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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] a DFE (specify) M

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CRANE MASTER PENSION TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan

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)
CRANE COMPANY

100 FIRST STAMFORD PLACE
STAMFORD, CT 06902

2b Employer Identification Number (EIN)
88-2846451

2c Plan Sponsor's telephone number
203-363-7300

2d Business code (see instructions)

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2025	LORI CAMPBELL
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	
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)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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
(4) [ ] **DCG** (Individual Plan Information) – Number Attached ______
(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information – Small Plan)
(3) [ ] **A** (Insurance Information) – Number Attached 0
(4) [X] **C** (Service Provider Information)
(5) [X] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
CRANE MASTER PENSION TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CRANE COMPANY

D Employer Identification Number (EIN)
88-2846451

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

AQR LARGE CAP DEFENSIVE STYLE FUND

45-5205400

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

BAILLIE GIFFORD OVERSEAS LTD

CALTON SQUARE 1 GREENSIDE ROW
EDINBURGH, SCOTLAND EH13AN GB

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

BAIRD ADVISORS

39-6037917

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

BLACKROCK ADVISORS, LLC

23-2784752

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

BLACKROCK FUND ADVISORS

23-2784752

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

FIRST PACIFIC ADVISORS, LP

20-1362771

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

PIMCO

33-0629048

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

PRINCIPAL REAL ESTATE SECURITIES FD

42-1509843

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

THE BANK OF NEW YORK MELLON

13-5160382

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

THE VANGUARD GROUP, INC

23-1945930

(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)

(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

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

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

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

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

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

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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CRANE MASTER PENSION TRUST	**B** Three-digit plan number (PN) ▶ 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CRANE COMPANY	**D** Employer Identification Number (EIN) 88-2846451

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CT GOVERNMENT SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6243181-001	C	13569454

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

b Name of plan sponsor CRANE COMPANY

c EIN-PN 88-2846451-037

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

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c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
CRANE MASTER PENSION TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CRANE COMPANY

D Employer Identification Number (EIN)
88-2846451

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**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	82437	92752
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(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)**	33748072	34582780
(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)**	7351021	13569454
(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)**	396577499	395175212
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**	97906	88842

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	437856935	443509040
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	437856935	443509040

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(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)	8341	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8350
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	674203	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11891714	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12565917
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6134024	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4737777	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1396247
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3628981	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3628981

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		574131
(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)		11055999
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29229625

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		29229625
l Transfers of assets:			
(1) To this plan	2l(1)		15000000
(2) From this plan	2l(2)		38577520

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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **(2)** EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) X This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**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.)	**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?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 ______________.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ____________________.

Single Transactions in Excess of Five Percent of Plan Assets

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**21,892,846.75**								
K26F44444602	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	B	24,330,384.360	0.00	24,330,384.36	0.00	0.00	0.00

Series of Transactions in Excess of Five Percent of Plan Assets

5% VALUE : 21,892,846.75

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
127	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	90,855,087.840	0.00	90,855,087.84	90,855,087.84	0.00
330	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	97,073,519.650	97,073,519.65	0.00	0.00	0.00

BNY

Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E
Status: FINAL

TOTAL COMBINED - K26G00010000 **01/01/2024 - 12/31/2024** **CRANE COMPANY**

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH						
K26F44445002	XX9123458	EUR (EURO)	0.120	0.13	0.12	(0.01)
	TOTAL INTEREST-BEARING CASH			**0.13**	**0.12**	**(0.01)**
CORPORATE STOCK - COMMON						
K26F44445002	00164V103	AMC NETWORKS INC	8,700.000	163,473.00	86,130.00	(77,343.00)
K26F44445002	002474104	AZZ INC	4,000.000	232,360.00	327,680.00	95,320.00
K26F44445002	00751Y106	ADVANCE AUTO PARTS INC	500.000	20,882.30	23,645.00	2,762.70
K26F44445002	015857105	ALGONQUIN POWER & UTILITIES CO	20,000.000	104,312.00	89,000.00	(15,312.00)
K26F44445002	025816109	AMERICAN EXPRESS CO	2,200.000	412,148.00	652,938.00	240,790.00
K26F44445002	031100100	AMETEK INC	4,400.000	725,516.00	793,144.00	67,628.00
K26F44445002	03743Q108	APA CORP	3,500.000	106,157.31	80,815.00	(25,342.31)
K26F44445002	039483102	ARCHER-DANIELS-MIDLAND CO	2,700.000	194,994.00	136,404.00	(58,590.00)
K26F44445002	046224101	ASTEC INDUSTRIES INC	3,600.000	133,920.00	120,960.00	(12,960.00)
K26F44445002	047726104	ATLANTA BRAVES HOLDINGS INC	22,000.000	938,497.80	897,600.00	(40,897.80)
K26F44445002	047726302	ATLANTA BRAVES HOLDINGS INC	7,593.000	300,530.94	290,508.18	(10,022.76)
K26F44445002	05329W102	AUTONATION INC	2,000.000	300,360.00	339,680.00	39,320.00
K26F44445002	060505104	BANK OF AMERICA CORP	3,500.000	117,845.00	153,825.00	35,980.00
K26F44445002	064058100	BANK OF NEW YORK MELLON CORP/T	18,000.000	936,900.00	1,382,940.00	446,040.00
K26F44445002	070203104	BASSETT FURNITURE INDUSTRIES I	9,500.000	157,700.00	131,385.00	(26,315.00)
K26F44445002	099724106	BORGWARNER INC	2,800.000	100,380.00	89,012.00	(11,368.00)
K26F44445002	115637100	BROWN-FORMAN CORP	3,900.000	232,401.00	146,991.00	(85,410.00)
K26F44445002	126501105	CTS CORP	4,000.000	174,960.00	210,920.00	35,960.00
K26F44445002	202608105	COMMERCIAL VEHICLE GROUP INC	10,000.000	68,416.67	24,800.00	(43,616.67)
K26F44445002	235825205	DANA INC	23,000.000	336,030.00	265,880.00	(70,150.00)
K26F44445002	23636T100	DANONE SA ADR	12,000.000	155,568.00	161,832.00	6,264.00
K26F44445002	25243Q205	DIAGEO PLC ADR	3,700.000	538,942.00	470,381.00	(68,561.00)
K26F44445002	257651109	DONALDSON CO INC	8,500.000	555,475.00	572,475.00	17,000.00
K26F44445002	264147109	DUCOMMUN INC	4,500.000	236,351.10	286,470.00	50,118.90
K26F44445002	28035Q102	EDGEWELL PERSONAL CARE CO	10,500.000	384,615.00	352,800.00	(31,815.00)
K26F44445002	29272W109	ENERGIZER HOLDINGS INC	10,500.000	332,640.00	366,345.00	33,705.00
K26F44445002	313549107	FEDERAL MOGUL CORP COM	10,000.000	0.00	0.00	0.00
K26F44445002	343498101	FLOWERS FOODS INC	7,200.000	162,072.00	148,752.00	(13,320.00)
K26F44445002	34354P105	FLOWSERVE CORP	16,500.000	680,130.00	949,080.00	268,950.00
K26F44445002	35137L105	FOX CORP	9,000.000	267,030.00	437,220.00	170,190.00
K26F44445002	35137L204	FOX CORP	18,800.000	519,820.00	859,912.00	340,092.00
K26F44445002	35671D857	FREEPORT-MCMORAN INC	16,400.000	698,148.00	624,512.00	(73,636.00)
K26F44445002	361448103	GATX CORP	3,000.000	360,660.00	464,880.00	104,220.00
K26F44445002	366505105	GARRETT MOTION INC	5,199.000	50,274.33	46,946.97	(3,327.36)
K26F44445002	370334104	GENERAL MILLS INC	1,000.000	65,140.00	63,770.00	(1,370.00)
K26F44445002	37045V100	GENERAL MOTORS CO	3,000.000	107,760.00	159,810.00	52,050.00
K26F44445002	372460105	GENUINE PARTS CO	1,000.000	138,500.00	116,760.00	(21,740.00)

BNY

Schedule of Investments at End of Plan Year at Revalued Cost

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K26F44445002	398433102	GRIFFON CORP	500.000	30,475.00	35,635.00	5,160.00
K26F44445002	40049J206	GRUPO TELEVISA SAB ADR	245,000.000	705,982.01	411,600.00	(294,382.01)
K26F44445002	406216101	HALLIBURTON CO	18,000.000	650,700.00	489,420.00	(161,280.00)
K26F44445002	42704L104	HERC HOLDINGS INC	2,200.000	327,558.00	416,526.00	88,968.00
K26F44445002	438516106	HONEYWELL INTERNATIONAL INC	1,000.000	209,710.00	225,890.00	16,180.00
K26F44445002	449172105	HYSTER-YALE INC	2,800.000	174,132.00	142,604.00	(31,528.00)
K26F44445002	45073V108	ITT INC	2,500.000	298,300.00	357,200.00	58,900.00
K26F44445002	45167R104	IDEX CORP	1,600.000	347,376.00	334,864.00	(12,512.00)
K26F44445002	45687V106	INGERSOLL RAND INC	4,300.000	332,562.00	388,978.00	56,416.00
K26F44445002	457651107	INNOVEX INTERNATIONAL INC	6,500.000	148,090.08	90,805.00	(57,285.08)
K26F44445002	46625H100	JPMORGAN CHASE & CO	500.000	85,050.00	119,855.00	34,805.00
K26F44445002	479167108	JOHNSON OUTDOORS INC	5,400.000	264,079.31	178,200.00	(85,879.31)
K26F44445002	530307107	LIBERTY BROADBAND CORP	1,250.000	100,800.00	92,950.00	(7,850.00)
K26F44445002	530307305	LIBERTY BROADBAND CORP	2,500.000	201,475.00	186,900.00	(14,575.00)
K26F44445002	531229722	LIBERTY MEDIA CORP-LIBERTY LIV	53.000	1,981.67	3,607.18	1,625.51
K26F44445002	531229748	LIBERTY MEDIA CORP-LIBERTY LIV	835.000	30,519.25	55,577.60	25,058.35
K26F44445002	531229755	LIBERTY MEDIA CORP-LIBERTY FOR	1,250.000	78,912.50	115,825.00	36,912.50
K26F44445002	531229771	LIBERTY MEDIA CORP-LIBERTY FOR	2,000.000	115,960.00	168,080.00	52,120.00
K26F44445002	558256103	MADISON SQUARE GARDEN ENTERTAI	4,300.000	136,697.00	153,080.00	16,383.00
K26F44445002	55825T103	MADISON SQUARE GARDEN SPORTS C	3,800.000	691,599.42	857,584.00	165,984.58
K26F44445002	55826T102	SPHERE ENTERTAINMENT CO	4,300.000	146,028.00	173,376.00	27,348.00
K26F44445002	577128101	MATTHEWS INTERNATIONAL CORP	3,500.000	128,275.00	96,880.00	(31,395.00)
K26F44445002	607828100	MODINE MANUFACTURING CO	4,700.000	280,590.00	544,871.00	264,281.00
K26F44445002	610236101	MONRO INC	12,700.000	343,539.04	314,960.00	(28,579.04)
K26F44445002	624756102	MUELLER INDUSTRIES INC	8,500.000	400,774.99	674,560.00	273,785.01
K26F44445002	624758108	MUELLER WATER PRODUCTS INC	8,000.000	115,200.00	180,000.00	64,800.00
K26F44445002	636180101	NATIONAL FUEL GAS CO	14,000.000	711,355.40	849,520.00	138,164.60
K26F44445002	651639106	NEWMONT CORP	8,000.000	270,774.40	297,760.00	26,985.60
K26F44445002	675232102	OCEANEERING INTERNATIONAL INC	12,000.000	255,360.00	312,960.00	57,600.00
K26F44445002	693475105	PNC FINANCIAL SERVICES GROUP I	1,200.000	185,820.00	231,420.00	45,600.00
K26F44445002	713448108	PEPSICO INC	1,500.000	254,760.00	228,090.00	(26,670.00)
K26F44445002	71880K101	PHINIA INC	560.000	16,962.40	26,975.20	10,012.80
K26F44445002	749660106	RPC INC	30,000.000	218,400.00	178,200.00	(40,200.00)
K26F44445002	760759100	REPUBLIC SERVICES INC	2,500.000	412,275.00	502,950.00	90,675.00
K26F44445002	76118Y104	RESIDEO TECHNOLOGIES INC	2,000.000	37,640.00	46,100.00	8,460.00
K26F44445002	78377T107	RYMAN HOSPITALITY PROPERTIES I	4,500.000	495,270.00	469,530.00	(25,740.00)
K26F44445002	806407102	HENRY SCHEIN INC	2,500.000	189,275.00	173,000.00	(16,275.00)
K26F44445002	810186106	SCOTTS MIRACLE-GRO CO/THE	2,000.000	127,500.00	132,680.00	5,180.00
K26F44445002	811054402	EW SCRIPPS CO/THE	8,000.000	63,920.00	17,680.00	(46,240.00)
K26F44445002	829242106	SINCLAIR INC	41,800.000	548,784.41	674,652.00	125,867.59
K26F44445002	829933100	SIRIUS XM HOLDINGS INC	2,512.000	86,202.84	57,273.60	(28,929.24)
K26F44445002	832696405	J M SMUCKER CO/THE	3,000.000	379,140.00	330,360.00	(48,780.00)
K26F44445002	835699307	SONY GROUP CORP ADR	87,000.000	1,647,606.00	1,840,920.00	193,314.00

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K26F44445002	844895102	SOUTHWEST GAS HOLDINGS INC	4,400.000	278,740.00	311,124.00	32,384.00
K26F44445002	857477103	STATE STREET CORP	9,700.000	751,362.00	952,055.00	200,693.00
K26F44445002	867975104	SUNRISE COMMUNICATIONS AG ADR	3,200.000	147,053.66	137,856.00	(9,197.66)
K26F44445002	87161C501	SYNOVUS FINANCIAL CORP	6,200.000	233,430.00	317,626.00	84,196.00
K26F44445002	872590104	T-MOBILE US INC	500.000	80,165.00	110,365.00	30,200.00
K26F44445002	87901J105	TEGNA INC	13,500.000	199,411.06	246,915.00	47,503.94
K26F44445002	879433829	TELEPHONE AND DATA SYSTEMS INC	20,000.000	367,000.00	682,200.00	315,200.00
K26F44445002	879512309	TELESAT CORP	5,000.000	52,150.00	82,200.00	30,050.00
K26F44445002	882508104	TEXAS INSTRUMENTS INC	2,200.000	375,012.00	412,522.00	37,510.00
K26F44445002	883203101	TEXTRON INC	7,200.000	579,024.00	550,728.00	(28,296.00)
K26F44445002	894650100	TREDEGAR CORP	30,000.000	172,215.80	230,400.00	58,184.20
K26F44445002	896818101	TRIUMPH GROUP INC	5,000.000	67,351.40	93,300.00	25,948.60
K26F44445002	901476101	TWIN DISC INC	10,000.000	161,600.00	117,500.00	(44,100.00)
K26F44445002	911684108	UNITED STATES CELLULAR CORP	14,500.000	602,330.00	909,440.00	307,110.00
K26F44445002	920253101	VALMONT INDUSTRIES INC	800.000	186,808.00	245,336.00	58,528.00
K26F44445002	92556H107	PARAMOUNT GLOBAL	32,000.000	629,120.00	713,600.00	84,480.00
K26F44445002	92857W308	VODAFONE GROUP PLC ADR	10,000.000	87,000.00	84,900.00	(2,100.00)
K26F44445002	931427108	WALGREENS BOOTS ALLIANCE INC	6,000.000	91,861.11	55,980.00	(35,881.11)
K26F44445002	934423104	WARNER BROS DISCOVERY INC	22,000.000	244,195.00	232,540.00	(11,655.00)
K26F44445002	942749102	WATTS WATER TECHNOLOGIES INC	1,400.000	291,676.00	284,620.00	(7,056.00)
K26F44445002	949746101	WELLS FARGO & CO	5,500.000	270,710.00	386,320.00	115,610.00
K26F44445002	98419M100	XYLEM INC/NY	3,300.000	377,388.00	382,866.00	5,478.00
K26F44445002	EIBKPGF51	IVECO GROUP NV	16,000.000	143,975.66	154,745.12	10,769.46
K26F44445002	G51502105	JOHNSON CONTROLS INTERNATIONAL	8,000.000	461,120.00	631,440.00	170,320.00
K26F44445002	G9001E102	LIBERTY LATIN AMERICA LTD	14,000.000	102,340.00	89,040.00	(13,300.00)
K26F44445002	G97822103	PERRIGO CO PLC	5,000.000	160,900.00	128,550.00	(32,350.00)
K26F44445002	N20944109	CNH INDUSTRIAL NV	47,000.000	572,460.00	532,510.00	(39,950.00)
TOTAL CORPORATE STOCK - COMMON				**30,944,719.86**	**34,582,779.85**	**3,638,059.99**
OTHER INVESTMENTS						
K26F44445202	760942BC5	URUGUAY GOVERNMENT INTERN 144A 8.500% 03/15/2028 DD 09/15/17	3,980,000.000	97,906.21	88,842.46	(9,063.75)
TOTAL OTHER INVESTMENTS				**97,906.21**	**88,842.46**	**(9,063.75)**
COMMON/COLLECTIVE TRUST						
K26F44444602	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	13,198,947.380	13,198,947.38	13,198,947.38	0.00
K26F44445002	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	333,481.790	333,481.79	333,481.79	0.00
K26F44445202	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	114.820	114.82	114.82	0.00
K26F44449702	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	8,804.010	8,804.01	8,804.01	0.00
K26F44451302	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	8,726.540	8,726.54	8,726.54	0.00
K26F44451402	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	7.120	7.12	7.12	0.00
K26F44451602	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	2.680	2.68	2.68	0.00

Schedule of Investments at End of Plan Year at Revalued Cost

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K26F44451802	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	8,803.970	8,803.97	8,803.97	0.00
K26F44452002	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	10,564.750	10,564.75	10,564.75	0.00
TOTAL COMMON/COLLECTIVE TRUST				**13,569,453.06**	**13,569,453.06**	**0.00**
REGISTERED INVESTMENT COMPANIES						
K26F44410502	922040209	VANGUARD INST INDEX-INST+	45,030.487	13,346,367.03	21,564,199.61	8,217,832.58
K26F44410602	056823388	BGF EMERGING MARKETS EQ-INST	863,155.817	15,839,431.96	16,538,065.45	698,633.49
K26F44449702	921943882	VANGUARD DEV MKT INDX-INST	1,567,396.866	23,958,629.43	24,106,563.80	147,934.37
K26F44451102	922908868	VANGUARD GROWTH INDEX-INST	174,152.824	16,679,330.04	36,786,301.01	20,106,970.97
K26F44451202	922908876	VANGUARD SML CAP INDX-INST	137,256.914	14,739,438.81	15,805,133.65	1,065,694.84
K26F44451302	92206C839	VANGUARD L/T TRSRY INDX-INST	2,753,381.577	79,819,224.11	65,089,940.48	(14,729,283.63)
K26F44451402	922031778	VANGUARD L/T INV GR-ADM	14,260,249.599	126,401,674.66	107,379,679.48	(19,021,995.18)
K26F44451502	09251T509	BLACKROCK GLOBAL ALLOC-INST	475,184.556	9,989,582.29	8,885,951.20	(1,103,631.09)
K26F44451602	30254T759	FPA CRESCENT FUND-INST	349,025.333	13,709,528.60	14,030,818.39	321,289.79
K26F44451702	298706821	AMER FNDS EUROPAC GROW-R6	443,180.804	29,092,960.35	23,807,672.79	(5,285,287.56)
K26F44451802	74253Q580	PRINCIPAL REAL EST SEC-INST	655,040.290	20,855,589.61	18,419,732.95	(2,435,856.66)
K26F44451902	00203H719	AQR LARGE CAP DEF STYLE-I	1,131,393.014	29,395,662.37	22,899,394.60	(6,496,267.77)
K26F44452002	922908835	VANGUARD MID CAP INDEX-INST	275,055.525	15,532,873.94	19,861,759.46	4,328,885.52
TOTAL REGISTERED INVESTMENT COMPANIES				**409,360,293.20**	**395,175,212.87**	**(14,185,080.33)**
GRAND TOTAL				**453,972,372.46**	**443,416,288.36**	**(10,556,084.10)**
						(59,834.82) C
						(10,496,249.28) I