

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 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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>07/01/2017</u> and ending <u>06/30/2018</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.)	
	☒ 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>	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>	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.	04/15/2019	ASHLEY MATTHEWS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 244
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 19 6a(2) 1 6b 34 6c 68 6d 103 6e 9 6f 112 6g 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018		
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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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	122240	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	22460	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	11221	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018		
A Name of plan CRANE GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CRANE GROUP COMPANIES LIMITED	D Employer Identification Number (EIN) 31-1411069	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	1	1
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	2565109	1481448
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	823148	76754
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	116997	1682025
	(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)	14531496	3463431
	(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	18036751	6703659

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6207	4367
i Acquisition indebtedness	1i		
j Other liabilities	1j	256746	8656
k Total liabilities (add all amounts in lines 1g through 1j)	1k	262953	13023

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17773798	6690636
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	726371	
(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)		726371
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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11283187	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10995673	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		287514
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-706919	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-706919

		(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		306966

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11367527	
(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)		11367527
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	22601	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		22601
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11390128

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11083162
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCCURDY AND ASSOCIATES

(2) EIN: 31-1401234

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		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	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4115475. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):		
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		3 119
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	
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		
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

Crane Group Retirement Plan

Financial Statements as of December 31, 2018 and
for the Period from July 1, 2018 through
December 31, 2018 and as of for and the
Years Ended June 30, 2018 and 2017 (in Liquidation)
Together with Independent Auditor's Report

Crane Group Retirement Plan

Index

	<u>Page(s)</u>
INDEPENDENT AUDITOR’S REPORT.....	1-2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Pension Benefits as of December 31, 2018, June 30, 2018 and 2017 (in liquidation)	3
Statements of Changes in Net Assets Available for Pension Benefits for the Period from July 1, 2018 through December 31, 2018 and the for Years Ended June 30, 2018 and 2017 (in liquidation)	4
Notes to Financial Statements, December 31, 2018, June 30, 2018 and 2017 (in liquidation)	5-12
SUPPLEMENTAL SCHEDULES:*	
Supplemental Schedule 1: Form 5500 Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year), as of June 30, 2018 (in liquidation).....	13
Supplemental Schedule 2: Form 5500 Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Period from July 1, 2018 through December 31, 2018 (in liquidation).....	14
Supplemental Schedule 3: Form 5500 Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended June 30, 2018 (in liquidation).....	15

*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.



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 December 31, 2018, June 30, 2018 and 2017 (in liquidation), and the related statements of changes in net assets available for pension benefits for the period from July 1, 2018 through December 31, 2018 and for the years ended June 30, 2018 and 2017 (in liquidation), 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 5, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2018 and for the period from July 1, 2018 through December 31, 2018 and as of and for the years end June 30, 2018 and 2017, 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) as of June 30, 2018 (in liquidation) and Schedule of Reportable Transactions, for the period from July 1, 2018 through December 31, 2018 (in liquidation) and Schedule of Reportable Transactions for the year ended June 30, 2018 (in liquidation) 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.

McLardy & Associates, Inc.

Columbus, Ohio
April 10, 2019

CRANE GROUP RETIREMENT PLAN**Statements of Net Assets Available for Pension Benefits****As of December 31, 2018, June 30, 2018 and 2017 (in liquidation)**

	December 31, 2018 (in liquidation)	June 30, 2018 (in liquidation)	June 30, 2017 (in liquidation)
<u>ASSETS</u>			
Investments - at fair value:			
Money market funds	\$ -	\$ 1,682,025	\$ 116,997
Mutual funds	-	3,463,431	14,531,496
Total investments	-	5,145,456	14,648,493
Cash	-	1	1
Accrued dividends receivable	-	13,001	25,952
Accrued dividends expected to be earned in liquidation	-	63,753	797,196
Contributions receivable from Plan Sponsors	-	1,481,448	2,565,109
Total assets	-	6,703,659	18,036,751
<u>LIABILITIES</u>			
Accounts payable	-	4,367	6,207
Accrued expenses expected to be incurred in liquidation	-	8,656	256,746
Total liabilities	-	13,023	262,953
Net assets available for pension benefits	\$ -	\$ 6,690,636	\$ 17,773,798

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 Period from July 1, 2018 through December 31, 2018, and for the Years Ended June 30, 2018 and 2017 (in liquidation)**

	December 31, 2018 (in liquidation)	June 30, 2018 (in liquidation)	June 30, 2017 (in liquidation)
ADDITIONS:			
Income - dividends	\$ -	\$ -	\$ 577,239
Net appreciation in fair value of investments:			
Mutual funds	-	-	476,572
Contributions from Plan Sponsors	-	-	62,987
Total additions	<u>-</u>	<u>-</u>	<u>1,116,798</u>
DEDUCTIONS:			
Benefit payments	51,687	11,367,527	1,634,300
Payment to Insurance Company	6,638,949	-	-
Administrative expenses	-	-	73,589
Total deductions	<u>6,690,636</u>	<u>11,367,527</u>	<u>1,707,889</u>
NET DECREASE IN NET ASSETS	(6,690,636)	(11,367,527)	(591,091)
ADJUSTMENT TO LIQUIDATION BASIS	-	284,365	3,105,559
NET ASSETS AVAILABLE FOR PENSION BENEFITS			
Beginning of year/period	<u>6,690,636</u>	<u>17,773,798</u>	<u>15,259,330</u>
NET ASSETS AVAILABLE FOR PENSION BENEFITS			
End of year/period	<u>\$ -</u>	<u>\$ 6,690,636</u>	<u>\$ 17,773,798</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

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

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).

On April 7, 2017, the Board of Directors of The Crane Group Companies Limited voted to terminate the Plan. The Plan was amended to terminate effective as of June 30, 2017. The Plan was liquidated as of December 31, 2018.

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 0.65% of the employee’s average effective compensation and 0.65% 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

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

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.

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 \$1,481,448 for the year ended June 30, 2018 and \$62,987 for the year ended June 30, 2017. The Plan Sponsors contributions for 2018 and 2017 exceeded or met the minimum funding requirements of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting— The Board of Directors of The Crane Group Companies Limited, resolved on April 7, 2017 to terminate the Plan effective June 30, 2017. Final distributions were made as soon as administratively possible after the termination date. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to value plan assets from the ongoing basis to the liquidation basis for the period from July 1, 2018 through December 31, 2018 and for the years ended June 30, 2018 and 2017. The change from the ongoing basis to liquidation basis for investments is not materially different as the investments are recorded at fair values. Therefore, the fair value of the Plan's investments (ongoing basis) approximates net realizable value of the Plan's investments (liquidation basis).

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.

Significant estimates include the adjustment from the ongoing basis of accounting to the liquidation basis of accounting. These adjustments include an estimate for dividends expected to be received through liquidation, expenses expected to be incurred through liquidation and contributions to fund Plan benefits. Actual results could differ from those estimates.

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

Valuation of Investments—Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4). The net appreciation (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 December 31, 2018, June 30, 2018 zero payments had been requested but not yet paid. At June 30, 2017 two lump sum payments totaling \$81,735 had been requested but not yet paid. These payments were made in July 2017.

3. 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 actuarial present value of accumulated Plan benefits as of June 30, 2017 was determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment date. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, 2017. Had the valuation been performed as of June 30, 2017 there would be no material differences.

The significant actuarial assumptions used for July 1, 2017:

- expected return on assets of 1) 2.90% for Retired Participants and Beneficiaries who are currently being paid (in pay), and 2) the IRC 417 (e) Segment Rates of 1.96%, 3.78%, and 4.66% for Active and Inactive Participants with Deferred Benefits for 2017,
- life expectancy based on 1) the RP-2014 Mortality Tables projected generationally from 2006 with the MP-2017 mortality improvement scale for Retired Participants and Beneficiaries who are currently being paid (in pay), and 2) the 2017 IRC 417 (e) Mortality Table for Active and Inactive Participants with Deferred Benefits for 2017,

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

retirement age (the assumed weighted average retirement age for active participants was 62.42) for 2017,,

- minimum funding interest rate (first, second and third segment rates of 4.16%, 5.72% and 6.48%) for 2017,,
- assumed rate of future salary increases (n/a as benefits were frozen effective June 30, 2013), and
- benefit payments, 100% immediate lump sum election for 2017.

At July 1, 2018, the present value of accumulated plan benefits represents the actual benefit payments made to participants and the Pension Benefit Guarantee Corporate (the "PBGC"), discounted back to the valuation date using a discount rate of 3.53%; and the actual termination annuity premium of \$6,638,949, which was paid to Great American Life Insurance Company.

The actuarial present value of accumulated plan benefits is as follows:

	December 31 <u>2018</u>	July 1 <u>2018</u>	July 1 <u>2017</u>
Vested benefits:			
Participants currently receiving benefits	\$ -	\$ 3,345,469	\$ 3,454,226
Other participants	<u>-</u>	<u>3,325,619</u>	<u>13,353,896</u>
Total	<u>\$ -</u>	<u>\$ 6,671,088</u>	<u>\$ 16,808,122</u>

The reconciliation of changes in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated benefits as of July 1, 2017	\$ 16,808,122
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	899,679
Interest accumulation	330,814
Benefits payments	<u>(11,367,527)</u>
Net decrease	<u>(10,137,034)</u>
Actuarial present value of accumulated benefits as of July 1, 2018	<u>\$ 6,671,088</u>

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

Actuarial present value of accumulated benefits as of July 1, 2018	\$ 6,671,088
Increase (decrease) during the year attributable to:	
Interest accumulation	19,548
Benefits payments and payment to Insurance Company	<u>(6,690,636)</u>
Net decrease	<u>(6,671,088)</u>
Actuarial present value of accumulated benefits as of December 31, 2018	<u>\$ -</u>

4. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's 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, 2018 and 2017.

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

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, 2018 and 2017, where no transfers between levels has taken place:

Assets at Fair Value as of June 30, 2018

	<u>Level 1</u>	<u>Total</u>
Money market funds	\$ 1,682,025	\$ 1,682,025
Mutual funds	<u>3,463,431</u>	<u>3,463,431</u>
Total investments at fair value	<u>\$ 5,145,456</u>	<u>\$ 5,145,456</u>

Assets at Fair Value as of June 30, 2017

	<u>Level 1</u>	<u>Total</u>
Money market funds	\$ 116,997	\$ 116,997
Mutual funds	<u>14,531,496</u>	<u>14,531,496</u>
Total investments at fair value	<u>\$ 14,648,493</u>	<u>\$ 14,648,493</u>

5. INFORMATION SUPPLIED BY TRUSTEE

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

6. TAX STATUS

The Plan obtained its latest determination letter dated 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.

CRANE GROUP RETIREMENT PLAN

Notes to Financial Statements

December 31, 2018, June 30, 2018 and 2017 (in liquidation)

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 December 31, 2018 and June 30, 2018, 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.

7. RISKS AND UNCERTAINTIES

Any investment is exposed to various risks, such as interest rate, credit and overall market volatility risk. These risks could result in a material effect on invested asset balances and the amounts reported in the Statements of Net Assets Available for Pension Benefits and the Statements of Changes in Net Assets Available for Pension Benefits.

8. PLAN TERMINATION

During 2017, The Crane Group Companies Limited approved the Plan's termination as of June 30, 2017. The Plan finished the process of paying benefits to all participants either by the purchase of annuity contracts from Great American Life Insurance Company August 1, 2018, or direct payments to the participant or the participant's beneficiaries.

9. SUBSEQUENT EVENTS

Management has evaluated whether any other events or transactions occurred subsequent to December 31, 2018 through April 10, 2019, the date on which the Plan'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**Notes to Financial Statements****December 31, 2018, June 30, 2018 and 2017 (in liquidation)**

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total additions and deductions per the financial statements for the years ended June 30, 2018 and 2017, to total income per Form 5500:

	<u>June 30, 2018</u>	<u>June 30, 2017</u>
Total additions per the financial statements	\$ -	\$ 1,116,798
Add:		
Net gain on sale of assets	287,514	-
Unrealized depreciated assets	(706,919)	-
Accrued contributions receivable from Plan Sponsor	726,371	2,565,109
Accrued dividends expected to be earned in liquidation	<u>-</u>	<u>797,196</u>
Total additions per Form 5500	<u>\$ 306,966</u>	<u>\$ 4,479,103</u>
Total deductions per the financial statements	\$ 11,367,527	\$ 1,707,889
Add:		
Administrative expenses - other	22,601	-
Accrued expenses expected to be incurred in liquidation	<u>-</u>	<u>256,746</u>
Total deductions per Form 5500	<u>\$ 11,390,128</u>	<u>\$ 1,964,635</u>

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, 2018 (in liquidation)**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Federated Government Obligation Fund	1,682,025	<u>\$ 1,682,025</u>	<u>\$ 1,682,025</u>
MUTUAL FUNDS:			
Delaware Extended Duration Bond Fund	278,405	1,832,964	1,726,110
Pimco Long-Term Credit Bond Fund	152,799	<u>1,871,037</u>	<u>1,737,321</u>
Total Mutual Funds		<u>3,704,001</u>	<u>3,463,431</u>
TOTAL INVESTMENTS		<u><u>\$ 5,386,026</u></u>	<u><u>\$ 5,145,456</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 Period from July 1, 2018 through December 31, 2018 (in liquidation)**

	<u>Purchase Price (1)</u>	<u>Selling Price (1)</u>	<u>Cost</u>	<u>Gain (Loss)</u>
SINGLE REPORTABLE TRANSACTIONS:				
Federated Government Obligation Fund	\$ -	\$ 1,632,596	\$ 1,632,596	\$ -
Delaware Extended Duration Bond Fund	-	1,751,167	1,832,964	(81,797)
Pimco Long-Term Credit Bond Fund	-	1,770,325	1,879,474	(109,149)
SERIES OF REPORTABLE TRANSACTIONS (including single reportable transactions):				
Federated Government Obligation Fund	\$ -	\$ 1,682,025	\$ 1,682,025	\$ -
Delaware Extended Duration Bond Fund	5,550	-	5,550	-
Delaware Extended Duration Bond Fund	-	1,756,708	1,838,514	(81,806)
Pimco Long-Term Credit Bond Fund	8,437	-	8,437	-
Pimco Long-Term Credit Bond Fund	-	1,770,325	1,879,474	(109,149)

(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 4j - Schedule of Reportable Transactions****For the Year Ended June 30, 2018 (in liquidation)**

	<u>Purchase Price (1)</u>	<u>Selling Price (1)</u>	<u>Cost</u>	<u>Gain (Loss)</u>
SINGLE REPORTABLE TRANSACTIONS:				
Federated Government Obligation Fund	\$ 1,750,002	\$ -	\$ 1,750,002	\$ -
Federated Government Obligation Fund	4,535,501	-	4,535,501	-
Federated Government Obligation Fund	-	4,802,298	4,802,298	-
Delaware Extended Duration Bond Fund	-	1,942,200	2,050,458	(108,258)
Delaware Extended Duration Bond Fund	-	1,880,000	1,990,629	(110,629)
Pimco Long-Term Credit Bond Fund	-	1,969,200	2,099,181	(129,981)
Pimco Long-Term Credit Bond Fund	-	1,896,000	2,032,989	(136,989)

SERIES OF REPORTABLE TRANSACTIONS

(including single reportable transactions):

Pimco Long-Term Credit Bond Fund	\$ 272,170	\$ -	\$ 272,170	\$ -
Pimco Long-Term Credit Bond Fund	-	3,995,500	4,263,499	(267,999)
Federated Government Obligation Fund	8,376,684	-	8,376,684	-
Federated Government Obligation Fund	-	6,811,656	6,811,656	-
Delaware Extended Duration Bond Fund	204,258	-	204,258	-
Delaware Extended Duration Bond Fund	-	3,937,900	4,155,834	(217,934)

(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, 2018 (in liquidation)**

Description	Shares or Units	Cost	Fair Value
MONEY MARKET FUND:			
Federated Government Obligation Fund	1,682,025	<u>\$ 1,682,025</u>	<u>\$ 1,682,025</u>
MUTUAL FUNDS:			
Delaware Extended Duration Bond Fund	278,405	1,832,964	1,726,110
Pimco Long-Term Credit Bond Fund	152,799	<u>1,871,037</u>	<u>1,737,321</u>
Total Mutual Funds		<u>3,704,001</u>	<u>3,463,431</u>
TOTAL INVESTMENTS		<u><u>\$ 5,386,026</u></u>	<u><u>\$ 5,145,456</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, 2018 (in liquidation)**

	<u>Purchase Price (1)</u>	<u>Selling Price (1)</u>	<u>Cost</u>	<u>Gain (Loss)</u>
SINGLE REPORTABLE TRANSACTIONS:				
Federated Government Obligation Fund	\$ 1,750,002	\$ -	\$ 1,750,002	\$ -
Federated Government Obligation Fund	4,535,501	-	4,535,501	-
Federated Government Obligation Fund	-	4,802,298	4,802,298	-
Delaware Extended Duration Bond Fund	-	1,942,200	2,050,458	(108,258)
Delaware Extended Duration Bond Fund	-	1,880,000	1,990,629	(110,629)
Pimco Long-Term Credit Bond Fund	-	1,969,200	2,099,181	(129,981)
Pimco Long-Term Credit Bond Fund	-	1,896,000	2,032,989	(136,989)

SERIES OF REPORTABLE TRANSACTIONS

(including single reportable transactions):

Pimco Long-Term Credit Bond Fund	\$ 272,170	\$ -	\$ 272,170	\$ -
Pimco Long-Term Credit Bond Fund	-	3,995,500	4,263,499	(267,999)
Federated Government Obligation Fund	8,376,684	-	8,376,684	-
Federated Government Obligation Fund	-	6,811,656	6,811,656	-
Delaware Extended Duration Bond Fund	204,258	-	204,258	-
Delaware Extended Duration Bond Fund	-	3,937,900	4,155,834	(217,934)

(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.