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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                 |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                          |
| 1a      | Name of plan<br>CRANE SAVINGS AND INVESTMENT PLAN                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 038                                                                                                                                                                                                                                                                                              |
| 1c      | Effective date of plan<br>01/01/1985                                                                                                                                                                                                                                                                                            |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CRANE COMPANY<br><br>100 FIRST STAMFORD PLACE<br>STAMFORD, CT 06902-6740 |
| 2b      | Employer Identification Number (EIN)<br>88-2846451                                                                                                                                                                                                                                                                              |
| 2c      | Plan Sponsor's telephone number<br>203-363-7300                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>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.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/09/2026 | LORI CAMPBELL                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                    |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b> 7848                                                                                                                                                                                                                                                       |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 4154<br><b>6a(2)</b> 4108<br><b>6b</b> 290<br><b>6c</b> 3145<br><b>6d</b> 7543<br><b>6e</b> 106<br><b>6f</b> 7649<br><b>6g(1)</b> 7586<br><b>6g(2)</b> 7251<br><b>6h</b> 572 |
| <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 Characteristic Codes in the instructions:

2E 2F 2H 2J 2K 2O 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                             |     |
| <b>A</b> Name of plan<br>CRANE SAVINGS AND INVESTMENT PLAN                                 | <b>B</b> Three-digit plan number (PN) ▶                     | 038 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CRANE COMPANY             | <b>D</b> Employer Identification Number (EIN)<br>88-2846451 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE VANGUARD GROUP, INC.                                                                                          |
| 23-1945930                                                                                                        |

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

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

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

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

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

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

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

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**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)

VANGUARD ADVISERS INC.

23-2811930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | NONE                                                                                              | 460087                                                                 | 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 VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 25<br>37 52 99   | NONE                                                                                              | 357842                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 41939                                                                  | 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)

LEE CPA AUDIT GROUP

81-4637885

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | NONE                                                                                                     | 8568                                                                          | 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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>        |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                                   |                                                                                                        |
| A Name of plan<br>CRANE SAVINGS AND INVESTMENT PLAN                                                                                                                               |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 038                                                                   |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CRANE COMPANY                                                                                                    |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>88-2846451                                                   |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                        |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EAGLE MID CAP GROWTH CIT                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 83-0524193-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21080797  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND; CT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 38-4139822-616                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23250948  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTITUTIONAL 500 INDEX TR                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 81-6327546-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148161344 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTL TOTAL BOND MKT IDX TR                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 81-6321044-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65589933  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTL TOT INTRNL STK MKT IDXTR                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 81-6317280-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59827907  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2020 TR II                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 90-6083982-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31841143  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2025 TR II                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                        |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                        |
| c EIN-PN 90-6083980-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64121086  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                        |
| Schedule D (Form 5500) 2025 v. 250312                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                        |

|                                                   |                |                                  |            |
|---------------------------------------------------|----------------|----------------------------------|------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2030 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083978-001 | <b>d</b> Entity code             | C 71019543 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2035 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083976-001 | <b>d</b> Entity code             | C 61968546 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2040 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083974-001 | <b>d</b> Entity code             | C 52249362 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2045 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083972-001 | <b>d</b> Entity code             | C 42491495 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2050 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083970-001 | <b>d</b> Entity code             | C 44804784 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2055 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 27-6715091-001 | <b>d</b> Entity code             | C 30597201 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2060 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 45-3799419-001 | <b>d</b> Entity code             | C 20552326 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2065 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 82-6194314-001 | <b>d</b> Entity code             | C 8033883  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET 2070 TR II       |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 87-7039453-001 | <b>d</b> Entity code             | C 1082878  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                | VFTC TARGET RET INCOME TR II     |            |
| <b>b</b> Name of sponsor of entity listed in (a): |                | VANGUARD FIDUCIARY TRUST COMPANY |            |
| <b>c</b> EIN-PN                                   | 90-6083967-001 | <b>d</b> Entity code             | C 22104760 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB LARGE CAP GROWTH FUND; CF-A C

**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

**c** EIN-PN 45-4173185-001

**d** Entity code C

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114310250

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RETIREMENT SAVINGS TRUST III

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

**c** EIN-PN 38-7041744-024

**d** Entity code C

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95808365

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2050 TR I

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

**c** EIN-PN 90-6083969-001

**d** Entity code C

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>CRANE SAVINGS AND INVESTMENT PLAN</div>                                                                                                                                                                                                            | <div>B Three-digit plan number (PN)</div> <div>038</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CRANE COMPANY</div>                                                                                                                                                   | <div>D Employer Identification Number (EIN)</div> <div>88-2846451</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 250369                |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 3605                  |                 |
| <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>               | 30972339              | 0               |
| <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>                  | 12585601              | 10930713        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 787009953             | 978896551       |
| <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>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 262372471             | 148871627       |
| <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> | 85926972              | 88425242        |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1179121310            | 1227124133      |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |            |            |
|------------------------------------------------------------|-----------|------------|------------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1179121310 | 1227124133 |
|------------------------------------------------------------|-----------|------------|------------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 19614746   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 33290459   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 6071871    |           |
| (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>    |            | 58977076  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1026097    |           |
| <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> |            | 1026097   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 498187     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 9836466    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 10334653  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 29119716   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 29204804   |           |
| <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> |            | -85088    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 14888811   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 14888811  |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 110782896 |
| (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>  |            |           |
| (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> |            | 24297012  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 201809    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 220423266 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 134651743 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 69915     |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 134721658 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           | 165914    |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 9553      |
| <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>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |           |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |           |           |
| (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> | 849943    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 849943    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 135747068 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 84676198 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 9055525  |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 45728900 |

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11258    |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| <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.)                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| <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.                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |

**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) |
|------------------------------|---------------------|--------------------|
| AON POOLED EMPLOYER PLAN     | 22-2232264          | 001                |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CRANE SAVINGS AND INVESTMENT PLAN                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 038                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CRANE COMPANY                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>88-2846451                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 23-2186884                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% 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\_\_\_\_\_.

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2025</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                   |                                                 |     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025        |                                                 |     |
| <b>A</b> Name of plan<br>CRANE SAVINGS AND INVESTMENT PLAN                                        | <b>B</b> Three-digit<br>Plan number (PN)..... ▶ | 038 |
|                                                                                                   |                                                 |     |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>CRANE COMPANY | <b>D</b> Administrator's EIN<br>88-2846451      |     |

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete. |
|---------------|---------------------------------------------------------------------------------------------------|

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

|                |                                            |
|----------------|--------------------------------------------|
| <b>Part II</b> | <b>Participating Employer Information.</b> |
|----------------|--------------------------------------------|

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|                                                                   |                             |                                                                          |                                                                                     |
|-------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>2a</b> Name of Participating Employer<br>CRANE COMPOSITES INC. | <b>2b</b> EIN<br>06-1380005 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>0.37 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer<br>0 |
| <b>2a</b> Name of Participating Employer<br>NOBLE COMPOSITES INC. | <b>2b</b> EIN<br>35-2114571 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>2.32 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer<br>0 |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|                                                                                                                                                                                                  |           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?                                                                      | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |                                                                     |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.                                                          | <b>2g</b> |                                                                     |

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

**Schedule MEP (2025)  
v. 250312**

|                 |                                         |
|-----------------|-----------------------------------------|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|-----------------------------------------|

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the Crane Savings and Investment Plan (the "Plan").

### Opinion

We have audited the financial statements of the Crane Savings and Investment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### 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 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.

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**

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.

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.

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, and the supplemental schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Debitte & Touche LLP*

June 25, 2026

**CRANE SAVINGS AND INVESTMENT PLAN**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**EMPLOYER ID NO: 88-2846451**  
**PLAN ID NO: 038**  
**December 31, 2025**

| (a) | (b)                                                                   | (c)                                                                                                               | (d)  | (e)                            |
|-----|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------|--------------------------------|
|     | Identity of Issue, Borrower, Lessor or Similar Party                  | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value       | Cost | Current Value                  |
|     | American Funds EuroPacific Growth Fund; Class R-6                     | Registered Investment Company                                                                                     | **   | 19,239,982                     |
|     | Fidelity Total Bond K6 Fund                                           | Registered Investment Company                                                                                     | **   | 15,955,459                     |
| *   | Vanguard Equity Income Fund Admiral Shares                            | Registered Investment Company                                                                                     | **   | 57,407,092                     |
| *   | Vanguard Federal Money Market Fund                                    | Registered Investment Company                                                                                     | **   | 324,556                        |
| *   | Vanguard Mid-Cap Index Fund Institutional Shares                      | Registered Investment Company                                                                                     | **   | 30,438,322                     |
| *   | Vanguard Small-Cap Index Fund Institutional Shares                    | Registered Investment Company                                                                                     | **   | 25,506,216                     |
|     | Eagle Mid Cap Growth Collective Investment Trust; Class 1             | Common/Collective Trust                                                                                           | **   | 21,080,797                     |
|     | JPMCB large Cap Growth Fund; CF A Class                               | Common/Collective Trust                                                                                           | **   | 114,310,250                    |
|     | MFS Mid Cap Value Fund; CT                                            | Common/Collective Trust                                                                                           | **   | 23,250,948                     |
| *   | Vanguard Institutional 500 Index Trust D                              | Common/Collective Trust                                                                                           | **   | 148,161,344                    |
| *   | Vanguard Institutional Total Bond Market Index Trust D                | Common/Collective Trust                                                                                           | **   | 65,589,933                     |
| *   | Vanguard Institutional Total International Stock Market Index Trust D | Common/Collective Trust                                                                                           | **   | 59,827,907                     |
| *   | Vanguard Retirement Savings Trust III                                 | Common/Collective Trust                                                                                           | **   | 95,808,365                     |
| *   | Vanguard Target Retirement 2020 Trust II                              | Common/Collective Trust                                                                                           | **   | 31,841,143                     |
| *   | Vanguard Target Retirement 2025 Trust II                              | Common/Collective Trust                                                                                           | **   | 64,121,086                     |
| *   | Vanguard Target Retirement 2030 Trust II                              | Common/Collective Trust                                                                                           | **   | 71,019,543                     |
| *   | Vanguard Target Retirement 2035 Trust II                              | Common/Collective Trust                                                                                           | **   | 61,968,546                     |
| *   | Vanguard Target Retirement 2040 Trust II                              | Common/Collective Trust                                                                                           | **   | 52,249,362                     |
| *   | Vanguard Target Retirement 2045 Trust II                              | Common/Collective Trust                                                                                           | **   | 42,491,495                     |
| *   | Vanguard Target Retirement 2050 Trust II                              | Common/Collective Trust                                                                                           | **   | 44,804,784                     |
| *   | Vanguard Target Retirement 2055 Trust II                              | Common/Collective Trust                                                                                           | **   | 30,597,201                     |
| *   | Vanguard Target Retirement 2060 Trust II                              | Common/Collective Trust                                                                                           | **   | 20,552,326                     |
| *   | Vanguard Target Retirement 2065 Trust II                              | Common/Collective Trust                                                                                           | **   | 8,033,883                      |
| *   | Vanguard Target Retirement 2070 Trust II                              | Common/Collective Trust                                                                                           | **   | 1,082,878                      |
| *   | Vanguard Target Retirement Income Trust II                            | Common/Collective Trust                                                                                           | **   | 22,104,760                     |
| *   | Crane Company Stock Fund                                              | Company Stock Fund                                                                                                | **   | 88,425,242                     |
| *   | Loan Fund                                                             | Participant Loans ( <i>Loans have interest rates ranging from 4.25% - 10.5% and mature in 2026 through 2040</i> ) | ***  | 11,174,323                     |
|     |                                                                       |                                                                                                                   |      | <u><u>\$ 1,227,367,743</u></u> |

\* Represents a party-in-interest to the plan.

\*\* Cost information is not required for participant-directed investments and therefore is not included.

\*\*\* Represents total loans outstanding, net of \$243,610 of deemed distributions.

**CRANE SAVINGS AND INVESTMENT PLAN**  
**FORM 5500 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**EMPLOYER ID NO: 88-2846451**  
**PLAN ID NO: 038**  
**December 31, 2025**

| Total That Constitute Nonexempt Prohibited                  |                                                             |                             |                                                                                 |                                          |                                                                               |
|-------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|
| Participant Contributions Transferred Late to the Plan      | Check Here if Late Participant Loan Repayments are Included | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary Correction Program ("VFCP") | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51 |
| 2024 participant contributions transferred late to the Plan | <input checked="" type="checkbox"/>                         | \$                          | 11,258                                                                          |                                          |                                                                               |

# **CRANE SAVINGS AND INVESTMENT PLAN**

**Employer ID No:** 88-2846451

**Plan Number:** 038

*Financial Statements as of and for the years ended December 31, 2025, and 2024,  
Supplemental Schedules as of and for the year ended December 31, 2025, and  
Independent Auditor's Report*

## INDEX

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| SUPPLEMENTAL SCHEDULES:                                                                                               |                                                                                                                                                                                                                                                  |
| Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025            | 15                                                                                                                                                                                                                                               |
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| NOTE:                                                                                                                 | All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable. |

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the Crane Savings and Investment Plan (the "Plan").

### Opinion

We have audited the financial statements of the Crane Savings and Investment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### 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 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.

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**

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.

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.

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, and the supplemental schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Debitte & Touche LLP*

June 25, 2026

**CRANE SAVINGS AND INVESTMENT PLAN****STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS****As of December 31, 2025 AND 2024**

|                                    | <b>2025</b>             | <b>2024</b>             |
|------------------------------------|-------------------------|-------------------------|
| ASSETS                             |                         |                         |
| INVESTMENTS, AT FAIR VALUE:        |                         |                         |
| Participant-directed investments   | \$ 1,216,193,420        | \$ 1,166,281,735        |
| RECEIVABLES:                       |                         |                         |
| Company contributions              | —                       | 250,369                 |
| Participant contributions          | —                       | 3,605                   |
| Notes receivable from participants | 11,174,323              | 12,850,814              |
| Total receivables                  | 11,174,323              | 13,104,788              |
| ASSETS AVAILABLE FOR BENEFITS      | <u>\$ 1,227,367,743</u> | <u>\$ 1,179,386,523</u> |

*See notes to financial statements.*

# CRANE SAVINGS AND INVESTMENT PLAN

## STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

|                                                                  | 2025             | 2024             |
|------------------------------------------------------------------|------------------|------------------|
| ADDITIONS:                                                       |                  |                  |
| Contributions:                                                   |                  |                  |
| Participant                                                      | \$ 33,290,459    | \$ 32,465,077    |
| Company                                                          | 19,614,746       | 20,560,064       |
| Rollover                                                         | 6,071,871        | 6,152,053        |
| Total contributions                                              | 58,977,076       | 59,177,194       |
| Investment income:                                               |                  |                  |
| Interest income                                                  | 2,703,864        | 2,691,379        |
| Dividends                                                        | 10,334,653       | 9,944,210        |
| Net appreciation in fair value of investments                    | 147,179,767      | 138,830,768      |
| Net investment income                                            | 160,218,284      | 151,466,357      |
| Interest income on notes receivable from participants            | 1,026,097        | 1,033,703        |
| Other additions                                                  | 201,809          | 93,956           |
|                                                                  | 220,423,266      | 211,771,210      |
| DEDUCTIONS:                                                      |                  |                  |
| Benefits paid to participants                                    | (134,848,813)    | (118,902,779)    |
| Administrative and other expenses                                | (919,858)        | (938,073)        |
| Total deductions                                                 | (135,768,671)    | (119,840,852)    |
| INCREASE IN ASSETS BEFORE PLAN TRANSFERS                         | 84,654,595       | 91,930,358       |
| Transfer in due to plan mergers (Note 1)                         | 9,055,525        | 14,709,250       |
| Transfer out due to divestiture of Engineered Materials (Note 1) | (45,728,900)     | —                |
| ASSETS AVAILABLE FOR BENEFITS:                                   |                  |                  |
| Beginning of year                                                | 1,179,386,523    | 1,072,746,915    |
| End of year                                                      | \$ 1,227,367,743 | \$ 1,179,386,523 |

See notes to financial statements.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

##### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Crane Savings and Investment Plan (the "Plan") describes the Plan's provisions as in effect on December 31, 2025 and 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 contribution plan covering certain United States of America ("U.S.") employees of Crane Company and its subsidiaries (the "Company") as of December 31, 2025 and includes a qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Vanguard Fiduciary Trust Company ("Vanguard") serves as the trustee and recordkeeper of the Plan. Since the Plan offers the Crane Company Stock Fund as an investment option as of December 31, 2025, the Plan also operates as an Employee Stock Ownership Plan.

**Plan Amendments** — The Plan was adopted and established on January 1, 1985 and was restated in 2019 and amended on July 31, 2020, December 30, 2021 and December 29, 2022. The amended and restated Plan has been further amended as follows:

On May 16, 2022, Crane Co., a Delaware corporation ("Crane Co.") and, the sponsor of the Plan as of such date, completed a reorganization merger pursuant to the Agreement and Plan of Merger, dated as of February 28, 2022 (the "Reorganization"). The Reorganization 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. In connection with this change in Plan sponsorship, Crane Holdings, Co. became a participating employer in the Plan effective as of January 1, 2023 and, on and after January 1, 2023, the Plan became known as the Crane Savings and Investment Plan.

Effective April 3, 2023, Crane Holdings, Co. became Crane NXT, Co. ("Crane NXT") and ceased its participation in the Plan. Contemporaneously, Crane NXT established the Crane NXT Savings and Investment Plan (the "Crane NXT Plan") to provide benefits to its eligible employees and the eligible employees of its participating affiliates that were identical to those in effect under the Plan immediately prior to the Spin-Off. In connection with the Spin-Off, the account balance of each eligible employee of Crane NXT and its participating affiliates who was a participant in the Plan immediately prior to the completion of the Spin-Off was spun-off from the Plan and account balances were transferred to the Crane NXT Plan. Also in connection with the Spin-Off, stockholders of Crane Holdings, Co. received a one-for-one distribution of Crane Company stock for every share of Crane Holdings, Co. (now Crane NXT) stock they owned, resulting in both the Crane NXT single stock fund and the Crane Company Stock Fund within the Plan.

The Plan was amended and restated effective April 3, 2023 to reflect the cessation of Crane NXT's participation in the Plan and the spin-off of the account balances of eligible employees of Crane NXT and its participating affiliates from the Plan to the Crane NXT Plan.

Post Spin-Off, the Plan included the Crane Company Stock Fund, an employer stock fund, as well as the Crane NXT, Co. Stock Fund, a single stock fund.

The Plan was further amended following the Spin-Off 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) address the use of Plan forfeitures consistent with the requirements of Proposed Treasury Regulation §1.401-7, (3) increase the required beginning date for the commencement of Plan distributions, provide the Crane Savings Plan Committee (the "Committee") with discretion in determining whether to recoup inadvertent Plan benefit overpayments, and increase the catch-up contribution limit for certain participants, all consistent with the requirements of the SECURE 2.0 Act of 2022, and (4) reflect certain governance, legal and administrative requirements and other changes in connection with the Company's M&A activity.

**Transfers in due to Plan mergers** — In connection with the Company's 2024 acquisition of CryoWorks, Inc. effective January 1, 2025, the CryoWorks, Inc. 401(k) Plan and Trust was merged with and into the Plan, and its assets of \$4,432,876 were transferred into the Plan.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

In connection with the Company's 2024 acquisition of Technifab Products Inc. effective June 30, 2025, the Technifab Products, Inc. 401(k) Savings Plan was merged with and into the Plan, and its assets of \$4,622,649 were transferred into the Plan.

During the year ended December 31, 2024, total assets of \$397,316 and \$14,311,934 were transferred into the Plan, as a result of the mergers of the Baum Lined Piping America 401(k) Plan and the Vian Enterprises, Inc. 401(k) Profit Sharing Plan and Trust, respectively, with and into the Plan in connection with the Company's prior acquisitions of Baum America Corp. DBA Baum Lined Piping America and Vian Enterprises, Inc, respectively.

**Transfer out due to divestiture** — Effective January 1, 2025, the Company completed the sale of the Engineered Materials segment. In connection with the sale, total assets of \$45,728,900 were transferred out of the Plan in April 2025. Also in connection with the sale, the Plan was amended to include qualifying provisions required by applicable law for multiple employer plans, employees of the Engineered Materials segment, represented by Crane Composites, Inc. and Noble Composites, Inc. were allowed to continue participating in the Plan until April 1, 2025, and the Plan was operated and administered in accordance with its terms as a multiple employer plan during such period.

**Administration of the Plan** — The authority to manage, control and interpret the Plan as of December 31, 2025, is vested in the Committee, which was appointed by the Board of Directors of Crane Company and is a named fiduciary within the meaning of ERISA.

**Participation** — Subject to certain conditions, as of December 31, 2025, U.S. employees of the Company and its participating subsidiaries are eligible to participate in the Plan. Each new or rehired eligible employee is automatically enrolled in the Plan, unless the employee affirmatively opts out of participation, at a pre-tax deferral rate of 3% of the employee's eligible compensation. An employee who is automatically enrolled may affirmatively elect a different rate or to make all or a portion of his or her deferrals on a Roth after-tax or after-tax basis. Automatic contributions are invested in the Vanguard Target Retirement Fund option with a target retirement date closest to the year in which the participant will reach age 65, unless the participant affirmatively elects to invest his or her deferrals in one or more of the other Plan investment options. Temporary employees may become eligible to participate in the Plan upon completing six months of service, regardless of the number of hours of service completed.

**Contributions and Funding Policy** — Participants may elect to contribute to the Plan from one to 75% of their annual compensation on a pre-tax basis, an after-tax basis, a Roth after-tax basis, or a combination of these three, as defined by the Plan. The contribution limit for highly compensated employees, defined as those whose annual earnings equal at least \$160,000 in 2025 and \$155,000 in 2024, is 10% of annual compensation. Those participants who meet the eligibility requirements may contribute additional amounts (age 50 catch-up contributions and age 60 to 63 super catch-up contributions), which are not eligible for a Company matching contribution. Contributions are invested in the Plan investment options selected by the participant and are subject to certain Code limitations.

The Company contributes on a matching basis 50% of the first 6% of each participant's pre-tax or Roth after-tax contributions.

In accordance with the Code, participant pre-tax and Roth after-tax contributions could not exceed \$23,500 in 2025 and \$23,000 in 2024. Pre-tax catch-up contributions could not exceed \$7,500 in 2025 and 2024. Consistent with the requirements of SECURE 2.0 Act of 2022, participants between ages 60 and 63 were eligible to make catch-up contributions up to \$11,250 in 2025. Discrimination tests are performed annually, and any test discrepancies are resolved in accordance with applicable Internal Revenue Service ("IRS") guidance.

In addition to participant deferral contributions and Company matching contributions on those deferrals, the Plan provided a 3% non-matching Company contribution to eligible participants in 2025 and 2024.

**Rollover Contributions** — Rollover contributions from other qualified plans are accepted by the Plan. Rollover contributions represent participant account balances transferred from other non-company qualified plans.

**Investments** — Participants direct the investment of contributions into various investment options offered by the Plan. The Plan offers registered investment companies (including a money market fund), collective trust funds (including a stable value fund) and, as of December 31, 2025, the Crane Company Stock Fund as investment options for participants.

The Crane NXT, Co. Stock Fund was removed from the Plan effective July 1, 2025, and was liquidated as of December 31, 2025. The Crane NXT, Co. Stock Fund was a frozen stock fund that contained common stock issued by Crane NXT. No pre-tax,

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

Roth after-tax or after-tax contributions, Company matching contributions, Company non-matching contributions, loan repayments, rollover contributions or account transfers were permitted to be invested in the Crane NXT, Co. Stock Fund.

Participants are not permitted to invest more than 20% of their Plan account balance in the Crane Company Stock Fund investment option. Participants with more than 20% of their Plan account balance in the Crane Company Stock Fund investment option are not permitted to contribute to, or transfer money from, other Plan investments to the Crane Company Stock Fund while the fund balance exceeds the 20% limit.

**Participant Accounts** — Individual accounts are maintained for each participant in the Plan. Each participant's account is credited with the participant's contributions and related matching and non-matching Company contributions and Plan earnings. Participant accounts are also charged with withdrawals and an allocation of Plan losses and administrative fees that are paid by the Plan. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** — Participant contributions plus actual earnings thereon are immediately vested. Vesting for matching and non-matching Company contributions generally is as follows:

| Years of Service         | Vested Interest |
|--------------------------|-----------------|
| Less than 1 year         | None            |
| 1 year but fewer than 2  | 20%             |
| 2 years but fewer than 3 | 40%             |
| 3 years but fewer than 4 | 60%             |
| 4 years but fewer than 5 | 80%             |
| 5 years or more          | 100%            |

Participants whose employment terminates by reason of death, permanent disability or retirement are fully vested. Participants also are fully vested upon the attainment of age 65. Certain accounts that were merged into the Plan from other plans are subject to different vesting schedules.

**Forfeited Accounts** — When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. These forfeited non-vested accounts are used first to pay the administrative expenses of the Plan, and then to reduce future Company contributions. During the years ended December 31, 2025 and 2024, Company contributions were reduced by \$3,120,446 and \$1,580,858, respectively, from forfeited non-vested accounts. As of December 31, 2025 and 2024, the remaining balance in forfeited non-vested accounts totaled \$324,556 and \$971,969, respectively.

**Payment of Benefits** — Upon retirement, disability, termination of employment or death, a participant or designated beneficiary will receive a distribution in the form of a lump sum, installment or partial payment equal to all or a portion of the participant's account balance. If the participant's account balance is greater than \$1,000, the participant may elect to defer the withdrawal until reaching the age of 73. A participant may apply to the Committee for a distribution in cases of hardship. The Committee has the sole discretion to approve or disapprove hardship withdrawal requests, in accordance with the Code.

**Notes Receivable from Participants** — Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of their vested account balance, whichever is less. Loans are secured by an assignment of the participant's vested interest in the Plan, and bear interest at the prevailing prime lending rate as of the date the loan is made, plus 2%. Principal and interest are paid ratably through payroll deductions. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. Certain participant accounts that were merged into the Plan from other plans are subject to different loan terms. Participants may not have more than two loans outstanding at any time. As of December 31, 2025, participant loans have maturities through 2040 at interest rates ranging from 4.25% to 10.5%, which includes loans that were transferred from the Company's acquisitions that maintained their historical provisions.

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

The following is a summary of the significant accounting policies followed in preparation of the financial statements of the Plan.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

**Basis of Accounting** — The financial statements of the Plan have been prepared in conformity 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 Plan management to make estimates and assumptions that affect the reported amounts of assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments, including registered investment companies (including a money market fund), collective trust funds (including a stable value fund), and the Crane Company Stock Fund. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**Concentration of Investments** — Included in investments at December 31, 2025 and 2024, are shares of Crane Company common stock amounting to \$88,425,242 and \$85,926,972, respectively. These investments represent 7% of total investments, at both December 31, 2025 and 2024. A significant decline in the market value of the Crane Company common stock would significantly affect the assets available for benefits.

Included in investments at December 31, 2024 are shares of Crane NXT Co. common stock amounting to \$30,972,339 representing 3% of total investments. The Crane NXT, Co. Stock Fund was removed from the Plan effective July 1, 2025 and was liquidated as of December 31, 2025.

**Investment Valuation** — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

**Investment Transactions and Income Recognition** — 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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants** — Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as benefits paid to participants based on the terms of the Plan document.

**Administrative Expenses** — Plan administrative expenses are paid out of the Plan assets or by the Company in compliance with the terms of the Plan document and ERISA guidance. Participants pay administrative costs for loans, withdrawals, beneficiary determinations, and hardship distributions, as well as qualified domestic relations orders.

All investment management and transaction fees directly related to the Plan investments are paid by the Plan. Management fees and operating expenses charged to the Plan for investments are deducted from income earned and are not separately reflected. Consequently, investment management fees and operating expenses are reflected as a reduction of investment return for such investments. The Plan also has a revenue-sharing agreement with non-Vanguard investments whereby certain investment managers return a portion of the investment fees to the recordkeeper, which are then credited on a quarterly basis to the participants who are invested in those funds. There were no unallocated amounts related to the revenue sharing agreements on December 31, 2025 or 2024. Personnel and facilities of the Company used by the Plan for its accounting and other activities are provided at no charge to the Plan.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. There were no participants who requested a distribution from the Plan, but who had not yet been paid such distribution as of December 31, 2025 and 2024.

**Contributions** — Employee contributions are recorded when withheld and Company matching contributions are recorded when the associated employee contributions are recorded.

### NOTE 3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

market participants at the measurement date. 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. The Plan's policy is to recognize significant transfers between levels at the end of the reporting period.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Investments in Registered Investment Companies:* Valued at the daily closing price as reported by the respective funds based on quoted market prices from active markets and categorized as Level 1.

*Money Market Fund:* Short-term money market accounts are categorized as Level 1. They are valued at amortized cost, which approximates fair value.

*Crane Company Stock Fund:* A separately managed account that is valued daily based on the underlying stock's closing price on its primary exchange. The fund owns the underlying securities of the separately managed account and is generally considered separately as individual investments for accounting, auditing and financial statement reporting purposes. Crane Company common stock is categorized as Level 1.

*Crane NXT, Co. Stock Fund:* A separately managed account that was valued daily based on the underlying stock's closing price on its primary exchange. The fund owned the underlying securities of the separately managed account and was generally considered separately as individual investments for accounting, auditing and financial statement reporting purposes. Crane NXT, Co. common stock was categorized as Level 1. As a result of the Spin-Off, the Plan retained Crane Holdings, Co. shares (renamed Crane NXT) and received shares of Crane Company. The Crane NXT, Co. Stock Fund was removed from the Plan Effective July 1, 2025 was liquidated as of December 31, 2025.

*Collective Trust Funds:* Valued at the net asset value ("NAV") of shares of a bank collective trust held by the Plan at year-end. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner.

*Stable Value Fund* - The stable value fund is composed primarily of fully benefit-responsive investment contracts and is valued at the NAV of units of the collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (issuances and redemptions) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2025 and 2024.

| Fair Value Measurements as of December 31, 2025 Using: |                                                     |                                            |                                                    |                               |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|----------------------------------------------------|-------------------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total                         |
| <b>Registered Investment Companies:</b>                |                                                     |                                            |                                                    |                               |
| Domestic stock funds                                   | \$ 113,351,630                                      | \$ —                                       | \$ —                                               | \$ 113,351,630                |
| International stock funds                              | 19,239,982                                          | —                                          | —                                                  | 19,239,982                    |
| Bond fund                                              | 15,955,459                                          | —                                          | —                                                  | 15,955,459                    |
| Money market fund                                      | 324,556                                             | —                                          | —                                                  | 324,556                       |
| Crane Company Stock Fund                               | 88,425,242                                          | —                                          | —                                                  | 88,425,242                    |
| <b>Total</b>                                           | <b>\$ 237,296,869</b>                               | <b>\$ —</b>                                | <b>\$ —</b>                                        | <b>\$ 237,296,869</b>         |
| <b>Investments measured at NAV:</b>                    |                                                     |                                            |                                                    |                               |
| Collective Trust Funds                                 |                                                     |                                            |                                                    | \$ 883,088,186                |
| Stable Value Fund                                      |                                                     |                                            |                                                    | 95,808,365                    |
| <b>Total investments</b>                               |                                                     |                                            |                                                    | <b><u>\$1,216,193,420</u></b> |

| Fair Value Measurements as of December 31, 2024 Using: |                                                     |                                            |                                                    |                               |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|----------------------------------------------------|-------------------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total                         |
| <b>Registered Investment Companies:</b>                |                                                     |                                            |                                                    |                               |
| Domestic stock funds                                   | \$ 232,333,816                                      | \$ —                                       | \$ —                                               | \$ 232,333,816                |
| International stock funds                              | 17,515,770                                          | —                                          | —                                                  | 17,515,770                    |
| Bond fund                                              | 11,550,915                                          | —                                          | —                                                  | 11,550,915                    |
| Money market fund                                      | 971,969                                             | —                                          | —                                                  | 971,969                       |
| Crane Company Stock Fund                               | 85,926,972                                          | —                                          | —                                                  | 85,926,972                    |
| Crane NXT, Co. Stock Fund                              | 30,972,339                                          | —                                          | —                                                  | 30,972,339                    |
| <b>Total</b>                                           | <b>\$ 379,271,781</b>                               | <b>\$ —</b>                                | <b>\$ —</b>                                        | <b>\$ 379,271,781</b>         |
| <b>Investments measured at NAV:</b>                    |                                                     |                                            |                                                    |                               |
| Collective Trust Funds                                 |                                                     |                                            |                                                    | \$ 691,820,193                |
| Stable Value Fund                                      |                                                     |                                            |                                                    | 95,189,761                    |
| <b>Total investments</b>                               |                                                     |                                            |                                                    | <b><u>\$1,166,281,735</u></b> |

#### NOTE 4. STABLE VALUE FUND

The Vanguard Retirement Savings Trust III is a collective trust fund sponsored by Vanguard. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of \$1 per unit. Distribution to the Fund's unit holders is declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use best efforts to maintain a stable NAV of \$1 per unit; although there is no guarantee that the Fund will be able to maintain this value.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

#### NOTE 5. NET ASSET VALUE PER SHARE

The following tables set forth a summary of the Plan's investments whose values were estimated using a reported NAV at December 31, 2025 and 2024.

| Fair Value Estimated Using NAV as of December 31, 2025                |                |                     |                      |                               |                          |
|-----------------------------------------------------------------------|----------------|---------------------|----------------------|-------------------------------|--------------------------|
| Investment                                                            | Fair Value     | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Vanguard Retirement Savings Trust III                                 | \$ 95,808,365  | None                | Immediate            | see Note 4                    | None                     |
| Eagle Mid Cap Growth Collective Investment Trust; Class 1             | \$ 21,080,797  | None                | Immediate            | see Note 3                    | 5 Days <sup>(a)</sup>    |
| JPMCB Large Cap Growth Fund; CF-A Class                               | \$ 114,310,250 | None                | Immediate            | see Note 3                    | None                     |
| MFS Mid Cap Value Fund; CT                                            | \$ 23,250,948  | None                | Immediate            | see Note 3                    | 5 Days <sup>(b)</sup>    |
| Vanguard Institutional 500 Index Trust D                              | \$ 148,161,344 | None                | Immediate            | see Note 3                    | None                     |
| Vanguard Institutional Total Bond Market Index Trust D                | \$ 65,589,933  | None                | Immediate            | see Note 3                    | None                     |
| Vanguard Institutional Total International Stock Market Index Trust D | \$ 59,827,907  | None                | Immediate            | see Note 3                    | None                     |
| Target date retirement collective trust funds                         | \$ 450,867,007 | None                | Immediate            | None                          | None                     |

<sup>(a)</sup> For withdrawals in excess of 20% of Participating Plan's investment in the Fund, 5 days advance written notice is required.

<sup>(b)</sup> For withdrawals exceeding \$1.0 million, 5 days advance written notice is required.

| Fair Value Estimated Using NAV as of December 31, 2024              |                |                     |                      |                               |                          |
|---------------------------------------------------------------------|----------------|---------------------|----------------------|-------------------------------|--------------------------|
| Investment                                                          | Fair Value     | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Vanguard Retirement Savings Trust III                               | \$ 95,189,761  | None                | Immediate            | see Note 4                    | None                     |
| Eagle Mid Cap Growth Collective Investment Trust; Class 1           | \$ 23,667,448  | None                | Immediate            | see Note 3                    | 5 Days <sup>(a)</sup>    |
| MFS Mid Cap Value Fund; CT                                          | \$ 26,896,487  | None                | Immediate            | see Note 3                    | 5 Days <sup>(b)</sup>    |
| Vanguard Institutional 500 Index Trust                              | \$ 144,835,741 | None                | Immediate            | see Note 3                    | None                     |
| Vanguard Institutional Total Bond Market Index Trust                | \$ 61,748,667  | None                | Immediate            | see Note 3                    | None                     |
| Vanguard Institutional Total International Stock Market Index Trust | \$ 51,335,160  | None                | Immediate            | see Note 3                    | None                     |
| Target date retirement collective trust funds                       | \$ 383,336,688 | None                | Immediate            | None                          | None                     |

<sup>(a)</sup> For withdrawals in excess of 20% of Participating Plan's investment in the Fund, 5 days advance written notice is required.

<sup>(b)</sup> For withdrawals exceeding \$1.0 million, 5 days advance written notice is required.

#### NOTE 6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments include shares of Crane Company common stock, registered investment companies and collective trust funds managed by Vanguard. As a result of Spin-Off, the Plan included Crane NXT, Co. common stock as an investment alternative. The Crane NXT, Co. Stock Fund has been frozen to new investments, elective deferrals, Company contributions, loan repayments, rollover contributions and account transfers since the Spin-Off. The Crane NXT, Co. Stock Fund was removed from the Plan effective July 1, 2025 and was liquidated as of December 31, 2025. As of December 31, 2025, Crane Company is the Plan sponsor and Vanguard is a trustee as defined by the Plan (see Note 1), and therefore, these transactions qualify as exempt party-in-interest transactions. Balances of these funds as of December 31, 2025 and 2024 were \$1,022,355,985 and \$970,763,565, respectively. These funds had net investment income of \$137,952,996 and \$112,942,370 for the years ended December 31, 2025 and 2024, respectively. Fees incurred for investment management services, if any, were paid by the Plan as a reduction in the return on investment.

## **CRANE SAVINGS AND INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024**

As of December 31, 2025 and 2024, the Plan held 479,451 and 566,240 shares, respectively of Crane Company common stock, with a fair value of \$88,425,242 and \$85,926,972, respectively. As of December 31, 2024, the Plan held 531,987 shares of Crane NXT, Co. common stock, with a fair value of \$30,972,339. As of December 31, 2025 the Crane Company Stock Fund had a cost basis of \$19,167,791. As of December 31, 2024, on a combined basis, the stock funds (Crane Company Stock Fund and Crane NXT, Co. Stock Fund) had a cost basis of \$29,349,079. During the years ended December 31, 2025 and 2024, the Plan recorded investment income of \$15,301,910 and \$21,876,481, respectively related to its combined investment in the Crane Company and Crane NXT, Co. common stock.

The Plan issues loans to participants under the deferred arrangement portion of the Plan, which are secured by the vested balances in the participants' accounts. Notes receivables from participants as of December 31, 2025 and 2024 are \$11,174,323 and \$12,850,814, respectively.

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 and also pays other administrative expenses on behalf of the Plan.

#### **NOTE 7. NON-EXEMPT TRANSACTIONS**

On January 2, 2024, the Company acquired Vian Enterprises, Inc. ("Vian"). In connection with the Vian acquisition, the Vian Enterprises, Inc. 401(k) Profit Sharing Plan and Trust (the "Vian Plan") was merged into the Plan, and Vian employees became eligible to participate in the Plan, effective June 30, 2024. As reported on the Vian Plan Form 5500 Supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a) Vian failed to remit timely to the Vian Plan's custodian certain employee contributions in the amount of \$11,258, within the period prescribed by the DOL regulations, which was inherited by the Plan. The delay in remitting contributions to the custodian was due to administrative errors.

#### **NOTE 8. PLAN TERMINATION**

The Company expects to continue the Plan indefinitely, but reserves the right to modify, suspend or terminate the Plan at any time, which includes the right to vary the amount of, or to terminate, the Company's contributions to the Plan. In the event of the Plan's termination or discontinuance of contributions thereunder, the interest of each participant in benefits earned to such date, to the extent then funded, is fully vested and non-forfeitable. Subject to the requirements of the Code, the Board of Directors shall thereupon direct either (i) Vanguard to hold the accounts of participants in accordance with the provisions of the Plan without regard to such termination until all funds in such accounts have been distributed in accordance with such provisions, or (ii) Vanguard to immediately distribute to each participant all amounts then credited to the participant's account as a lump sum.

#### **NOTE 9. FEDERAL INCOME TAX STATUS**

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 Code. The Company and the Committee believe that the Plan was designed and was being operated in compliance with the applicable requirements of the Code and the Plan and related trust continued to be tax-exempt. Therefore, no provision for income taxes is included in the Plan's financial statements.

## CRANE SAVINGS AND INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

#### NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of assets available for benefits and changes in assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024:

|                                                                                              | 2025                    | 2024                    |
|----------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| Statements of Assets Available for Benefits:                                                 |                         |                         |
| Assets available for benefits per the financial statements                                   | \$ 1,227,367,743        | \$ 1,179,386,523        |
| Deemed distributions                                                                         | (243,610)               | (265,213)               |
| Net Assets per the Form 5500, at fair value                                                  | <u>\$ 1,227,124,133</u> | <u>\$ 1,179,121,310</u> |
|                                                                                              |                         |                         |
|                                                                                              | 2025                    | 2024                    |
| Statements of Changes in Assets Available for Benefits:                                      |                         |                         |
| Increase in assets available for benefits before plan transfers per the financial statements | \$ 84,654,595           | \$ 91,930,358           |
| Deemed distributions                                                                         | 21,603                  | 23,903                  |
| Net income per Form 5500                                                                     | <u>\$ 84,676,198</u>    | <u>\$ 91,954,261</u>    |

#### NOTE 11. SUBSEQUENT EVENTS

Subsequent events were evaluated through the date that these financial statements were available to be issued, and no events occurred that require additional disclosure or adjustments to the Plan's financial statements.

**CRANE SAVINGS AND INVESTMENT PLAN**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**EMPLOYER ID NO: 88-2846451**  
**PLAN ID NO: 038**  
**December 31, 2025**

| (a) | (b)                                                                   | (c)                                                                                                               | (d)  | (e)                            |
|-----|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------|--------------------------------|
|     | Identity of Issue, Borrower, Lessor or Similar Party                  | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value       | Cost | Current Value                  |
|     | American Funds EuroPacific Growth Fund; Class R-6                     | Registered Investment Company                                                                                     | **   | 19,239,982                     |
|     | Fidelity Total Bond K6 Fund                                           | Registered Investment Company                                                                                     | **   | 15,955,459                     |
| *   | Vanguard Equity Income Fund Admiral Shares                            | Registered Investment Company                                                                                     | **   | 57,407,092                     |
| *   | Vanguard Federal Money Market Fund                                    | Registered Investment Company                                                                                     | **   | 324,556                        |
| *   | Vanguard Mid-Cap Index Fund Institutional Shares                      | Registered Investment Company                                                                                     | **   | 30,438,322                     |
| *   | Vanguard Small-Cap Index Fund Institutional Shares                    | Registered Investment Company                                                                                     | **   | 25,506,216                     |
|     | Eagle Mid Cap Growth Collective Investment Trust; Class 1             | Common/Collective Trust                                                                                           | **   | 21,080,797                     |
|     | JPMCB large Cap Growth Fund; CF A Class                               | Common/Collective Trust                                                                                           | **   | 114,310,250                    |
|     | MFS Mid Cap Value Fund; CT                                            | Common/Collective Trust                                                                                           | **   | 23,250,948                     |
| *   | Vanguard Institutional 500 Index Trust D                              | Common/Collective Trust                                                                                           | **   | 148,161,344                    |
| *   | Vanguard Institutional Total Bond Market Index Trust D                | Common/Collective Trust                                                                                           | **   | 65,589,933                     |
| *   | Vanguard Institutional Total International Stock Market Index Trust D | Common/Collective Trust                                                                                           | **   | 59,827,907                     |
| *   | Vanguard Retirement Savings Trust III                                 | Common/Collective Trust                                                                                           | **   | 95,808,365                     |
| *   | Vanguard Target Retirement 2020 Trust II                              | Common/Collective Trust                                                                                           | **   | 31,841,143                     |
| *   | Vanguard Target Retirement 2025 Trust II                              | Common/Collective Trust                                                                                           | **   | 64,121,086                     |
| *   | Vanguard Target Retirement 2030 Trust II                              | Common/Collective Trust                                                                                           | **   | 71,019,543                     |
| *   | Vanguard Target Retirement 2035 Trust II                              | Common/Collective Trust                                                                                           | **   | 61,968,546                     |
| *   | Vanguard Target Retirement 2040 Trust II                              | Common/Collective Trust                                                                                           | **   | 52,249,362                     |
| *   | Vanguard Target Retirement 2045 Trust II                              | Common/Collective Trust                                                                                           | **   | 42,491,495                     |
| *   | Vanguard Target Retirement 2050 Trust II                              | Common/Collective Trust                                                                                           | **   | 44,804,784                     |
| *   | Vanguard Target Retirement 2055 Trust II                              | Common/Collective Trust                                                                                           | **   | 30,597,201                     |
| *   | Vanguard Target Retirement 2060 Trust II                              | Common/Collective Trust                                                                                           | **   | 20,552,326                     |
| *   | Vanguard Target Retirement 2065 Trust II                              | Common/Collective Trust                                                                                           | **   | 8,033,883                      |
| *   | Vanguard Target Retirement 2070 Trust II                              | Common/Collective Trust                                                                                           | **   | 1,082,878                      |
| *   | Vanguard Target Retirement Income Trust II                            | Common/Collective Trust                                                                                           | **   | 22,104,760                     |
| *   | Crane Company Stock Fund                                              | Company Stock Fund                                                                                                | **   | 88,425,242                     |
| *   | Loan Fund                                                             | Participant Loans ( <i>Loans have interest rates ranging from 4.25% - 10.5% and mature in 2026 through 2040</i> ) | ***  | 11,174,323                     |
|     |                                                                       |                                                                                                                   |      | <u><u>\$ 1,227,367,743</u></u> |

\* Represents a party-in-interest to the plan.

\*\* Cost information is not required for participant-directed investments and therefore is not included.

\*\*\* Represents total loans outstanding, net of \$243,610 of deemed distributions.

**CRANE SAVINGS AND INVESTMENT PLAN**  
**FORM 5500 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**EMPLOYER ID NO: 88-2846451**  
**PLAN ID NO: 038**  
**December 31, 2025**

| Total That Constitute Nonexempt Prohibited                  |                                                             |                             |                                                                                 |                                          |                                                                               |
|-------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|
| Participant Contributions Transferred Late to the Plan      | Check Here if Late Participant Loan Repayments are Included | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary Correction Program ("VFCP") | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51 |
| 2024 participant contributions transferred late to the Plan | <input checked="" type="checkbox"/>                         | \$                          | 11,258                                                                          |                                          |                                                                               |