

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PALL 1165E RETIREMENT AND SAVINGS PLAN FOR THE PR EMPLOYEE OF PALL CORPORATION</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2000</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PALL LIFE SCIENCES PUERTO RICO, LLC</u> <u>ROAD 194, PALL BLVD 98</u> <u>FAJARDO, PR 00738</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>66-0676343</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>787-863-1124</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>66-0676343</u>	2c Sponsor's telephone number <u>787-863-1124</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>66-0676343</u>					
2c Sponsor's telephone number <u>787-863-1124</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/11/2010	JAMES PORRETTO
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PALL LIFE SCIENCES PUERTO RICO, LLC ROAD 194, PALL BLVD 98 FAJARDO, PR 00738	3b Administrator's EIN 66-0676343 3c Administrator's telephone number 787-863-1124
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name PALL DE PUERTO RICO, INC.	4b EIN 66-0327905 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	1032
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	863
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	98
d Subtotal. Add lines 6a , 6b , and 6c	6d	961
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	961
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	765
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PALL 1165E RETIREMENT AND SAVINGS PLAN FOR THE PR EMPLOYEE OF PALL CORPORATION		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PALL LIFE SCIENCES PUERTO RICO, LLC		D Employer Identification Number (EIN) 66-0676343

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
UBS TRUST COMP. OF PR 66-0532499	AMERICAN INT. PLAZA, 9TH FLOOR 250 MUNOZ RIVERA AVE. SAN JUAN, PR 00918

(b) Enter name and EIN or address of person who provided you disclosure 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)

BENEFIT PLANS ADMINISTRATIVE SERV

6 RHOADS DRIVE
UTICA, NY 13502-6374

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	2602	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>PALL 1165E RETIREMENT AND SAVINGS PLAN FOR THE PR EMPLOYEE OF PALL CORPORATION</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PALL LIFE SCIENCES PUERTO RICO, LLC</u>	D Employer Identification Number (EIN) <u>66-0676343</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>46281</u>	<u>63326</u>
(2) Participant contributions	1b(2)	<u>73894</u>	<u>98671</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>510959</u>	<u>656625</u>
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>5732684</u>	<u>7604090</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6363818	8422712

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6363818	8422712
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	488187	
(B) Participants	2a(1)(B)	838803	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1326990

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	31870	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31870

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1043879
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2402739

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	341232	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		341232
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2613	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2613
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		343845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2058894
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: KPMG

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		92154
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.).....		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>PALL 1165E RETIREMENT AND SAVINGS PLAN FOR THE PR EMPLOYEE OF PALL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PALL LIFE SCIENCES PUERTO RICO, LLC</u>	D Employer Identification Number (EIN) <u>66-0676343</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>66-0532499</u>		
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)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)



KPMG LLP
American International Plaza
Suite 1100
250 Muñoz Rivera Avenue
San Juan, PR 00918-1819

Independent Auditors' Report

The Plan Administrator
Pall Section 1165(e) Retirement and Savings Plan
for the Puerto Rico Employees of the Pall Corporation:

We were engaged to audit the accompanying statements of net assets available for benefits of Pall Section 1165(e) Retirement and Savings Plan for the Puerto Rico Employees of the Pall Corporation (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2009 and schedule H, line 4a – schedule of delinquent participant contributions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in note 3 to the financial statements, which was certified by Hand Benefits & Trust Company and Community Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Hand Benefits & Trust Company holds the Plan's investment assets and executes investment transactions for the year ended December 31, 2009 and that Community Bank, N.A. held the Plan's investment and executed investment transactions for the year ended December 31, 2008. The plan administrator has obtained certifications from the custodians as of December 31, 2009 and 2008, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 15, 2010

Stamp No. 2530788 of the Puerto Rico
Society of Certified Public Accountants
was affixed to the record copy of this report.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, as certified by the custodians (note 3)	\$ 7,604,090	\$ 5,732,685
Receivables:		
Participants' contributions	98,671	73,894
Employer's contributions	63,326	46,281
Participant loans	<u>656,625</u>	<u>510,958</u>
Total receivables	<u>818,622</u>	<u>631,133</u>
Net assets available for benefits	<u>\$ 8,422,712</u>	<u>\$ 6,363,818</u>

See accompanying notes to financial statements.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Additions to assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 864,323	\$ (1,687,898)
Interest and dividends	179,556	231,371
Net investment income (loss)	<u>1,043,879</u>	<u>(1,456,527)</u>
Interest income on participant loans	31,870	32,915
Contributions:		
Participants	838,803	912,626
Employer	488,187	501,837
Contributions	<u>1,326,990</u>	<u>1,414,463</u>
Total additions (deductions)	<u>2,402,739</u>	<u>(9,149)</u>
Deductions from assets attributed to:		
Benefits paid to participants	341,232	190,677
Administrative expense	2,613	22,162
Total deductions	<u>343,845</u>	<u>212,839</u>
Net increase (decrease)	2,058,894	(221,988)
Net assets available for benefits:		
Beginning of year	<u>6,363,818</u>	<u>6,585,806</u>
End of year	<u>\$ 8,422,712</u>	<u>\$ 6,363,818</u>

See accompanying notes to financial statements.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of Plan

The following description of the Pall Section 1165(e) Retirement and Savings Plan for the Puerto Rico Employees of the Pall Corporation (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan for nonunion employees who have completed three months of service with Pall Life Sciences Puerto Rico, LLC (the Company or the Sponsor). The Plan was adopted by the Company and was effective as of July 1, 2000. The Plan is administered by a management committee appointed by Pall Corporation (the Parent Company of the Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Administration of the Plan

The Plan is administered by UBS Trust Company of Puerto Rico (the Trustee) under the terms of a trust agreement entered into between the Sponsor and the Trustee.

The Plan requires that participants select the investment funds into which their accounts are invested. The participant may select from six investment funds for the years ended December 31, 2009 and 2008.

(c) Contributions

Participants may contribute, on either a pretax or after-tax basis, specified percentages of their compensation to the Plan subject to the Puerto Rico Internal Revenue Code of 1994 (the Code).

The Act No. 186 of August 7, 2008 amended Section 1165(e) of the Code to gradually increase the maximum allowable contribution as follows:

	<u>Amount</u>
For tax years up to:	
2008	\$ 8,000
2009 and 2010	9,000
2011 and 2012	10,000
2013 and thereafter	12,000

Additionally, the Plan provides an employer matching component. The employer matches 100% of the participant's contribution up to a maximum of 2.5% of compensation subject to the plan limitation of \$3,000.

Any excess funds resulting from a forfeiture of all or any portion of the account of a participant or former participant under circumstances that do not entitle the participant, former participant, his/her

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

spouse, or beneficiary to the full amount of his/her account under the plan agreement, shall not be applied to increase the benefits payable to any other participant, spouse, or beneficiary, but shall remain in the trust fund and shall have the effect of reducing the amount of any subsequent contributions to the Plan by the Company.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) plan earnings (losses) and (c) expenses. Allocations of the Plan's earnings (losses) are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon, and become vested in company contributions and earnings thereon, upon completion of three years of service in schedule.

(f) Payment of Benefits

On termination of service due to death, disability, or retirement at age 65, a participant may elect to receive either a lump-sum amount equal to the vested portion of his/her account, or monthly installments over an extended period. In addition, a participant may elect to receive a withdrawal in the event of financial hardship in accordance with the terms of the Plan.

(g) Forfeited Accounts

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$27,868 and \$18,742, respectively. These accounts will be used to reduce future employer contributions. No forfeited nonvested accounts were used to reduce employer contributions for the years ended December 31, 2009 and 2008.

(h) Administrative Expenses

Administrative expenses are paid by the Plan if not paid by the Company. In 2009, the Plan and the Company paid and absorbed \$2,613 and \$70,368 in administrative expenses, respectively. In 2008, the Plan and the Company paid and absorbed \$22,162 and \$73,814 in administrative expenses, respectively.

(i) Participant Loans

Participants may borrow against their vested account balance a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance whichever is lower. The loans are secured by the balance in the participant account. The repayment period varies depending on the type of the loan. General-purpose loans must be repaid within a five-year period with longer repayment terms permitted for primary residence loans. Interest is charged at a rate equivalent to that charged by financial institutions for comparable loans at the time the loan is made. Outstanding participants

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

loans as of December 31, 2009 and 2008, amount to \$656,625 and \$510,958, respectively, at rates ranging between 4.25% and 9.25%.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(c) *Fair Value Measurements*

The Plan adopted the provisions of Financial Accounting Standards Board (FASB) Statement No. 157 (Statement 157), *Fair Value Measurements*, included in Accounting Standards Codification the ASC Topic 820, *Fair Value Measurements and Disclosures*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. Statement 157 defines fair value as 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. Statement 157 also establishes a framework for measuring fair value and expands disclosures about fair value measurements (note 4).

(d) *Investments Valuation and Income Recognition*

The Plan's investments are stated at fair value based on quoted market values. Quoted market prices are used to value investments, including shares of registered investment companies.

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.

(e) *Participant Loans*

Participant loans are recorded at their unpaid principal balance plus any accrued but unpaid interest.

(f) *Payment of Benefits*

Benefits are recorded when paid.

(g) *Risk and Uncertainties*

Participants may direct investment of their account balances in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

risks. Due to the level of risk associated with certain investment securities, it is at least 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 statements of net asset available for benefits.

(h) *Recently adopted accounting pronouncements*

In June 2009, the FASB issued the FASB ASC. The ASC has become the single source of nongovernmental Generally Accepted Accounting Principles recognized by the FASB and supersedes all existing non-Securities and Exchange Commission accounting and reporting standards. All ASC contents carry the same authority, and anything else outside of the ASC is not authoritative. The Plan adopted this standard for the year ended December 31, 2009. This standard only changed the way the Plan refers accounting standards in the financial statement disclosures.

In April 2009, the FASB issued an accounting standard on determining fair value when the volume and level of activity for an asset or liability have significantly decreased and identifying transactions that are not orderly. The standard emphasizes that even if there has been a significant decrease in the volume and level of activity, the objective of a fair value measurement remains the same. The standard provides a number of factors to consider when evaluating whether there has been a significant decrease in the volume and level of activity for an asset or liability in relation to normal market activity. In addition, when transactions or quoted prices are not considered orderly, adjustments to those prices based on the weight of available information may be needed to determine the appropriate fair value. The standard also requires increased disclosures. The standard is effective for annual reporting periods ended after June 15, 2009. The adoption of this standard did not have a material impact on the Plan's financial statements.

In September 2010, the FASB issued updated guidance that amends the classification and measurement of participant loans by defined contribution pension benefit plans. This updated guidance requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Previously, participant loans were classified as investments and presented at fair value in Note 4, Fair Value Measurements. This guidance is effective for fiscal years ending after December 15, 2010, and allowed for early adoption. The Plan has early adopted this guidance as of December 31, 2009, and applied retrospectively, as required.

In January 2010, the FASB issued an accounting standard on fair value measurement disclosures. The standard requires additional disclosures of fair value activity including significant transfers in and out of Level 1 and Level 2 of the fair value hierarchy and separate presentation of items included in the reconciliation of Level 3 fair value measurement. The standard also provides guidelines in determining the appropriate level of disaggregation of assets and liabilities in fair value disclosures. Additionally, the standard requires disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements that fall in either Level 2 or Level 3 of the fair value hierarchy. The standard is effective for interim and annual reporting periods beginning after December 15, 2009 with the exception of disclosure requirements

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

related to the reconciliation of Level 3 fair value measurements, which is effective for fiscal years beginning after December 15, 2010. Plan management does not expect the adoption to have a material impact on the Plan's financial statements.

(i) Reclassifications

Certain amounts in the 2008 financial statements were reclassified to conform to the 2009 presentation.

(3) Information Certified by Custodians (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Hand Benefits & Trust Company in 2009 and Community Bank, N.A. in 2008, the custodians of the Plan, have certified to the completeness and accuracy of all investment activity reflected on the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008 and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended, this note and that reflected on note 4.

The following table presents the fair values of investments certified by the custodians as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Shares in registered investment companies, at fair value:		
AIM Constellation Fund, 19,425 and 15,694 shares	\$ 392,960	264,290
AIM Large Cap Growth A Fund, 84,758 and 72,168 shares*	869,615	593,224
AIM International Equity Fund, 52,836 and 45,768 shares*	1,308,213	849,920
Federated Prime Cash Obligation Fund, 1,538,361 and 1,399,502 shares*	1,538,361	1,399,503
PIMCO Total Return Fund, 213,599 and 177,629 shares*	2,306,871	1,801,162
Dreyfus S&P 500 Fund, 37,970 and 32,683 shares*	1,188,070	824,586
	<u>\$ 7,604,090</u>	<u>5,732,685</u>

* Represents investments over 5% of the Plan's net assets available for plan benefits.

During 2009 and 2008, the Plan's investments in shares of registered investment companies (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$864,323 and \$(1,687,898), respectively. Investment income from interests and dividends amounted to \$179,556 and \$231,371 for the years ended December 31, 2009 and 2008, respectively.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

(4) Fair Value Measurements (Unaudited)

ASC Topic 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income, or cost approach, as specified by the ASC Topic 820, are used to measure fair value. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 inputs are inputs (other than quoted prices included within Level 1) that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

The following table presents the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008 as follows:

Fair value measurements at reporting date using				
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2009			
Assets:				
Investments in registered investment companies	\$ 7,604,090	7,604,090	—	—
	<u>\$ 7,604,090</u>	<u>7,604,090</u>	<u>—</u>	<u>—</u>

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

Fair value measurements at reporting date using				
Quoted prices				
in active				
markets for				
identical				
assets				
(Level 1)				
Significant				
other				
observable				
inputs				
(Level 2)				
Significant				
unobservable				
inputs				
(Level 3)				
December 31,				
2008				
Assets:				
Investments in registered				
investment companies	\$ 5,732,685	5,732,685	—	—
	<u>\$ 5,732,685</u>	<u>5,732,685</u>	<u>—</u>	<u>—</u>

(5) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

(6) Tax Status

The Puerto Rico Department of the Treasury has determined and informed the Company by determination letter dated January 18, 2002 that the Plan and related trust are designed in accordance with applicable provisions of the Code, as amended and, therefore, are exempt from income taxes. In the opinion of the plan administrator, the Plan and its related trust are designed and are currently being operated within the terms of the Plan and remain qualified under the applicable provisions of the Code.

(7) Prohibited Transaction – Participants’ Contributions Remittances

In accordance with the Department of Labor’s Regulation 2510.3-102, an employer is required to segregate participants’ contribution from its general assets as soon as practical, but in no event more than the 15th business day following the end of the month in which amounts are contributed by participants or withheld from their wages for a benefit plan such as the Plan. The Plan failed to timely remit participants’ contributions withheld for one month of the year ended December 31, 2009 and 2 months of the year ended December 31, 2008. In addition, the Plan failed to timely remit participants’ contribution withheld in one month for the year ended December 31, 2007. The Plan has agreed to absorb any costs incurred by the Plan as a result of the untimely remittances of the participants’ contributions. Total interest lost on late deferrals amounted to \$60 and \$451 for the years ended December 31, 2009 and 2008, respectively. Total interest loss on late deferrals amounted to \$51 for the year ended December 31, 2007. The Company intends to take the appropriate corrective action to remedy these issues as soon as practicable in full compliance with all governmental regulations.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Notes to Financial Statements

December 31, 2009 and 2008

(8) Subsequent events

The Plan has evaluated subsequent events from the date of the statements of net assets available for benefits through October 15, 2010, the date at which the financial statements were available to be issued, and determined there are no items to disclose.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Shares in registered investment companies:		
	AIM	AIM Constellation Fund, 19,425 shares	N/A	\$ 392,960
	AIM	AIM Large Cap Growth A Fund, 84,758 shares	N/A	869,615
	AIM	AIM International Equity Fund, 52,836 shares	N/A	1,308,213
	Federated	Federated Prime Cash Obligation Fund, 1,538,361 shares	N/A	1,538,361
	PIMCO	PIMCO Total Return Fund, 213,599 shares	N/A	2,306,871
	Dreyfus	Dreyfus S&P 500 Fund, 37,970 shares	N/A	1,188,070
*	Plan participants	278 participant loans at interest rates between 4.25% and 9.25% terms ranging from 1 to 5 years	—	656,625
		Total investments		<u>\$ 8,260,715</u>

* Represents a party in interest

Note: The data included above is based upon information that has been certified as complete and accurate by the custodian.

N/A: Not applicable since all investments are participant directed.

See accompanying independent auditors' report.

**PALL SECTION 1165(e) RETIREMENT AND SAVINGS PLAN
FOR THE PUERTO RICO EMPLOYEES OF
THE PALL CORPORATION**

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year ended December 31, 2009

Year	Participant contributions transferred late to the plan	Total that Constitute Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2001-51	Lost earnings
		Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP		
2009	\$ 92,155	92,155	—	—	—	61
2008	263,438	263,438	—	—	—	671
2007	128,825	128,825	—	—	—	52
	<u>\$ 484,418</u>	<u>484,418</u>				<u>784</u>

See accompanying independent auditors' report.



Pall Corporation

25 Harbor Park Drive
Port Washington, NY 11050

516.484.3600 phone
516.801.9643 fax
www.pall.com

November 9, 2010

EBSA
Attention: EFAST
3833 Greenway Drive
Lawrence, KS 66046-5502

Subject: Form 5500 filing for the PALL Section 1165(e) Retirement and Savings Plan
for the Puerto Rico Employees of the PALL Corporation;
EIN 66-0676343, PN 001.

Dear Sir or Madam,

Enclosed please find amended Form 5500 filings with respect to the above-captioned Plan for Plan years ended December 31, 2006, December 31, 2007, December 31, 2008, and December 31, 2009, respectively. The previously filed Form 5500's have been amended as follows:

Plan Year Ending December 31, 2006

- Form 5500: Amended to reflect the correct Plan Sponsor's Name
- Form 5500 - Schedule H: Minor Revisions
- Audited financial statements not previously provided with Form 5500

Plan Year Ending December 31, 2007

- Form 5500: Amended to reflect the correct Plan Sponsor's Name
- Form 5500 - Schedule H: Minor Revisions
- Audited financial statements not previously provided with Form 5500

Plan Year Ending December 31, 2008

- Form 5500: Amended to reflect the correct Plan Sponsor's Name
- Form 5500 - Schedule C: This form was previously omitted
- Form 5500 - Schedule H: Minor Revisions
- Audited financial statements not previously provided with Form 5500



Plan Year Ending December 31, 2009

- Form 5500: Amended to reflect the correct Plan Sponsor's Name
- Revised audited financial statements to reflect a footing error in the total of the assets at the beginning of the year

We became aware of the omission of audited financial statements with respect to the 2006-2008 Plan year 5500s in connection with preparation of the Form 5500 of the Plan for the year ended December 31, 2009. The 5500s for the Plan for 2006 – 2008 had been prepared by the Human Resource Department of the Plan sponsor's local office in Puerto Rico and the omissions appear to have resulted from miscommunications between the independent auditing firm for the Plan, the Plan's third-party recordkeeper, and that Human Resource Department. As a result of these errors, we have shifted the responsibility for completing and filing Form 5500s with respect to the Plan to our Corporate Headquarters located in Port Washington, NY. We believe this will prevent errors from occurring with respect to future filings, as the filings will be overseen by our Corporate Benefits Department and Finance Department which have much more experience in preparing and filing Form 5500s than does the Human Resource Department in our Puerto Rico office.

In the course of a post-filing review of the Plan's 2009 Form 5500, we noticed that the name of the Plan sponsor was incorrectly stated. Accordingly, the enclosed amendments to each of the 2006-2009 Form 5500s correct the name of the Plan sponsor and make other minor adjustments detected in the course of such review.

If you have any questions, please contact me at 516.801.9928.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bernard M. Lipman".

Bernard M. Lipman
Benefits Manager
Pall Corporation

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► PALL 1165E RETIREMENT AND SAVINGS PLAN FOR THE PR EES OF PALL CORP

Employer Identification Number: ► 660676343

For plan year (beginning/ending): ► 01/01/2009-12/31/2009 Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Employee Loans	Various rates and maturities	**	656625
	AIM Constellation	Registered Investment Company	**	392960
	AIM International Equity	Registered Investment Company	**	1308213
	AIM Large Cap Growth A	Registered Investment Company	**	869615
	Dreyfus S & P 500 Index	Registered Investment Company	**	1188070
	Federated Prime Oblig SS	Registered Investment Company	**	1538361
	PIMCO Total Return Admin	Registered Investment Company	**	2306871