

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE
1b Three-digit plan number (PN): 037
1c Effective date of plan: 01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): CRANE COMPANY
2b Employer Identification Number (EIN): 88-2846451
2c Plan Sponsor's telephone number: 203-363-7300
2d Business code (see instructions): 339900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	8034
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	516
	<b>6a(2)</b>	388
	<b>6b</b>	4412
	<b>6c</b>	2010
	<b>6d</b>	6810
	<b>6e</b>	1018
	<b>6f</b>	7828
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>037</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CRANE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>88-2846451</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>452484385</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>467769132</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5398</u>	<u>322189823</u>	<u>322189823</u>	
<b>b</b> For terminated vested participants .....	<u>2163</u>	<u>120636326</u>	<u>120636326</u>	
<b>c</b> For active participants .....	<u>516</u>	<u>52840826</u>	<u>54144542</u>	
<b>d</b> Total .....	<u>8077</u>	<u>495666975</u>	<u>496970691</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.09 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>320096</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>4100000</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>4420096</u>		

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

<b>SIGN HERE</b>  Signature of actuary  <u>JONATHAN SCHATZ, F.S.A.</u> Type or print name of actuary  <u>BUCK GLOBAL, LLC</u> Firm name  <u>420 LEXINGTON AVENUE, SUITE 2220</u> <u>NEW YORK, NY 10170-2220</u>  Address of the firm	<u>09/09/2025</u> Date  <u>23-07386</u> Most recent enrollment number  <u>212-330-1000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	22799668
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	13566699
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	9232969
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.78</u> % .....	0	1456963
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		13903099
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % .....		17526
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		2140825
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		16061450
	<b>d</b> Portion of (c) to be added to prefunding balance .....		16061450
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	26751382

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	88.74 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	88.74 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	86.42 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/14/2025	5000000	0					
07/11/2025	5000000	0					
08/29/2025	5000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	15000000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 13933383
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
	(4) 4th	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 4420096
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	55952941		5633096	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 10053192
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	10053192	10053192	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 13933383
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 13933383
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 10053192
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>037</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CRANE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>88-2846451</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

CONDUENT HR SOLUTIONS, LLC

04-3609848

(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?
15 36 49 50	NONE	457252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK GLOBAL LLC

13-3964297

(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 17 27 50	NONE	294422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 99	NONE	261532	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GAMCO ASSET MANAGEMENT INC.

13-4044521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	129177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TROUTMAN PEPPER LOCKE LLP

58-0946915

(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?
29 50	NONE	11098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</u>	<b>B</b> Three-digit plan number (PN)	<u>037</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CRANE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>88-2846451</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CRANE MASTER PENSION TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>CRANE COMPANY</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>88-2846451-004</u>	<u>M</u>		<u>443509040</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>037</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CRANE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>88-2846451</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	15000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	437856935
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	443509040
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	452856935	458509040
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	67369	82735
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	67369	82735
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	452789566	458426305

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	15000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		15000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		29229626
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		44229626

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	34481829	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		34481829
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	457252	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	187843	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	261532	
(7) Actuarial fees .....	<b>2i(7)</b>	235755	
(8) Legal fees .....	<b>2i(8)</b>	11098	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	2957578	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4111058
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		38592887

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5636739
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

(1)  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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 548274.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>037</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CRANE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>88-2846451</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5160382</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>15</u>

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

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**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

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 58.0 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 39.0 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 3.0 % Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

***Pension Plan for All Eligible Employees of Crane***

***Employer ID No: 88-2846451***

***Plan Number: 037***

***Financial Statements as of and for the Years Ended December 31, 2024  
and 2023, and Independent Auditor's Report***

**Pension Plan for All Eligible Employees of Crane**

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NOTE:	
All 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 Plan Administrator of the Pension Plan for All Eligible Employees of Crane:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of the Pension Plan for All Eligible Employees of Crane (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the

audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

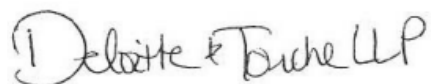
In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

A handwritten signature in blue ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

September 18, 2025

**PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value:		
Plan interest in the Crane Master Pension Trust	\$ 443,509,040	\$ 437,856,935
Receivables:		
Employer Contribution receivable	<u>15,000,000</u>	<u>15,000,000</u>
Total assets	<u>458,509,040</u>	<u>452,856,935</u>
Liabilities		
Accrued administrative expenses	<u>82,735</u>	<u>67,369</u>
Total liabilities	<u>82,735</u>	<u>67,369</u>
Net assets available for benefits	<u>\$ 458,426,305</u>	<u>\$ 452,789,566</u>

*See notes to financial statements.*

**PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions	\$ 15,000,000	\$ 15,000,000
Investment income:		
Plan interest in the Crane Master Pension Trust	29,229,626	62,472,786
Total additions	<u>44,229,626</u>	<u>77,472,786</u>
Deductions:		
Benefits paid directly to participants	34,481,829	34,208,581
Administrative and other expenses	4,111,058	7,216,453
Total deductions	<u>38,592,887</u>	<u>41,425,034</u>
Increase in net assets	5,636,739	36,047,752
Net assets available for benefits		
Beginning of year	452,789,566	416,741,814
End of year	<u>\$ 458,426,305</u>	<u>\$ 452,789,566</u>

*See notes to financial statements.*

# PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

## NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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### 1. DESCRIPTION OF THE PLAN

The following description of the Pension Plan for All Eligible Employees of Crane, (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's information.

**General** — The Plan is a defined benefit pension plan covering eligible employees of Crane Company, and its participating affiliates (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). A trust agreement dated October 1, 1976, between a predecessor to the Company and Chemical Bank Corporation (the "Trust Agreement") established the Crane Master Pension Trust (the "Master Trust"), which is maintained for the benefit of the Plan. Effective January 1, 1995, the trustee of the Master Trust was changed to The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee" or "BONY"). Accrued benefits are paid from the assets of the Master Trust. The Master Trust receives and invests Company contributions and disburses benefits to participants.

**Plan Amendments** — The Plan was most recently amended and restated effective January 1, 2019. The restated Plan has been further amended as follows:

In December 2021, the Plan was amended to reflect agency guidance regarding the outbreak period in connection with the national emergency related to the COVID-19 pandemic, reflect changes to the required beginning date for required minimum distributions in accordance with the provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act") and otherwise meet current needs.

On May 16, 2022, Crane Co., a Delaware corporation ("Crane Co."), and sponsor of the Plan as of such date, completed its previously announced reorganization merger pursuant to the Agreement and Plan of Merger, dated as of February 28, 2022 (the "Reorganization Agreement"). The Reorganization Agreement resulted in Crane Co. becoming a wholly-owned subsidiary of Crane Holdings, Co., with Crane Co., on the same day, distributing certain of its operating assets and liabilities to Crane Holdings, Co., including its rights and obligations as Plan sponsor. Accordingly, effective as of May 16, 2022, Crane Holdings, Co. became the Plan sponsor.

In anticipation of the spin-off of Crane Company from Crane Holdings, Co. (the "Spin-Off"), Crane Holdings, Co. transferred sponsorship of the Plan to Crane Company effective as of January 1, 2023. Effective on and after January 1, 2023 the Plan is known as Pension Plan for All Eligible Employees of Crane.

Effective April 3, 2023, Crane Holdings, Co. became Crane NXT, Co. ("Crane NXT") and ceased its participation in the Plan. The Plan was amended effective April 3, 2023 to (1) reflect the cessation of Crane NXT's participation in the Plan, (2) provide credit for up to five years of service with Crane NXT and its affiliates following the Spin-Off for purposes of determining eligibility for early retirement and early retirement subsidies, (3) reflect additional early retirement eligibility criteria for certain Crane NXT employees who are participating in the Plan and experience a termination of employment with the Company and its affiliates in connection with the Spin-Off ("Separating Crane NXT Participants"), (4) provide additional opportunities for certain Separating Crane NXT Participants to elect a lump sum benefit, (5) update the participating employers in the Plan in connection with the Spin-Off and (6) otherwise meet current needs.

The Plan was further amended in 2023 to (1) reflect the ending date of the outbreak period in connection with the expiration of the national emergency related to the COVID-19 pandemic, (2) reflect a change in the benefit multiplier and death benefit under the Plan as provided for in the Agreement dated May 22, 2023 between Lear Romec, a Division of Hydro-Aire Aerospace Corp., and the International Association of Machinists and Aerospace Workers, District No. 54, Local Lodge No. 1849 of Elyria, Ohio, (3) address the use of Plan forfeitures consistent with the requirements of Proposed Treasury Regulation §1.401-7, (4) increase the required beginning date for the commencement of Plan distributions and provide the Crane Pension Plan Committee with discretion in determining whether to recoup inadvertent Plan benefit overpayments, both consistent with the requirements of the SECURE 2.0 Act of 2022. The impact of 2023 amendments is included in the changes in the actuarial present value of accumulated plan benefits in Note 4.

The Plan was further amended in 2024 to clarify the deferred vested benefits of participants subject to Schedule C-5 of the Plan and other governance and administrative changes, which had no impact on the accumulated plan benefits.

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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**Administration of the Plan** – The authority to manage, control and interpret the Plan is vested in the Crane Pension Plan Committee (the “Committee”), which is a named fiduciary within the meaning of ERISA.

**Eligibility** — Employees of covered units of the Company as set forth in the schedules to the Plan document are eligible to participate in the Plan. Eligibility to participate in the Plan was frozen for employees other than union employees effective as of January 1, 2006. Any employee other than a union employee who is hired or rehired, as well as any employee who transfers to a covered unit, on or after January 1, 2006, will not be eligible to participate in the Plan. Effective January 1, 2019, the Plan was amended to freeze participation for union employees at the Company’s Barksdale location pursuant to the terms of the collective bargaining agreement between the Company and the members of the Barksdale union, which was approved by the union effective May 2018 (the “CBA”). The Barksdale union members began participating in the Amended and Restated Crane Co. Savings and Investment Plan, which is now known as the Crane Savings and Investment Plan, on January 1, 2019.

**Benefits and Vesting** — The Plan provides pension, survivor, and disability benefits to Plan participants and beneficiaries. Benefits paid to participants are generally determined based on age, length of service, and individual average wages for a defined accrued benefit payable at age 65. Participants become 100% vested after they have completed five years of eligibility service (unless a participant has a vested interest under a more favorable vesting schedule applicable to a particular covered unit or employee population). Notwithstanding the foregoing, effective January 1, 2013, the Plan was amended to eliminate future pension accruals for active participants, other than union employees who are eligible to participate in the Plan pursuant to the terms of a collective bargaining agreement. In addition, while active employees, whose Plan benefits were frozen as of January 1, 2013, may not accrue additional pension benefits under the Plan, continued service with the Company after January 1, 2013 will count for purposes of determining eligibility for early retirement, vesting and other benefit options available under the Plan. Effective January 1, 2019, the Plan was amended to freeze future pension accruals for union employees at the Company’s Barksdale location pursuant to the terms of the CBA.

Certain participants may elect to receive a lump-sum payment, subject to the provisions of the Plan. All other participants are eligible for various forms of annuities.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; and the actuarial present value of accumulated Plan benefits and changes therein. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Master Trust utilizes various investment instruments. Investment instruments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Concentration of Investments** - As of December 31, 2024 and 2023 respectively there were no holdings of Crane Company common stock in the Master Trust.

**Investment Valuation (Master Trust)** — The Plan’s investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust.

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**Investment Valuation and Income Recognition** — Investments are stated at fair value. Fair value of a financial instrument is the amount 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 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net investment income includes the Master Trust's gains and losses on investments bought and sold as well as held during the Plan year.

**Administrative Expenses** — Administrative expenses consist of Pension Benefit Guaranty Corporation ("PBGC") premiums, Consulting fees, Investment advisory fees and Trustee fees. Certain investment related expenses are included in net investment income of the Master Trust. The Company provides accounting and other administrative services to the Plan at no charge.

**Payment of Benefits** — Benefit payments to participants and beneficiaries are recorded upon distribution.

**Subsequent Events** — Subsequent events were evaluated through September 18, 2025, the date the financial statements were available to be issued.

### 3. FUNDING POLICY

Contributions to provide benefits under the Plan are made in cash by the Company in amounts sufficient to satisfy the minimum-funding requirements of ERISA. Contributions are based on normal (current service) cost and amortization of the unfunded actuarial liability as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

### 4. 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 services employees have rendered as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary. The amount 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 date of payment.

The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated Plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated Plan benefits below is measured as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated Plan benefits as of December 31, 2023, is as follows:

	<b>2023</b>
Vested benefits:	
Active employees	\$ 54,734,361
Retired participants and beneficiaries receiving payments	324,998,484
Terminated vested employees	122,429,955
Total vested benefits	\$ 502,162,800
Non-vested benefits	1,369,524
Actuarial present value of accumulated Plan benefits - December 31, 2023	\$ 503,532,324

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

The changes in the actuarial present value of accumulated Plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated Plan benefits — December 31, 2022	\$ 492,886,921
Increase (decrease) during the year attributable to:	
Benefits accumulated and other Plan experience <sup>(b)</sup>	835,894
Benefits paid	(34,208,581)
Interest	25,264,234
Changes in actuarial assumptions	17,046,545
Plan changes <sup>(a)</sup>	1,707,311
Actuarial present value of accumulated Plan benefits — at December 31, 2023	<u>\$ 503,532,324</u>

<sup>(a)</sup>Consists of \$470,874 measured as of March 31, 2023 due to plan amendment to mitigate the loss of benefits for certain Crane NXT employees primarily due to not qualifying for early retirement benefits on the date of the separation and \$1,236,437 due to plan amendment that increased the benefit multiplier for Lear Romec participants.

<sup>(b)</sup>Includes an increase in liability of \$1,399,136 measured as of March 31, 2023 due to termination of Crane NXT employees earlier than previously anticipated.

The significant actuarial assumptions used in the December 31, 2023 and 2022 valuations were:

- Mortality:
  - o *For December 31, 2023 Measurement Date* –Mortality for non-disabled participants is based on the Pri-2012 Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current beneficiaries of deceased participants. For current beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021. For disabled participants, mortality is based on the Pri-2012 Disabled Retiree Mortality Tables and projected with Mortality Improvement Scale MP-2021.
  - o *For December 31, 2022 Measurement Date* –Mortality for non-disabled participants is based on the Pri-2012 Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current beneficiaries of deceased participants. For current beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021. For disabled participants, mortality is based on the Pri-2012 Disabled Retiree Mortality Tables and projected with Mortality Improvement Scale MP-2021.
- Discount Rate: 5.07% and 5.43% as of December 31, 2023 and 2022, respectively
- Assumed retirement age (in years): 55 - 70 as of December 31, 2023 and 2022, respectively

The increase due to actuarial assumptions resulted from the following:

Change in lump sum conversion interest rate and mortality assumptions	\$ (43,479)
Change in discount rate assumptions	17,090,024
Total change in actuarial assumptions	<u>\$ 17,046,545</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques - Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The 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 December 31, 2024 and 2023.

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust.

*Cash Equivalents* - Consists of a Common Collective Trust Fund with a readily determinable fair value. It is valued at the daily closing price as reported or published by the fund. The collective trust fund is not an exchange-traded fund, however, the prices per unit are published and represent the actual price at which the units held in the fund can be bought or sold. The collective trust fund in the fair value hierarchy is deemed to be actively traded, with a readily determinable fair value and is categorized as Level 1.

*Common Stocks* - Valued at the closing price reported in the active market in which the individual security is traded and categorized as Level 1.

*Registered Investment Companies (Mutual Funds)* - Valued at their daily closing price as reported by the fund. Registered investment companies are registered with the Securities and Exchange Commission. These funds are deemed to be actively traded and are categorized as Level 1.

*Fixed Income Bonds and Notes* - Valued based on yields currently available on comparable securities of issuers with similar credit ratings and categorized as Level 2.

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

The following table sets forth by level, within the fair value hierarchy, the investments held by the Master Trust measured at fair value on a recurring basis at December 31, 2024.

	Master Trust Assets			
	Fair Value Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 13,569,454	\$ —	\$ —	\$ 13,569,454
Common Stocks:				
Actively Managed U.S. Equities:				
Gabelli (Asset Management firm)	34,582,780	—	—	34,582,780
Registered Investment Companies:				
Vanguard Growth Index Fund	36,786,301	—	—	36,786,301
Vanguard S&P 500 Index	21,564,200	—	—	21,564,200
Vanguard Small Cap Index	15,805,133	—	—	15,805,133
Vanguard Mid Cap Index	19,861,759	—	—	19,861,759
Vanguard L-T Investment Grade	107,379,680	—	—	107,379,680
Vanguard LT Treasury	65,089,940	—	—	65,089,940
Vanguard Developed	24,106,564	—	—	24,106,564
BlackRock Global Allocation	8,885,951	—	—	8,885,951
FPA Crescent	14,030,818	—	—	14,030,818
AQR Large Cap Defensive	22,899,395	—	—	22,899,395
American Funds EURPacific Growth	23,807,673	—	—	23,807,673
Ballie Gifford (Asset Management firm)	16,538,065	—	—	16,538,065
Principal Real Estate	18,419,733	—	—	18,419,733
Fixed Income Bonds and Notes:				
BNY Standish Mellon ( Asset Management firm)	—	88,842	—	88,842
Total Investments Measured at Fair Value	\$ 443,327,446	\$ 88,842	—	\$ 443,416,288
Accrued Investment Income				92,752
Total Master Trust Investments, net				<u>\$ 443,509,040</u>

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

The following table sets forth by level, within the fair value hierarchy, the Master Trust investments measured at fair value on a recurring basis at December 31, 2023.

	Master Trust Assets			
	Fair Value Measurements at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 7,351,021	\$ —	\$ —	\$ 7,351,021
Common Stocks:				
Actively Managed U.S. Equities:				
Gabelli (Asset Management firm)	33,748,072	—	—	33,748,072
Registered Investment Companies:				
Vanguard Growth Index Fund	36,340,222	—	—	36,340,222
Vanguard S&P 500 Index	22,253,993	—	—	22,253,993
Vanguard Small Cap Index	13,835,722	—	—	13,835,722
Vanguard Mid Cap Index	22,278,605	—	—	22,278,605
Vanguard L-T Investment Grade	110,357,853	—	—	110,357,853
Vanguard LT Treasury	55,198,181	—	—	55,198,181
Vanguard Developed	28,102,851	—	—	28,102,851
BlackRock Global Allocation	8,134,617	—	—	8,134,617
FPA Crescent	14,670,894	—	—	14,670,894
AQR Large Cap Defensive	20,109,035	—	—	20,109,035
American Funds EURPacific Growth	22,664,507	—	—	22,664,507
Ballie Gifford (Asset Management firm)	18,038,465	—	—	18,038,465
Principal Real Estate	24,592,554	—	—	24,592,554
Fixed Income Bonds and Notes:				
BNY Standish Mellon ( Asset Management firm)	—	97,906	—	97,906
Total Investments Measured at Fair Value	\$ 437,676,592	\$ 97,906	—	\$ 437,774,498
Accrued Investment Income				82,437
Total Master Trust Investments, net				<u>\$ 437,856,935</u>

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

#### 6. CERTIFIED INVESTMENT INFORMATION

All of the Plan's investment assets are held in a trust account at the Trustee and consist of an undivided interest in an investment account of the Master Trust.

The following is a summary of the information regarding the net assets and investments of the Master Trust as of and for the years ended December 31, 2024 and 2023, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee of the Plan, and furnished to the Plan administrator. The information presented represents both the Master Trust balance and the Plan's interest in the Master Trust for each category because the Plan owns 100% of the Master Trust.

The Plan administrator has obtained certifications that the investment balances and related investment activity noted below are held by the Master Trust and the investment information included in Note 5, Fair Value Measurements, excluding the investment leveling therein, is complete and accurate.

	2024	2023
Investments:		
Cash and cash equivalents	\$ 13,569,454	\$ 7,351,021
Common stocks	34,582,780	33,748,072
Registered Investment Companies	395,175,212	396,577,499
Fixed-income bonds and notes	88,842	97,906
Total investments	\$ 443,416,288	\$ 437,774,498
Accrued investment income	92,752	82,437
Net assets of the Master Trust	\$ 443,509,040	\$ 437,856,935
Plan's interest in the Master Trust certified by the Trustee	\$ 443,509,040	\$ 437,856,935
Plan's interest in the Master Trust as a percentage of the total	100 %	100 %

The net investment income of the Master Trust for the years ended December 31, 2024 and 2023, are summarized below:

	2024	2023
Net appreciation in fair value of investments	\$ 16,081,241	\$ 51,583,413
Dividend and interest income	13,148,385	10,889,373
Investment income of the Master Trust	29,229,626	62,472,786
Plan's interest in Master Trust investment income	\$ 29,229,626	\$ 62,472,786

#### 7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain officers and employees of the Company (who may also be participants in the Plan) perform administrative services related to the operation and financial reporting of the Plan. The Company pays these individuals' salaries.

Certain Master Trust investments are managed by the Plan's Trustee. The balance of these investments as of December 31, 2024 and 2023, were \$88,957 and \$132,662, respectively. These investments earned net investment income of \$1,096 and \$17,272 for the years ended December 31, 2024 and 2023, respectively.

## PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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As of December 31, 2024 and 2023 respectively, the Master Trust held no shares of common stock of Crane Company, the Plan sponsor.

These transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory and administrative exemptions from the Internal Revenue Code ("IRC") and ERISA's rules on prohibited transactions.

#### **8. FEDERAL INCOME TAX STATUS**

The Internal Revenue Service (the "IRS") has determined and informed the Company by letter dated June 23, 2020 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Company and Plan management further believe that the Plan has been operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021. In the event of an IRS audit, the IRS could go back further than 2021 if Plan qualification or compliance errors were discovered that spanned beyond that timeframe.

#### **9. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

# Pension Plan for All Eligible Employees of Crane

EIN/PN: 88-2846451/037

## Schedule SB, line 26a – Schedule of Active Participant Data

Union Accruing Benefits																					
Credited Service																					
Attained Age	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+		Total No.
	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 - 29	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
30 - 34	-	-	-	-	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4
35 - 39	-	-	1	-	3	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	6
40 - 44	-	-	-	-	3	-	6	-	1	-	-	-	-	-	-	-	-	-	-	-	10
45 - 49	-	-	2	-	-	-	1	-	1	-	1	-	1	-	-	-	-	-	-	-	6
50 - 54	-	-	-	-	-	-	4	-	-	-	4	-	1	-	-	-	-	-	-	-	9
55 - 59	-	-	-	-	2	-	6	-	5	-	3	-	1	-	2	-	-	-	-	-	19
60 - 64	-	-	-	-	5	-	6	-	2	-	1	-	1	-	-	-	4	-	-	-	19
65 - 69	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	5	-	8
70+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
<b>Total</b>	-	-	<b>3</b>	-	<b>17</b>	-	<b>27</b>	-	<b>9</b>	-	<b>9</b>	-	<b>5</b>	-	<b>2</b>	-	<b>5</b>	-	<b>6</b>	-	<b>83</b>

**Pension Plan for All Eligible Employees of Crane**

**EIN/PN: 88-2846451/037**

**Schedule SB, line 26a – Schedule of Active Participant Data (continued)**

Frozen Non-Union and Union																					
Credited Service																					
Attained Age	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+		Total No.
	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	No.	Avg Bnft	
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 - 29	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
30 - 34	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
35 - 39	-	-	1	-	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	5
40 - 44	1	-	-	-	10	-	8	-	1	-	-	-	-	-	-	-	-	-	-	-	20
45 - 49	-	-	1	-	15	-	17	-	5	-	-	-	-	-	-	-	-	-	-	-	38
50 - 54	-	-	-	-	17	-	36	9,135	14	-	7	-	-	-	-	-	-	-	-	-	74
55 - 59	-	-	1	-	15	-	43	9,912	24	13,724	10	-	1	-	1	-	-	-	-	-	95
60 - 64	-	-	1	-	22	8,762	51	8,881	21	17,921	12	-	8	-	7	-	-	-	-	-	122
65 - 69	1	-	-	-	14	-	16	-	8	-	8	-	6	-	5	-	-	-	-	-	58
70+	-	-	-	-	1	-	6	-	5	-	1	-	-	-	1	-	1	-	1	-	16
<b>Total</b>	<b>2</b>	<b>-</b>	<b>9</b>	<b>-</b>	<b>97</b>	<b>7,072</b>	<b>178</b>	<b>9,044</b>	<b>78</b>	<b>16,145</b>	<b>38</b>	<b>21,047</b>	<b>15</b>	<b>-</b>	<b>14</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>433</b>

# **Pension Plan for all Eligible Employees of Crane**

**EIN/PN: 88-2846451/037**

## **Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

### **Funding assumptions selection and rationale**

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The retirement, termination and disability assumptions for Crane plan participants were set based on an experience study in 2021.

With the exception of Currency participants who terminate employment due to the company separation, or spin, on April 3, 2023, the demographic assumptions are based on an experience study conducted in 2021 covering plan experience from January 1, 2016 through December 31, 2020, for Crane participants and from January 1, 2018, through December 31, 2020 for legacy Currency participants, as well as the plan sponsor's future expectations. Retirement and withdrawal experience impacted by reductions in force in 2019 and 2020 are excluded. Disability rates are based on a standard table and recent experience has not revealed significant gains or losses from the current assumption. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

### **Use of Models**

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Prescribed Funding Assumptions and Methods**

The following assumptions and methods are prescribed by ERISA, as currently amended.

**Interest rates**

	<b>2024 Plan Year</b>	<b>2023 Plan Year</b>
<b>Funding Rates – Constrained*</b>		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.09%	5.21%
<b>Funding Rates – Unconstrained**</b>		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.42%	3.18%

\* Used for minimum funding and benefit restriction purposes.

\*\*Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

**Mortality**

Mortality tables for non-disabled participants mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale. For disabled participants, mortality is based on the Disabled Mortality Table defined by IRS Notice 2008-29.

**Lump Sum interest and mortality:**

- Interest Rate: Forward rates implied by the funding interest rates (annuity substitution rule)
- Mortality: 2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### Non-Prescribed Funding Assumptions and Methods

#### Expenses

Expected plan administrative expenses of \$4,100,000 were added to the Target Normal Cost. The amount is based on last year's actual expenses (without PBGC premiums) and current year's PBGC premiums.

#### Frequency of optional payment forms

Optional Form	Crane Assumption	Currency Assumption
Single Normal Form	35.00%	8.75%
50% Joint and Survivor	20.00%	5.00%
100% Joint and Survivor	35.00%	8.75%
10 Year Certain and Life	10.00%	2.50%
Lump Sum	N/A	75.00%

Currency participants currently working for Crane NXT who terminated employment due to the company separation, or spin, on April 3, 2023 who become eligible for early or normal retirement within 5 years of the spin are assumed to elect the lump sum portion at the date of eligibility and defer the annuity portion to age 60; all other participants are assumed to elect the lump sum portion at the fifth anniversary of the spin and defer the annuity portion to age 60.

Current Currency terminated vested participants have the same frequency assumptions as Crane.

#### Marital percentage

100% of Crane participants are assumed to be married at death. 80% of male Currency participants and 60% of female Currency participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Retirement rates**

<b>Age</b>	<b>Assumption</b>
55	5.00%
56	5.00%
57	5.00%
58	6.00%
59	6.00%
60	9.00%
61	9.00%
62	16.00%
63	12.00%
64	18.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

Deferred vested participants are assumed to retire at normal retirement age.

**Disability rates**

<b>Age</b>	<b>Assumption</b>
25	0.08%
30	0.08%
35	0.08%
40	0.19%
45	0.30%
50	0.52%
55	0.86%
60	1.39%
64	1.39%

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Withdrawal rates for active participants not eligible for retirement**

Sample rates as follows:

<b>Age</b>	<b>Assumption</b>
20	18.00%
25	18.00%
30	13.00%
35	9.00%
40	5.00%
45	5.00%
50	5.00%
55	5.00%
60	5.00%
64	5.00%

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

	<b>Actuary's Assumption</b>	<b>Third Segment Rate</b>	<b>Reflecting Limit</b>
2023 Expected Return	8.25%	5.59%	5.59%
2022 Expected Return	6.50%	5.74%	5.74%
2021 Expected Return	6.50%	5.92%	5.92%

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>037</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Crane Company</u>	<b>D</b> Employer Identification Number (EIN) <u>88-2846451</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	452,484,385
<b>b</b> Actuarial value .....	<b>2b</b>	467,769,132

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	5,398	322,189,823	322,189,823
<b>b</b> For terminated vested participants .....	2,163	120,636,326	120,636,326
<b>c</b> For active participants .....	516	52,840,826	54,144,542
<b>d</b> Total .....	8,077	495,666,975	496,970,691

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.09%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	320,096
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	4,100,000
<b>c</b> Target normal cost .....	<b>6c</b>	4,420,096

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

<b>SIGN HERE</b>	<u>JONATHAN SCHATZ J-S</u> Signature of actuary  JONATHAN SCHATZ, F.S.A. Type or print name of actuary  Buck Global, LLC Firm name  420 Lexington Avenue, Suite 2220 New York NY 10170-2220 Address of the firm	<u>01/01/2025</u> Date 2307386 Most recent enrollment number 212-330-1000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	4,420,096	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	55,952,941		5,633,096
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	10,053,192	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	10,053,192
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	13,933,383	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	13,933,383	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	10,053,192	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF CRANE	<b>B</b> Three-digit plan number (PN) ▶	037
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Crane Company	<b>D</b> Employer Identification Number (EIN) 88-2846451	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	452,484,385	
<b>b</b> Actuarial value .....	<b>2b</b>	467,769,132	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
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<b>c</b> For active participants .....	516	52,840,826	54,144,542
<b>d</b> Total .....	8,077	495,666,975	496,970,691
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.09%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	320,096	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	4,100,000	
<b>c</b> Target normal cost .....	<b>6c</b>	4,420,096	

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

<b>SIGN HERE</b>  Signature of actuary JONATHAN SCHATZ, F.S.A. Type or print name of actuary Buck Global, LLC Firm name 420 Lexington Avenue, Suite 2220 New York NY 10170-2220 Address of the firm	Date 2307386 Most recent enrollment number 212-330-1000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 4,420,096

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	55,952,941	5,633,096
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 10,053,192

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	10,053,192	10,053,192

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 13,933,383

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 13,933,383

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 10,053,192

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Statement of Enrolled Actuary**

In preparing this Schedule SB, the actuary relied on other parties for information on assets, contributions, plan provisions and data on people covered by the plan. The actuary tested the data for reasonability.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	138.7202	0.0421	5.8419	321.3051
56	158.2988	0.0413	6.5372	366.0830
57	167.6531	0.0420	7.0388	401.2142
58	180.3976	0.0496	8.9499	519.0944
59	184.8220	0.0492	9.0906	536.3435
60	196.8972	0.0888	17.4765	1048.5921
61	207.8842	0.0863	17.9418	1094.4468
62	210.8559	0.1558	32.8605	2037.3492
63	202.9473	0.1169	23.7255	1494.7040
64	208.2638	0.1755	36.5566	2339.6202
65	188.5750	0.3000	56.5725	3677.2118
66	141.0457	0.3000	42.3137	2792.7040
67	116.9521	0.3000	35.0856	2350.7369
68	93.1615	0.3000	27.9485	1900.4950
69	76.6009	0.3000	22.9803	1585.6381
70	58.0670	1.0000	58.0670	4064.6906
71	4.0000	1.0000	4.0000	284.0000
72	3.0000	1.0000	3.0000	216.0000
73	2.0000	1.0000	2.0000	146.0000
74	1.0000	1.0000	1.0000	74.0000
75	1.0000	1.0000	1.0000	75.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	1.0000	1.0000	1.0000	80.0000
<b>Total</b>			<b>421.9867</b>	<b>27,482.2290</b>
<b>Weighted Average Retirement Age = 27,482.2290 / 421.9867</b>				<b>65.13</b>
<b>Rounded Weighted Average Retirement Age</b>				<b>65</b>
<b>Note to Column 2:</b> The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.				
<b>Note to Column 3:</b> At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.				
<b>General note:</b> The table presents values rounded to fewer significant digits than used in the calculation.				

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Line 26b – Projection of Expected Benefit Payments**

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2024	\$709,257	\$3,659,740	\$31,869,997	\$36,238,994
2025	\$1,424,090	\$3,932,619	\$30,900,723	\$36,257,432
2026	\$2,008,414	\$4,812,658	\$29,967,135	\$36,788,207
2027	\$2,493,145	\$5,511,534	\$28,974,160	\$36,978,839
2028	\$2,871,708	\$6,296,069	\$27,962,428	\$37,130,205
2029	\$3,212,585	\$6,923,150	\$26,927,803	\$37,063,538
2030	\$3,491,981	\$7,416,400	\$25,873,819	\$36,782,200
2031	\$3,714,573	\$7,867,143	\$24,815,105	\$36,396,821
2032	\$3,886,436	\$8,270,322	\$23,735,432	\$35,892,190
2033	\$4,041,540	\$8,710,087	\$22,624,605	\$35,376,232
2034	\$4,137,999	\$9,035,999	\$21,496,338	\$34,670,336
2035	\$4,201,845	\$9,272,848	\$20,339,842	\$33,814,535
2036	\$4,275,570	\$9,445,592	\$19,167,681	\$32,888,843
2037	\$4,325,478	\$9,583,409	\$17,979,360	\$31,888,247
2038	\$4,347,792	\$9,599,006	\$16,774,763	\$30,721,561
2039	\$4,336,571	\$9,563,064	\$15,590,845	\$29,490,480
2040	\$4,307,237	\$9,459,815	\$14,418,765	\$28,185,817
2041	\$4,266,443	\$9,308,705	\$13,257,938	\$26,833,086
2042	\$4,195,538	\$9,150,535	\$12,115,240	\$25,461,313
2043	\$4,100,343	\$8,990,309	\$10,999,061	\$24,089,713
2044	\$3,996,322	\$8,759,685	\$9,916,408	\$22,672,415
2045	\$3,890,631	\$8,494,129	\$8,874,676	\$21,259,436
2046	\$3,758,456	\$8,208,122	\$7,880,943	\$19,847,521
2047	\$3,631,924	\$7,898,767	\$6,941,757	\$18,472,448
2048	\$3,476,563	\$7,543,790	\$6,062,920	\$17,083,273
2049	\$3,313,013	\$7,174,391	\$5,249,193	\$15,736,597
2050	\$3,145,789	\$6,783,249	\$4,504,089	\$14,433,127
2051	\$2,969,951	\$6,394,667	\$3,829,689	\$13,194,307
2052	\$2,794,168	\$5,984,217	\$3,226,572	\$12,004,957
2053	\$2,605,980	\$5,569,225	\$2,693,855	\$10,869,060
2054	\$2,424,278	\$5,151,556	\$2,229,204	\$9,805,038
2055	\$2,239,587	\$4,737,266	\$1,829,057	\$8,805,910
2056	\$2,061,883	\$4,327,061	\$1,488,816	\$7,877,760
2057	\$1,886,999	\$3,926,358	\$1,203,109	\$7,016,466
2058	\$1,715,460	\$3,541,415	\$966,108	\$6,222,983
2059	\$1,552,328	\$3,173,333	\$771,784	\$5,497,445
2060	\$1,397,381	\$2,825,119	\$614,164	\$4,836,664
2061	\$1,254,709	\$2,497,530	\$487,570	\$4,239,809
2062	\$1,117,548	\$2,196,637	\$386,760	\$3,700,945
2063	\$990,323	\$1,916,838	\$307,032	\$3,214,193
2064	\$873,009	\$1,661,778	\$244,308	\$2,779,095
2065	\$765,718	\$1,431,339	\$195,127	\$2,392,184
2066	\$668,238	\$1,225,016	\$156,618	\$2,049,872
2067	\$580,305	\$1,041,851	\$126,460	\$1,748,616
2068	\$501,590	\$880,576	\$102,793	\$1,484,959
2069	\$431,565	\$739,746	\$84,152	\$1,255,463
2070	\$369,681	\$617,714	\$69,404	\$1,056,799
2071	\$315,296	\$512,780	\$57,671	\$885,747
2072	\$267,860	\$423,165	\$48,281	\$739,306
2073	\$226,690	\$347,240	\$40,714	\$614,644

# **Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037**

## **Schedule SB, Part V – Summary of Plan Provisions**

### **For Crane Non-Bargaining Employees**

#### **Participation**

For employees hired before January 1, 2006, attainment of age 21 and the completion of 1 year of service. Certain divisions and subsidiaries are not covered and employees who are either represented by a collective bargaining agreement or covered by any other company sponsored pension plan or schedule to this plan are excluded. Effective December 31, 1995, former participants of the Mark Controls Salaried Pension Plan accrue benefits under these provisions. Stockham was acquired in December 1997 and effective December 31, 1997, accrue benefits under these provisions. Liberty Technology was acquired in August 11, 1998. Xomox was acquired July 1, 2001.

#### **Normal Retirement**

##### Eligibility

Age 65.

##### Benefit

1⅔% of Final 5-year average earnings times credited service, less 1⅓% of Primary Social Security Amount times credited service up to maximum of 50%.

The minimum benefit is \$7 per month per year of credited service up to 40 years.

##### Prior Benefits

Benefits earned under the Crane plan at 12/31/85 were 100% vested and purchased from an insurance carrier. Above descriptions apply to the difference between the gross benefit and such purchase.

#### **Accrued Benefit**

The benefit determined using final average earnings, credited service, and Primary Social Security Amount as of the date of benefit determination. However, the Social Security offset is determined assuming no future compensation after termination of employment and based on service at Normal Retirement multiplied by the fraction of credited service to the determination date over projected credited service to Normal Retirement. Effective December 31, 2012 benefit accruals ceased due to plan freeze.

#### **Early Retirement**

##### Eligibility

Age 55 and 15 years of service.

##### Benefit

Accrued benefit reduced 3% per year for the first 5 years and 7% for each year in excess of 5 that pension commencement date precedes Normal Retirement date.

#### **Vested Retirement**

##### Eligibility

5 years of service.

##### Benefit

Accrued benefit payable at age 65.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**For Crane Non-Bargaining Employees (continued)**

**Pre-Retirement Survivor Annuity**

Eligibility

5 years of service (and not waived coverage for a terminated vested participant).

Benefit

The surviving spouse receives the monthly annuity that would have been payable had the participant retired and elected the 50% joint and survivor annuity prior to the participant's death.

The accrued benefit is reduced for each complete year that this coverage is in effect from termination of employment to Normal Retirement.

**Disability Retirement**

Eligibility

Age 55 and 20 years of service.

Benefit

Accrued benefit payable immediately.

**Normal Form of Retirement Income**

Single

Life annuity.

Married

Reduced 50% qualified joint and survivor annuity.

**Optional Forms of Retirement Income**

- (1) 100%, 75%, or 50% joint and survivor annuity.
- (2) 5, 10 or 15-year certain and life.
- (3) Life annuity.

# Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037

## Schedule SB, Part V – Summary of Plan Provisions (continued)

### For Unidynamics Corporation Employees

#### Participation

For employees hired before January 1, 2006, attainment of age 21 and the completion of 1 year of service. Employees who are either represented by a collective bargaining agreement (unless the agreement provides for such participation) or covered by any other company sponsored pension plan.

#### Normal Retirement

##### Eligibility

Age 65.

##### Benefit

1½% of Final 5-year average earnings for each of the first 33⅓ years of credited service plus ½% of final average earnings for each such year of credited service in excess of 33⅓ years of credited service, less 1½% of the employee's Social Security amount for each of the first 33⅓ years of credited service. For General Plastics/Gentape employees, the benefit accrued under the prior plan is also payable.

Credited service is all service with the Company excluding any service before:

Division	Date
Resistoflex	01/01/79
High Performance Machines, Inc.	01/01/86
Kemlite	10/01/80
Cor Tec	01/01/81
Pickomatic, Inc.	01/01/88
Polyflon	01/01/81
Filon	10/18/93
Sequentia	06/15/98
Crane PLPP	09/25/98
Streamware	03/27/00
Lasco Composites	05/23/02

#### Prior Benefits

Benefits earned at 12/31/85 were 100% vested and purchased from an insurance carrier. Above descriptions apply to the difference between the gross benefit and such purchase.

#### Accrued Benefit

The benefit determined using final average earnings, credited service, and Social Security amount (assuming current earnings continue to Social Security Retirement Age) as of the date of benefit determination. Effective December 31, 2012 benefit accruals ceased due to plan freeze.

# **Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **For Unidynamics Corporation Employees (continued)**

#### **Early Retirement**

##### Eligibility

Age 55 and 5 years of service.

##### Benefit

Accrued benefit reduced 3% per year for the first 5 years and 7% for each year in excess of 5 that pension commencement date precedes Normal Retirement date. However, the Social Security amount in the accrued benefit formula shall be multiplied by the fraction of credited service to the determination date over projected credited service to Normal Retirement.

#### **Vested Retirement**

##### Eligibility

5 years of service.

##### Benefit

Accrued benefit payable at age 65. An early commencement of reduced benefits may be selected after age 55. The benefit is reduced 5/12 of 1% for each month that the benefit commences prior to Normal Retirement.

#### **Death Benefits**

##### Before Retirement

Married vested employees who die prior to benefit commencement are assumed to have elected early commencement (no earlier than age 55) and chosen a 100% contingent annuitant option if death occurred in active employment (50% contingent annuitant option if death occurred other than in active employment), with their spouse as contingent annuitant.

Married vested employees who die prior to benefit commencement are assumed to have elected early commencement (no earlier than age 55) and chosen a 100% contingent annuitant option if death occurred in active employment (50% contingent annuitant option if death occurred other than in active employment), with their spouse as contingent annuitant.

If death occurs before eligibility to commence the benefit payable to the surviving spouse, commencing with the month following the month in which the employee would have been eligible to commence benefits, is equal to 100% (50% if death after termination of employment) of the accrued benefit reduced for early commencement, and further reduced by the appropriate contingent annuitant option factor.

Unmarried vested participants who are eligible to retire shall designate a beneficiary who will receive the participant's Accrued Benefit in 60 equal installments following the participant's death prior to benefit commencement.

The accrued benefit is reduced, for married participants who do not waive the pre-retirement survivor annuity, for each 12 months of coverage from termination of employment of Normal Retirement.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**For Unidynamics Corporation Employees (continued)**

**Disability Retirement**

Eligibility

Totally and permanently disabled

Benefit

Immediate accrued benefit or continued accruals at last rate of pay until earlier of age 65 or plan freeze date.

**Normal Form of Retirement Income**

Single

Single life annuity.

Married

Reduced 50% qualified joint and survivor annuity.

**Optional Forms of Retirement Income**

- (1) 50%, 75%, or 100% joint and survivor annuity.
- (2) 10-year certain and life.
- (3) 5-year certain and life.
- (4) Social Security option.
- (5) Lump sum (if under \$6,000)

## **Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Closed Locations**

The following locations currently cover only retired participants, beneficiaries, and former employees with deferred vested benefits. All benefits have been determined based on plan provisions in effect at the participant's termination and therefore no summary of benefits is provided.

(PC1100)	Crane Local 278 Union Pension Agreement - Chapman Plant
(PC1101)	Crane National U.S. Radiator Amended Retirement Plan No. 2
(PC1101)	Crane Patternmaker Union Pension Agreement - Chapman Plant
(PC1101)	Crane Local 167 Union Pension Agreement - Chapman Plant
(PC1101)	Crane Local 112 Union Pension Agreement - Chapman Plant
(PC1101)	Crane Local 5471 Union Pension Agreement - Alliance Plant
(PC1101)	Crane Local 6440 Hourly and Salaried Union Pension Agreement – Jonesboro Plant
(PC1101)	Crane Local 13262 Union Pension Agreement - Chattanooga Plant
(PC1101)	Crane Local 334 Ferguson Salaried Plan, Somerset, Nevada, and Ferguson Potters Union Pension Agreement Chapman, Crane & Ordway, and Chattanooga, and USWA Local 12827
(PC1101)	Crane Pension Agreement - Chicago Local 2047 Patternmakers Union
(PC1101)	Crane Local 7942 Union Pension Agreement - Chicago Plant
(PC1101)	Crane Local 4684 Union Pension Agreement - Chicago Plant
(PC1101)	Crane Pension Plan for Certain Employees - Midwest
(PC1101)	UniDynamics Corporation Retirement Plan for Hourly Employees, Universal Nolin Division, Conway, Arkansas Plant
(PC2020A)	Crane Local 7178 Rogers, Arkansas Plant Production & Maintenance Employees
(PC2020B)	Crane Local 7178 Rogers, Arkansas Office & Technical Employees
(PC2157)	Crane Local 781 Union Pension Agreement - Distribution Center
(PC2200)	Local 1463 Union Agreement – Ambridge Plant
(PC2315)	The Burk Pumps, Inc. Pension Plan
PC2318	Local 8353 Salem Plant – Office & Technical Unit
PC2319	Local 2463 Deming Division – Production & Maintenance Workers
(PC2340)	Local 123 and Local 3 Union Agreement – Cochrane Plant
(PC4240, 4241)	The Pension Plan for Hourly Employees of Powers Process Controls
(PC5000)	Huttig Sash & Door Company Pension Plan for Hourly Employees Huttig Sash & Door Company Pension Plan for Salaried Employees
(PC2130)	Local 359 Washington, Iowa Plant Crane Valves, Washington, Iowa Resistoflex Aerospace Salaried Employees
(PC2253, 2254)	Local 676 Union Pension Agreement – Thorofare Plant
(PC3273)	Local 672L - Kemlite Sequentia, Inc.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC2901) - Lear Romec Division - Bargaining Unit Employees (IAM)**

**Participation**

Employees represented by Local Lodge No. 1849 of District No. 57, Region No. 139 of the International Association of Machinists and Aerospace Workers.

**Normal Retirement**

Eligibility

Later of age 65 and 5th anniversary of date of participation.

Benefit

Retirement Date		Retirement Pension	
After	But Prior To	Credited Service Times	Maximum Years Credited Service
May 18, 2009	May 17, 2010	\$34.00	39
May 17, 2010	May 16, 2011	\$34.00	39
May 16, 2011	May 12, 2012	\$34.25	39
May 12, 2012	May 12, 2013	\$34.75	39
May 12, 2013	May 12, 2014	\$35.25	40
May 12, 2014	May 17, 2015	\$35.75	40
May 17, 2015	May 23, 2016	\$36.25	40
May 23, 2016	May 20, 2019	\$41.25	40
May 20, 2019	May 19, 2020	\$43.25	40
May 19, 2020	May 18, 2021	\$45.00	40
May 18, 2021	May 17, 2022	\$46.76	40
May 17, 2022	May 22, 2023	\$48.50	40
May 22, 2023		\$56.00	40

The benefit is offset by \$15.25 per year of service prior to November 1, 1987 up to 35 years.

**Early Retirement**

Eligibility

Age 60 and 10 years of service.

Benefit

Accrued benefit actuarially reduced for early commencement prior to age 65. The reduction is 6/10 of 1% for each month from age 65 to early retirement date.

**Vested Retirement**

Eligibility

5 years of service.

Benefit

Accrued benefit payable at age 65. If you have 10 years of service, you may elect early commencement after age 60 with the same reductions as for Early Retirement.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC2901) - Lear Romec Division - Bargaining Unit Employees (IAM) (continued)**

**Death Benefit Prior to Retirement**

In the event of the death of a married vested participant, a benefit will be paid to his spouse for life. The amount of benefit is determined as 50% of what he would have received (based on service to death) had he commenced payment at the later of age 60 or the time of his death with the 50% Joint and Survivor option in effect.

**Post-Retirement Death Benefit**

Eligibility

Dies while receiving a normal, early, late or disability retirement benefit.  
Terminated deferred vested participants shall not be eligible.

Amount

\$3,500	2009 - 2010
\$3,750	2010 - 2011
\$4,000	2011 - 2012
\$4,250	2012 - 2019
\$5,000	2019 – May 22, 2023
\$6,000	May 22, 2023 -

**Disability Retirement**

Eligibility

Disablement after 10 years of service.

Benefit

The sum of a. plus b.:

- a. \$20.00, for each year of credited service, and
- b. The amount computed on the normal retirement formula, based on credited service to disability date.

Payments begin after 26 weeks of disability and are reduced by workers' compensation payments.

At age 65, the pension is recalculated on the normal retirement formula, based on credited service at disability date.

**Normal Form of Retirement Income**

Single

Life annuity.

Married

Reduced 50% qualified joint and survivor annuity.

**Optional Forms of Retirement Income**

- (1) 50%, 75%, or 100% joint and survivor annuity.
- (2) 5, 10, or 15-year certain and life.
- (3) Life annuity.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC4221) - Barksdale Division - Local 2018**

**Participation**

Employed in the Barksdale Division prior to January 1, 2018 and represented by the Bargaining Unit Local 2018 and has attained age 21 with at least 1 year of service.

**Normal Retirement**

Eligibility

Age 65.

Benefit

\$22.00 per month per year of service to a maximum of 35 years. The benefit rate was negotiated to increase according to the following schedule:

- March 1, 2009 - \$24.50
- March 1, 2010 - \$25.00
- March 1, 2011 - \$25.50
- March 1, 2012 - \$26.00
- March 1, 2013 - \$26.50
- March 1, 2014 - \$27.50
- March 1, 2015 - \$28.25
- March 1, 2016 - \$29.00
- March 1, 2017 - \$29.50

Benefit accruals were frozen effective December 31, 2018.

**Early Retirement**

Eligibility

Age 55 and 15 years of vesting service.

Benefit

Accrued benefit actuarially reduced for early commencement prior to age 65.

**Vested Retirement**

Eligibility

5 years of service.

Benefit

Accrued benefit, payable at age 65.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC4221) - Barksdale Division - Local 2018 (continued)**

**Pre-Retirement Spouse's Pension**

Eligibility

5 years of service.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death. Actuarially reduced as if the 50% joint and survivor option were elected. Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% Joint and Survivor Option to commence at the earliest possible retirement date.

**Normal Form of Retirement Income**

Single

Life annuity.

Married

Reduced 50% qualified joint and survivor annuity.

**Optional Forms of Retirement Income**

- (1) 50%, 75%, or 100% joint and survivor annuity.
- (2) 5, 10, or 15-year certain and life.
- (3) Single life annuity.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC4120, 4130) - Pacific Valves Division**

**Participation**

Hourly employees employed at the Long Beach California or NCC Reconditioning, Garden Grove California facilities (and represented by the Union for years prior to 1991).

**Normal Retirement**

Eligibility

Later of age 65 or 5 years of vesting service.

Benefit

\$17.00 per month per year of benefit service. Benefit service shall not exceed forty years. Effective December 31, 2012 benefit accruals ceased due to plan freeze.

**Early Retirement**

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced 4% per year for early commencement prior to age 65.

**Vested Retirement**

Eligibility

5 years of service.

Benefit

Accrued benefit, payable at age 65.

**Death Benefit Prior to Retirement**

In the event of the death of a married vested participant, a benefit will be paid to his spouse for life. The amount of benefit is determined as 50% of what he would have received (based on service to death) had he commenced payment at the time of his death reduced for early commencement and adjusted for the spouses 50% Joint and Survivor option in effect.

**Disability Retirement**

Eligibility

Disablement after age 40 with 15 years of service.

Benefit

Accrued benefit to date of disability reduced 4% per year for benefit commencement prior to age 65 (40% maximum reduction).

**Normal Form of Retirement Income**

Single

Life annuity.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**(PC4120, 4130) - Pacific Valves Division (continued)**

Married

Reduced 50% qualified joint and survivor annuity.

**Optional Forms of Retirement Income**

- (1) 50%, 75%, or 100% joint and survivor annuity.
- (2) 5, 10, or 15-year certain and life.
- (3) Single life annuity.

# **Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Former Crane and Excelsior Companies (“Currency”) Pension Plan Participants**

#### **Participation**

Former Crane & Co., Inc. employees hired prior to July 1, 2007 were eligible to participate in the plan after completing one year of service and attaining age 21. Participants hired prior to July 1, 2007 who terminate employment and are rehired on or after July 1, 2007 will accrue no additional benefits under the plan.

#### **Service**

For Currency participants who terminate employment due to the company separation, or spin, on April 3, 2023, service at Crane NXT counts toward early retirement eligibility.

#### **Normal Retirement**

##### Eligibility

Age 65 and 5 years of service.

##### Benefit

0.40% of average compensation up to Covered Compensation time years of service up to 35,

Plus

0.75% of average compensation in excess of Covered Compensation times years of service up to 35,

Plus

0.40% of average annual compensation times years of service over 35.

Minimum annual benefit is \$109 per year of service.

Benefit accruals were frozen effective July 1, 2018.

#### **Early Retirement**

##### Eligibility

Age 62 and 5 years of service or age 55 and 30 years of service; Currency participants who terminate employment due to the company separation, or spin, on April 3, 2023 are eligible at age 55 if they work for Crane NXT through April 3, 2028.

##### Benefit

Accrued benefit reduced ¼% for each month by which the benefit commencement date precedes the Participant’s normal retirement date.

#### **Vested Retirement**

##### Eligibility

5 years of vesting service.

##### Benefit

Upon termination of employment after 5 years of vesting service, a participant will be eligible for a deferred vested benefit determined for normal retirement but based on average compensation and service at termination. The benefit is payable at age 65 without reduction or any time after age 62 reduced ¼% for each month commencement precedes age 65. When a participant who completed 30 years of service attains age 55, the participant is eligible to begin payments. These payments would be reduced ¼% for each month commencement precedes age 65.

# **Pension Plan for all Eligible Employees of Crane EIN/PN: 88-2846451/037**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Former Crane and Excelsior Companies (“Currency”) Pension Plan Participants (continued)**

#### **Death Benefit Prior to Retirement**

If a married participant dies while employed on or after the earliest retirement age, his spouse will be entitled to a lifetime benefit of 50% of the early retirement benefit the participant would have received had he retired the day before his death and elected the normal 50% joint and survivor income option.

If a married participant dies before the earliest retirement age and has completed at least 5 years of vesting service, the participant’s spouse will receive the same benefit as if the participant had separated from service on the date of death, survived to the earliest retirement age, retired with an immediate 50% qualified joint and survivor annuity on that date, and died on the following day. The surviving spouse will begin to receive payments at the participant’s earliest retirement age unless the spouse elects to a later date.

#### **Disability Retirement**

##### Eligibility

Disablement with 5 years of service.

##### Benefit

Determined as in Normal retirement above to the date of disablement and payable at disability retirement date (1) without reduction if the participant is eligible for Social Security disability payments or (2) reduced ¼% for each month prior to age 65, if not eligible for Social Security payments.

#### **Normal Form of Retirement Income**

##### Single

Life annuity.

##### Married

Reduced 50% qualified joint and survivor annuity.

#### **Optional Forms of Retirement Income**

- (1) 5, 10, or 15-year certain and life annuity.
- (2) Joint and Survivor Annuity with either 50%, 75% or 100% continuation to the spouse.
- (3) Single lump-sum payment available if elected within 1 year of termination of employment, or at any time if the lump sum value is less than or equal to \$25,000; Currency participants who terminate employment due to the company separation, or spin, on April 3, 2023 are also eligible for a lump sum within 12 months of termination from Crane NXT if they terminate within 5 years of the spin. Currency participants who work for Crane NXT through the fifth anniversary of the spin may elect a lump sum within 12 months of the fifth anniversary of the spin, with the lump sum value reflecting the value of early retirement at age 55.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Former Crane and Excelsior Companies (“Currency”) Pension Plan Participants (continued)**

**Summary of Changes from the January 1, 2023 Valuation**

None.

**Pension Plan for all Eligible Employees of Crane  
 EIN/PN: 88-2846451/037**

**Schedule SB, Line 32 – Schedule of Amortization Bases**

<b>Date Established</b>	<b>Type Of Base</b>	<b>Years Remaining</b>	<b>Shortfall Amortization Installment</b>	<b>Present Value of Remaining Installments as of January 1, 2024</b>
January 1, 2021	Shortfall	12	\$ 3,512,369	\$ 32,922,746
January 1, 2022	Shortfall	13	(2,317,078)	(23,028,398)
January 1, 2023	Shortfall	14	5,290,933	55,435,657
January 1, 2024	Shortfall	15	<u>(853,128)</u>	<u>(9,377,064)</u>
Total			\$ 5,633,096	\$ 55,952,941

An election has been made under the American Rescue Plan Act of 2021 (ARP) to implement the fresh start 15-year amortization provision of ARP in plan year 2021.

**Pension Plan for all Eligible Employees of Crane  
EIN/PN: 88-2846451/037**

**Schedule SB, Line 24 – Change in Actuarial Assumptions**

**Summary of Changes from the January 1, 2023 Valuation**

- The amount of expenses added to the Target Normal Cost was changed from \$6,800,000 to \$4,100,000 to reflect a reduction in the plan's PBGC Variable Rate Premium.