	445 HUTCHINSON AVE., STE 900 COLUMBUS OH 43235-8619 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	4,284,185
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)	0	4,284,185
10 Interest on line 9 using prior year's actual return of <u>1.06%</u>	0	45,412
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,707
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.57%</u>		112
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1,819
d Portion of (c) to be added to prefunding balance		1,819
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	4,331,416

Part III Funding Percentages

14 Funding target attainment percentage	14	72.65%
15 Adjusted funding target attainment percentage	15	104.41%
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	80.48%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/24/2015	77,912	0			
03/13/2017	1,500,000	0			
Totals ▶			18(b)	1,577,912	18(c) 0

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

a Contributions allocated toward unpaid minimum required 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	1,426,721

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ 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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	74,120	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	74,120	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	74,120	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,426,721	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,352,601	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 30, 2015. The July 1, 2015 valuation includes a discounted 2014 contribution that was made after the date of the AFTAP certification.

The inputs used in the original certification and final valuation are shown below:

	9/30/2015 Certification	7/1/2015 Valuation
Funding Target	\$ 13,344,428	\$ 13,344,428
Value of Plan Assets	13,933,310	14,027,408
Funding Standard Carryover Balance	0	0
Prefunding Balance	4,329,597	4,331,416
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
AFTAP	104.41%	105.11%

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Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2015

Date	Amount	Days to Discount to 7/1/2015 at 6.37%	Days to Discount to 7/1/2015 at 11.37%	Interest Adjusted Contribution
November 24, 2015	\$ 16,677	106	40	\$ 16,190
November 24, 2015	61,235	146	0	59,745
March 13, 2017	<u>1,500,000</u>	621	0	<u>1,350,786</u>
Total Contribution	\$ 1,577,912			\$ 1,426,721

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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) Age	(b) Rate	(c) Weight	(d) Product (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

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2015), without regard to interest rate stabilization
1st Segment Rate	1.25%
2nd Segment Rate	4.08%
3rd Segment Rate	5.15%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
Optional Payment Form Election Percentage	10% life annuity and 90% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65

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For ERISA Requirements

Mortality Rates

Healthy

2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Disabled

Revenue Ruling 96-7 mortality table for disability after December 31, 1994

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 80% of females have an eligible spouse, and that males are 3 years older than their spouses.

Valuation Compensation

N/A

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.

Valuation of Plan Assets

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.

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).

Expected Return on Assets

2013 Plan Year

7.00%, limited to 6.76%

2014 Plan Year

7.00%, limited to 6.99%

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For ERISA Requirements

Trust Expenses Included in Target Normal Cost

Based on prior year administrative expenses

Actuarial Method

Standard unit credit cost method

Valuation Date

July 1, 2015

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Table 1

Retirement Rates

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%

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Withdrawal Rates

Age	Years of Service	
	0-4	5+
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%

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Withdrawal Rates

Age	Years of Service	
	0-4	5+
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%

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Table 3

Disability Rates

Age	Rate	Age	Rate
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	0.39%
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%		
37	0.07%		
38	0.07%		
39	0.08%		
40	0.09%		
41	0.10%		
42	0.12%		
43	0.14%		
44	0.16%		
45	0.18%		
46	0.21%		
47	0.23%		
48	0.27%		
49	0.32%		

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Schedule SB, Part V—Summary of Plan Provisions

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

General Information

Original Effective Date:	June 30, 1966
Effective Date of Last Amendment:	June 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 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.

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:

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- (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.

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.

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.

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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.

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) A lump sum.

All Optional Methods of Settlement except the Lump Sum Option are actuarially equivalent to the Normal

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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.

Amendment or Termination of Plan

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

Additional Information

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

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Schedule SB, line 24—Change in Actuarial Assumptions

A change from the 100% life annuity elections for those hired after June 30, 2002 to 10% life annuity and 90% lump sum.

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Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2015

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			2	1						
35-39			1							
40-44			1	2	1					
45-49						1				
50-54							2		1	
55-59			1		1	2	2	1		
60-64							1	1	1	
65-69			1							
70+										

N-23