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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1962

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

PALL CORPORATION

25 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050

2b Employer Identification Number (EIN)
11-1541330

2c Sponsor's telephone number
516-484-5400

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2015	JULIE TAYLOR
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	617
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**	343
b	Retired or separated participants receiving benefits	**6b**	149
c	Other retired or separated participants entitled to future benefits	**6c**	92
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	584
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	614
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PALL CORPORATION

D Employer Identification Number (EIN)
11-1541330

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 08 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		33916213
	b Actuarial value	**2b**		32461366
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	165	11632264
	b For terminated vested participants	**3b**	93	2472217
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		118646
	(2) Vested benefits	**3c(2)**		16963548
	(3) Total active	**3c(3)**	359	17082194
	d Total	**3d**	617	31186675
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.37 %
6	Target normal cost	**6**		858999

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 04/30/2015

ROBYN ZERNITSKY
Type or print name of actuary

14-07084
Most recent enrollment number

MERCER
Firm name

212-345-7421
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1409085	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1409085	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 16.07 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		642592
	b Interest on (a) using prior year's effective interest rate of 7.06 % except as otherwise provided (see instructions)		103265
	c Total available at beginning of current plan year to add to prefunding balance		745857
	d Portion of (c) to be added to prefunding balance		400000
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	400000

Part III Funding Percentages

14	Funding target attainment percentage	14	102.80 %
15	Adjusted funding target attainment percentage	15	104.08 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/28/2014	4250000	0			
			Totals ► 18(b)	4250000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3998192

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	858999
b Excess assets, if applicable, but not greater than line 31a	**31b**	858999

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3998192

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3998192
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

A Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PALL CORPORATION

D Employer Identification Number (EIN)
11-1541330

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SALIENT CAPITAL L.P.

20-2472055

(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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	152210	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

W.P.STEWART

13-2766055

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	55121	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 99	TRUSTEE	35896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COVE STREET CAPITAL

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	31381	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGE ADVISORY SERVICES

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	25414	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENEVA CAPITAL MANAGEMENT

39-1567956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	22538	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAMBIAR INVESTORS LLC

84-1596610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	19633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

26-4310632

(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?
16	CONSULTANT	6563	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

A Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PALL CORPORATION

D Employer Identification Number (EIN)
11-1541330

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PALL COPORATION MASTER TRUST

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

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)
11-1541330-010	M	38988123

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name PALL CORPORATION CASH BALANCE PENSION PLAN

b Name of plan sponsor PALL CORPORATION | **c** EIN-PN 11-1541330-001

a Plan name PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

b Name of plan sponsor PALL CORPORATION | **c** EIN-PN 11-1541330-003

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 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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

A Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PALL CORPORATION

D Employer Identification Number (EIN)
11-1541330

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4376	302993
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1314423	630052
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)		
(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)	33271395	38988123
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6852	12409

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34597046	39933577
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	16423	52485
i Acquisition indebtedness	1i		
j Other liabilities	1j	622683	175408
k Total liabilities (add all amounts in lines 1g through1j)	1k	639106	227893
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33957940	39705684

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4250000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4250000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3186164
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7436164
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1265596	
(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)		1265596
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)	40972	
(3) Investment advisory and management fees	2i(3)	309966	
(4) Other	2i(4)	71886	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		422824
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1688420
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5747744
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 LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

A Name of plan
PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PALL CORPORATION

D Employer Identification Number (EIN)
11-1541330

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5160382

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

PALL TRINITY MICRO PENSION PLAN
FOR HOURLY-RATED FACTORY EMPLOYEES

Financial Statements

July 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

PALL TRINITY MICRO PENSION PLAN
FOR HOURLY-RATED FACTORY EMPLOYEES

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Independent Auditors' Report

The Plan Administrator
Pall Corporation Pall Trinity Micro Pension Plan
for Hourly Rated Factory Employees:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pall Trinity Micro Pension Plan for Hourly Rated Factory Employees (the Plan), which comprise the statements of net assets available for benefits as of July 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we are not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5, which was certified by The Bank of New York Mellon, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of July 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

May 13, 2015

PALL TRINITY MICRO PENSION PLAN
FOR HOURLY-RATED FACTORY EMPLOYEES

Statements of Net Assets Available for Plan Benefits

July 31, 2014 and 2013

	2014	2013
Assets:		
Investments, at fair value (note 5):		
Plan interest in Pall Master Trust	$ 38,988,123	33,271,395
Cash	302,993	4,376
Prepaid expenses	12,409	6,852
Receivables:		
Employer contribution	—	1,202,787
Accrued interest (note 5)	49,729	51,829
Due from broker for sale of securities (note 5)	580,323	59,807
Total receivables	630,052	1,314,423
Total assets	39,933,577	34,597,046
Liabilities:		
Due to broker for purchase of securities (note 5)	175,408	622,683
Accrued expenses	52,485	16,423
Net assets available for plan benefits	$ 39,705,684	33,957,940

See accompanying notes to financial statements.

PALL TRINITY MICRO PENSION PLAN
FOR HOURLY-RATED FACTORY EMPLOYEES

Statements of Changes in Net Assets Available for Plan Benefits

Years ended July 31, 2014 and 2013

		2014	2013
Additions to net assets attributed to:			
Investment income (note 5):			
Plan interest in Pall Master Trust	$	3,186,164	4,741,380
Employer contribution		4,250,000	1,202,787
Total additions		7,436,164	5,944,167
Deductions from net assets attributed to:			
Benefits paid directly to participants		1,265,596	1,300,743
Administrative expenses		422,824	110,850
Total deductions		1,688,420	1,411,593
Net increase in net assets		5,747,744	4,532,574
Net assets available for plan benefits:			
Beginning of year		33,957,940	29,425,366
End of year	$	39,705,684	33,957,940

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Pall Trinity Micro Pension Plan for Hourly Rated Factory Employees (the Plan) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined benefit pension plan for all Pall Corporation (the Company) employees covered under a collective bargaining agreement with Local 1326 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (U.A.W.). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The board of directors of the Company has appointed a committee (the Pension Committee), consisting of five members, to serve as plan administrator of the Plan. In January 2011, the Company amended and restated the Plan document in accordance with the Internal Revenue Service (IRS) regulations.

The Pension Committee has established the Pall Corporation Master Trust (Master Trust), which holds the commingled assets of the Plan and the Pall Corporation Cash Balance Pension Plan (Cash Balance Plan).

Under the terms of a trust agreement between The Bank of New York Mellon and the Plan, The Bank of New York Mellon is the Trustee of the Plan.

(b) Pension Benefit/Plan Amendment

Participants are entitled to monthly pension benefits, for life, beginning at normal retirement age of 65, if at that time the participant has five years or more of credited service.

Generally, every three years, a new collective bargaining agreement between the Company and the union is ratified. Under the terms of the agreement, the Plan was amended to provide an increase in the monthly benefit multiplier for both past and future service as per the below table:

Effective date	Benefit multiplier
March 8, 1995	from $20 to $21
March 8, 1996	from $21 to $22
March 8, 1997	from $22 to $25
March 8, 1998	from $25 to $28
March 8, 1999	from $28 to $29
March 8, 2000	from $29 to $30
April 21, 2001	from $30 to $32
April 21, 2002	from $32 to $35
April 21, 2004	from $35 to $36
April 21, 2005	from $36 to $37

(Continued)

Effective date	Benefit multiplier
April 21, 2006	from $37 to $38
April 21, 2007	from $38 to $39
April 21, 2008	from $39 to $40
April 21, 2009	from $40 to $41
April 21, 2010	from $41 to $42
April 21, 2011	from $42 to $43
April 21, 2012	from $43 to $44
April 21, 2013	from $44 to $45
December 20, 2014 (a)	from $46 to $48

(a) The Company's contract with the UAW expired in April 2014. On December 20, 2014, the Company reached agreement with the employees represented by the UAW and have entered into a new three year contract. Effective December 20, 2014, the benefit multiplier shall be $46. Effective October 1, 2015, the benefit multiplier shall be $47.00 and effective October 1, 2016, the benefit multiplier shall be $48.00.

In addition to the above, the Plan was also amended such that employees hired before and after December 20, 2014, shall be eligible for nonspousal survivor annuity options starting January 1, 2016 within the Plan.

The benefit multiplier increases will apply only for those persons who are active employees or employees on leave as of the effective date.

Credited service represents the sum of (i), (ii), and (iii) below:

(i) Service prior to January 1, 1962 – one credit year for each continuous period of employment with the Company during each plan year prior to January 1, 1962, computed to the nearest one-tenth of a year.

(ii) Service after December 31, 1961 and prior to January 1, 1976 – one credit year for each plan year beginning December 31, 1961 and ending January 1, 1976 during which a participant was compensated for 1,700 or more hours. If the participant was compensated for less than 1,700 hours in any plan year, the participant is credited with a fraction of a credit year determined by dividing the number of hours compensated by 1,700 and rounding to the nearest one-tenth.

(iii) Credit years after December 31, 1975 – one credit year for each plan year beginning January 1, 1976 that a participant is compensated for 1,700 or more hours. If the participant is compensated for less than 1,700 hours in the plan year, the participant is credited with a fraction of a credit year determined by dividing the number of hours compensated by 1,700 and rounding to the next higher one-tenth.

The Plan permits early retirement at ages 60 to 64 at reduced monthly benefits for participants with five or more years of service. A participant who terminates for any reason other than death with

five years of service, shall be entitled to receive his/her accrued pension commencing on his/her normal retirement date or, if he/she so elects, at any time after age 60, in which case the pension shall be reduced in the manner as for early retirement.

The Plan also provides that benefit payments may commence for all active employees who attain age 70-½. Participants with a vested pension benefit of less than $5,000 are required to receive benefits upon termination in a lump-sum payment provided that if the amount distributed is greater than $1,000, participant consent is required.

(c) Death and Disability Benefits

If a participant dies before commencement of benefits with five years of service completed, and is survived by a spouse of at least one year, the spouse shall be eligible to receive a monthly pension for life. The pension shall commence on the first day of the month following the participant's death. The amount of the pension shall be 50% of the pension the participant would have been entitled to receive had he or she retired on the date of his or her death.

A participant who is credited with 15 or more years of service and who becomes totally and permanently disabled may retire and be entitled to a pension. The amount of benefit payable to a participant at the disability retirement date is equal to the normal retirement benefit based on his or her credit years to date of disability retirement.

(d) Administrative Expenses

Administrative expenses are paid by the Plan if not paid by the Company.

(e) Subsequent Events

For the plan year ended July 31, 2014, the Company has evaluated subsequent events for potential recognition and disclosure through May 13, 2015, the date of financial statement issuance.

On May 13, 2015, the Company announced it has agreed to be acquired by Danaher Corporation for $127.20 per share in cash, or $13.8 billion including assumed debt and net of acquired cash. The transaction is subject to customary closing conditions, including approval by Pall shareholders, and is expected to close in calendar 2015.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities, and changes therein, disclosure of contingent liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

(Continued)

(c) Investment Valuation and Income Recognition

The assets of the Plan are held in the Master Trust, along with assets of the aforementioned Company sponsored defined benefit pension plan, the Cash Balance Plan. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions, asset transfers in, and allocated investment income less actual distributions, allocated investment loss, asset transfers out and allocated administrative expenses.

Investments in securities held by the Master Trust are reported at fair value. Unit values in the Master Trust represent the Master Trust's proportionate participation in the investment funds and includes earnings and realized and unrealized appreciation and depreciation of the funds' investments, less investment-related fees and expenses charged to the funds. Purchases and sales by the Master Trust are recorded on a trade-date basis. Interest income is recorded by the Master Trust on the accrual basis and dividends on the ex-dividend date.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by Mercer, the Plan's actuary, and represents that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 31, 2013 were (a) life expectancy of participants (RP-2014 Separate Retiree and Employee blue collar mortality tables, projected generationally with projection scale MP-2014), (b) retirement age assumptions, and (c) an interest rate of 6.75%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(e) Payment of Benefits

Benefits to participants or their beneficiaries are recorded upon distribution.

(f) Risks and Uncertainties

The Plan invests in the Master Trust that invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit 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 assets available for plan benefits.

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

(3) Funding Policy

The Company, to the extent it is able to do so, will annually make contributions required to satisfy the minimum funding standards prescribed under Section 412 of the Internal Revenue Code, as amended. The Company will not contribute to the trust fund any amounts, which are not or may not be deductible from income under Section 404(a) of the IRC. For the years ended July 31, 2014 and 2013, the minimum funding requirements have been met.

It is the intention of the Company to continue the Plan indefinitely and to contribute to the trust fund such amounts as are necessary to satisfy the full actuarially computed cost of providing the pensions payable under the Plan with respect to the participants employed by the Company in accordance with generally accepted actuarial principles adopted by the Pension Committee with the advice of its actuary. Nevertheless, the Company reserves the right to suspend such contributions from time to time, to discontinue them altogether, or to terminate the Plan in its entirety.

(4) Plan Termination

The Company intends to continue the Plan indefinitely, but reserves the right, at any time, to terminate the Plan. If the Plan is terminated, the trust fund shall be used for defraying the reasonable expenses of the Plan and for the exclusive benefit of the participants, retired participants and their spouses as of the date of such termination. The rights of all active participants and retired participants affected by such termination to benefits accrued to the date of such termination, to the extent then funded, shall be nonforfeitable. Upon the complete termination of the Plan, after payment or the provision for the payment of expenses payable out of the trust fund in connection with the liquidation and the distribution of the trust fund, the remaining assets of the Plan, upon approval of the appropriate governmental or quasi-governmental authorities, shall be converted into cash and shall be allocated to and among and paid over to participants, retired participants and their spouses in accordance with Section 4044 of ERISA in complete discharge of all liabilities of the Company and the Trustee for the benefits payable under the Plan. After the complete satisfaction of all liabilities to such participants, retired participants and their spouses, any balances remaining in the trust fund shall be returned to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivors' pensions. The PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during calendar years 2014 and 2013, that ceiling is $4,943 and $4,790, respectively, per participant per month.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

(5) Plan Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Bank of New York Mellon, the Trustee of the Plan, as complete and accurate, except for comparing such information certified by the Trustee with information included in the Plan's financial statements.

The Plan's investments are in a Master Trust, which was established for the investment of assets of the Plan and the Cash Balance Plan. Each plan has an undivided interest in the Master Trust, the assets of which were held by The Bank of New York Mellon, the Trustee of the Plan, except for the Endowment TEI Fund, L.P. (the Limited Partnership) assets. The allocation of assets to the individual plans is determined based upon the ratio of the net assets of each Plan to total net assets of the Master Trust. At July 31, 2014 and 2013, the Plan's interest in the net assets of the Master Trust was approximately 24.84% and 21.75%, respectively. Investment income of the Master Trust and certain costs relating to the Master Trust are allocated to the individual plans based upon actual balances invested by each plan.

All Master Trust amounts were certified to be complete and accurate by The Bank of New York Mellon, the Trustee of the Master Trust as of and for the years ended July 31, 2014 and 2013, with the exception of the investments in the Limited Partnership. The value of the Limited Partnership assets as of July 31, 2014 and July 31, 2013 and the activity for the years then ended was obtained directly from the Limited Partnership's third-party administrator, and confirmed by the fund manager of the Limited Partnership. The Limited Partnership is a nondiversified, closed-end management investment company under the Investment Company Act of 1940, as amended.

Excluding the Plan's investment in the Limited Partnership, the Bank of New York Mellon has certified to the accuracy and completeness of the investment in net assets of the Master Trust, accrued interest, due from broker for sale of securities and due to broker for purchase of securities at July 31, 2014 and 2013 and the investment income (loss) for the years ended July 31, 2014 and 2013 for the Plan as summarized below:

		2014	2013
Certified by Bank of New York Mellon:			
Plan's investment in the net assets of the Master Trust	$	36,718,222	31,440,216
Plan's share of investment income of the Master Trust		3,007,322	4,752,649
Limited Partnership:			
Plan's investment in the net assets of the Limited Partnership	$	2,269,901	1,831,179
Plan's share of investment income (loss) of the Limited Partnership		178,842	(11,269)

(Continued)

Investment income (loss) for the Master Trust for the years ended July 31, 2014 and 2013 is as follows:

		2014	2013
Certified by Bank of New York Mellon:			
Investment income:			
Net appreciation in fair value of investments	$	11,101,892	20,098,589
Interest and dividend income		2,440,064	2,467,226
Total investment income	$	13,541,956	22,565,815
Limited Partnership:			
Investment income (loss)	$	719,980	(53,952)

During the years ended July 31, 2014 and 2013, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated in value by $11,821,872 and $20,044,637, respectively, as follows:

		2014	2013
Equity securities	$	10,763,677	20,868,748
Debt securities		338,215	(770,159)
Limited Partnership		719,980	(53,952)
	$	11,821,872	20,044,637

(6) Fair Value Measurements

Master Trust investments are recorded at fair value, which 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.

The current authoritative guidance discusses valuation techniques, such as the market approach (comparable market prices), the income approach (present value of future income or cash flow), and the cost approach (cost to replace the service capacity of an asset or replacement cost). This guidance utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of those three levels:

- Level 1: Use of observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: Use of inputs other than quoted prices included in Level 1, which are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Use of inputs that are unobservable.

The following table presents, for each of these hierarchy levels, the Master Trust investments measured at fair value as of July 31, 2014:

	July 31, 2014	Fair value measurements		
		Level 1	Level 2	Level 3
Financial assets carried at fair value:				
Equity securities	$ 92,463,066	92,463,066	—	—
Debt securities:				
Federal agency	1,982,460	—	1,982,460	—
Mortgage-asset-backed	14,836,794	—	14,836,794	—
Corporate	18,116,004	—	18,116,004	—
U.S. Treasury	5,187,727	—	5,187,727	—
Other investments:				
Limited Partnership	9,138,174	—	—	9,138,174
Commingled funds	15,234,302	—	15,234,302	—
Total	$ 156,958,527	92,463,066	55,357,287	9,138,174

The following table presents, for each of these hierarchy levels, the Master Trust investments measured at fair value as of July 31, 2013:

	July 31, 2013	Fair value measurements		
		Level 1	Level 2	Level 3
Financial assets carried at fair value:				
Equity securities	$ 92,633,246	92,633,246	—	—
Debt securities:				
Federal agency	5,155,472	—	5,155,472	—
Mortgage-asset-backed	14,077,919	—	14,077,919	—
Corporate	17,113,594	—	17,113,594	—
U.S. Treasury	2,653,607	—	2,653,607	—
Other investments:				
Limited Partnership	8,418,194	—	—	8,418,194
Commingled funds	12,901,392	—	12,901,392	—
Total	$ 152,953,424	92,633,246	51,901,984	8,418,194

(Continued)

The following is a reconciliation of Level 3 investments for which significant unobservable inputs were used to determine fair value during fiscal year 2014 and 2013:

	2014 Level 3 Limited partnership	2013 Level 3 Limited partnership
Beginning balance at July 31	$ 8,418,194	9,676,160
Net realized/unrealized gain (loss)	719,980	(53,952)
Sales	—	(1,204,014)
Ending balance at July 31	$ 9,138,174	8,418,194

The Plan's investments in equity securities are valued using quoted market prices and, as such, are classified within Level 1 of the fair value hierarchy.

The fair value of the Plan's investments in debt securities are valued utilizing third-party pricing services. The pricing services use inputs to determine fair value, which are derived from observable market sources including reportable trades, benchmark curves, credit spreads, broker/dealer quotes, bids, offers, and other industry and economic events. These investments are included in Level 2 of the fair value hierarchy.

The fair value of the Plan's other investments included in Level 2 of the fair value hierarchy has been reported primarily using the net asset value per share of the investment as the practical expedient for measuring fair value as permitted for these types of investments.

The fair value of the Plan's other investments included in Level 3 of the fair value hierarchy has been valued using unobservable inputs, which are subject to various redemption restrictions. Investments in the limited partnership are stated at net asset value (NAV). NAV is used as a practical expedient to estimate fair value of the Master Trust's investment. The use of the practical expedient requires management to include these assets in the fair value hierarchy based on the redemption provisions.

The redemptions are at the discretion of the fund management. Redemption opportunities are offered when strategically practical to do so in conjunction with the maturities of certain underlying investments.

(7) Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by an independent actuary and represents that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of July 31, 2013 is as follows:

Vested benefits:		
Participants currently receiving payments	$	11,354,612
Other participants		18,902,777
		30,257,389
Nonvested benefits		116,111
Total actuarial present value of accumulated plan benefits	$	30,373,500

Changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of July 31, 2012	$	28,443,096
Increase (decrease) during year attributable to:		
Interest due to decrease in discount period		1,941,697
Benefits accumulated and gains and losses		642,623
Benefits paid		(1,300,743)
Change in actuarial assumptions *		646,827
Actuarial present value of accumulated plan benefits as of July 31, 2013	$	30,373,500

* Change in actuarial assumptions due to a change in the interest discount rate, updates to demographic assumptions as a result of an experience study, and the mortality assumption was updated from the combined healthy blue collar RP-2000 generational for males and females mortality tables to the RP-2014 Separate Retiree and Employee white collar mortality tables, projected generationally with projection scale MP-2014. The mortality update led to a $1,439,111 increase in liabilities.

(8) Income Taxes

The IRS issued its latest determination letter on August 1, 2013, which stated that the Plan and its underlying trust qualify under the applicable provisions of the IRC and, therefore, are exempt from federal income taxes. Subsequently, the plan has been amended and restated, and management has submitted an application to the IRS to obtain a new determination letter. In the opinion of the plan administrator, the Plan and its underlying trust have operated within the terms of the Plan, and remain qualified under the applicable provisions of the IRC. The Plan administrator is not aware of any other facts or circumstances that could adversely affect the Plan's qualified tax status.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(Continued)

(9) Related-Party Transactions

Fees paid by the Plan to the Plan's Trustee, The Bank of New York Mellon, for the years ended July 31, 2014 and 2013 in connection with investment activities, qualify as party-in-interest transactions and amounted to $41,514 and $32,089, respectively.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service as of August 1, 2013									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25		2								
25-29		4	4							
30-34		3	3	2						
35-39		3	6	5	3					
40-44		3	15	6	2	2	1			
45-49		2	23	13	12	8	13			
50-54		5	35	16	15	1	13	6	1	
55-59			25	10	5		6	11	4	
60-64		1	13	3	8	4	4	4	11	6
65-69		1	3	2			7			1
70 & up					2		1			

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections		
▪ Segment rates or full yield curve	Segment	
▪ Look-back months	4	
▪	Stabilized Rates	Non-Stabilized Rates
▪ First 5 years	4.94%	1.50%
▪ Next 15 years	6.15%	4.22%
▪ Over 20 years	6.76%	5.26%
Mortality sponsor elections		
▪ Healthy participants	PPA generational annuitant and non-annuitant mortality tables	
▪ Disabled participants	PPA disability mortality tables per Rev. Ruling 96-7	
417(e) lump sums	N/A	
Other economic assumptions		
▪ Salary increases	N/A	
▪ Social Security wage base	N/A	
▪ Inflation	N/A	
▪ Expected investment return	6.75% per year for years 2013 and 2012, 7.00% for year 2011	
▪ Expenses	No administrative expenses are assumed to be paid from trust.	
▪ Other	N/A	
Demographic assumptions		
Withdrawal	See Table A	
Disability incidence	See Table B	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Retirement age

Attained age	Current Retirement Percentage	Previous Retirement Percentage
60	3%	3%
61	10%	15%
62	22%	15%
63	4%	25%
64	4%	40%
65	24%	100%
66	40%	100%
67	40%	100%
68	40%	100%
69	50%	100%
70 and above	100%	100%

Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions	Male participants	Female participants
▪ Percentage married	85.0%	75.0%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	Life Annuity	50% J&S
▪ Active retirements	70%	30%
▪ Future vested deferred	70%	30%
▪ Future deaths	100%	0%
▪ Current vested deferred	70%	30%

Unpredictable contingent event assumptions N/A

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

TABLE A - TABLE OF SAMPLE WITHDRAWAL RATES*		
Attained Age	**Current Rates**	**Previous Rates**
25	0.00%	5.68%
30	8.20%	4.65%
35	6.40%	3.78%
40	5.00%	3.05%
45	3.90%	2.48%
50	3.00%	2.05%
54	2.40%	1.82%

* The rate of termination when combined with the mortality and disability rates varies by sex and length of employment during the first five years of employment as follows:

Rate of Separation for All Causes During First Five Years of Service		
Attained Age	**Current Rates**	**Previous Rates**
0 - 1	29%	15%
1 - 2	8%	28%
2 - 3	5%	12%
3 - 4	3%	3%
4 - 5	6%	3%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

TABLE B – TABLE OF SAMPLE DISABILITY RATES	
Attained Age	**Rates of Disablement**
30	0.06%
35	0.10%
40	0.16%
45	0.26%
50	0.45%
55	0.85%
60	1.20%
64	1.45%

Incidence rates are based upon experience during the years 1965-1982 with class and sex differences estimated from the 1985 Society of Actuaries Disability Table Study and the 1976 New York Study.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods – effective August 1, 2009

The asset valuation method is an annual average of the adjusted market value over the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – effective August 1, 2008

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Minimum funding methods – effective August 1, 2008

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **funding target** is the present value of future benefits based on credited service as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PALL TRINITY MICRO PENSION PLAN FOR HOURLY-RATED FACTORY EMPLOYEES	**B** Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PALL CORPORATION	**D** Employer Identification Number (EIN) 11-1541330

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 08 Day 01 Year 2013

2 Assets:			
a Market value	2a		33916213
b Actuarial value	2b		32461366
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	165	11632264
b For terminated vested participants	3b	93	2472217
c For active participants:			
(1) Non-vested benefits	3c(1)		118646
(2) Vested benefits	3c(2)		16963548
(3) Total active	3c(3)	359	17082194
d Total	3d	617	31186675
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.37%
6 Target normal cost	6		858999

Statement by Enrolled Actuary

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

SIGN HERE

Robyn Zernitsky RZ
Signature of actuary

4/30/2015
Date

ROBYN ZERNITSKY
Type or print name of actuary

1407084
Most recent enrollment number

MERCER
Firm name

212-345-7421
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK NY 10036
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1409085	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1409085	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 16.07%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		642592
	b Interest on (a) using prior year's effective interest rate of 7.06% except as otherwise provided (see instructions)		103265
	c Total available at beginning of current plan year to add to prefunding balance		745857
	d Portion of (c) to be added to prefunding balance		400000
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	400000

Part III Funding Percentages

14	Funding target attainment percentage	14	102.80%
15	Adjusted funding target attainment percentage	15	104.08%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.30%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/28/2014	4250000	0			
			Totals ► 18(b)	4250000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3998192

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.94%	6.15%	6.76%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions)		
a Target normal cost (line 6)	31a	858999
b Excess assets, if applicable, but not greater than line 31a	31b	858999

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3998192
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3998192
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

(A) Retirement age	(B) Retirement Percent	(C) Assumed Age of Retirement	(D) Lx	(E) Number of employees expected to retire (B) x (D)	(F) (C) x (E)
60	3.0%	60.5	10,000	300	18,150
61	10.0%	61.5	9,700	970	59,655
62	22.0%	62.5	8,730	1921	120,063
63	4.0%	63.5	6,809	272	17,272
64	4.0%	64.5	6,537	261	16,835
65	24.0%	65.5	6,276	1,506	98,643
66	40.0%	66.5	4,770	1908	126,882
67	40.0%	67.5	2,862	1145	77,288
68	40.0%	68.5	1,717	687	47,060
69	50.0%	69.5	1,030	515	35,793
70 and above	100.0%	70	515	515	36,050
Total				10,000	653,691
Average					65.37
Rounded Average Retirement Age					65

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.

- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70½.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases*:*** Scheduled benefit increases effective after the end of the current plan year are excluded from the valuation.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Effective date and plan year	The Plan was adopted effective January 1, 1962. It was most recently amended April 2010. Plan year: August 1 through July 31
Eligibility	All employees who were members of the Plan in effect on December 31, 1975, shall continue as members. All other employees who are members of the International Union, United Automobile, Aircraft and Agricultural Implement Workers of America, A.F.L. - C.I.O., Local 1326 are eligible upon the completion of 60 days of service.
Retirement Dates	
▪ Normal Retirement	A members' normal retirement date is the first day of the month coincident with or following the date on which he has attained age 65.
▪ Postponed Retirement	A member may postpone his retirement beyond his normal retirement date.
▪ Early Retirement	A member may retire at any time after attaining age 60 provided that he has been credited with 5 or more Vesting Years.
▪ Disability Retirement	A member who is credited with 15 or more Vesting Years and who becomes totally and permanently disabled may retire and be entitled to a pension.
Amount of Retirement Income	Normal and Postponed Retirement: Effective April 21, 2012, the amount of monthly benefits payable to a member on his normal or postponed retirement age is equal to $44.00 times the number of his Credit Years. Effective April 21, 2013, this multiplier will increase to $45.00.
▪ Early Retirement	The amount of benefit payable to a member upon early retirement is equal to his accrued normal retirement benefit based on his Credit Years to his date of early retirement reduced actuarially for commencement of payments prior to his normal retirement date.
▪ Disability Retirement	The amount of benefit payable to a member on his disability retirement date is equal to his accrued normal retirement benefit based on his Credit Years to his date of disability retirement.
Vesting	In the event of termination of employment other than by death or retirement, a member who has earned 5 or more Vesting Years will be eligible to receive his accrued pension commencing on his normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

	In lieu of the benefit to commence at his normal retirement date, a member may elect to have an actuarially reduced benefit commence on the first day of any month after he has attained age 60.
Pre-commencement Death Benefit	Any married member who has earned 5 or more Vesting Years is eligible for spouse survivorship pre-retirement coverage. Under this provision, if the member dies before pension payments commence, the spouse would be entitled to a monthly benefit equal to 1/2 of the reduced pension the member would have received had he retired on the date of his death under a joint and 50% survivorship option.
Form of Payment	The normal form of payment is a life annuity payable in monthly installments. Unless revoked in writing with spousal consent, a married member will be deemed to have automatically elected a 50% survivorship option with his spouse as designated beneficiary. The pension payable under this option will be the actuarial equivalent of the pension otherwise payable to the member.
Definitions	
▪ Plan Year	The twelve consecutive month period ending December 31 of each year prior to January 1, 1977, the seven consecutive month period ending July 31, 1997, the twelve consecutive month period beginning August 1, 1977, and each successive twelve month period commencing on that anniversary.
▪ Credited Years	The sum of (i), (ii) and (iii) below: (i) Service prior to January 1, 1962 - one Credit Year for each continuous period of employment with the Company during each plan year prior to January 1, 1962, computed to the nearest 1/10 of a year. (ii) Service after December 31, 1961, and prior to January 1, 1976 - one Credit Year for each Plan Year beginning December 31, 1961, and ending January 1, 1976, during which a member was compensated for 1700 or more hours. If he was compensated for less than 1700 hours in any Plan Year, he is credited with a fraction of a credit year determined by dividing the number of hours compensated by 1700 and rounding to the nearest one-tenth.

Schedule SB, Part V — Summary of Plan Provisions

	(iii) Credit years after December 31, 1975 - one Credit Year for each Plan Year beginning January 1, 1976 that a member is compensated for 1700 or more hours. If he is compensated for less than 1700 hours in the Plan Year, he is credited with a fraction of a year determined by dividing the number of hours compensated by 1700 and rounding to the next higher one-tenth.
Vesting	One Vesting Year for each Plan Year in which a member is credited with 1000 hours of service. (A member shall be credited with one Vesting Year for the Plan Year from January 1, 1977, to July 31, 1977, if he is credited with 1,000 or more hours of service during the period from January 1, 1977, through December 31, 1977.)

Plan provision changes since prior valuation

- None.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discount rates were updated from 2012 to 2013 in accordance with PPA.
- Withdrawal rates were updated to better align with experience
- Retirement rates were updated to better align with experience.
- 70% of active and terminated vested participants are assumed to elect a life annuity, while 30% are assumed to elect a 50% joint and survivor annuity. Previously, 60% were assumed to elect a life annuity and 40% were assumed to elect a 50% joint and survivor annuity. This change was made to better align with actual plan experience.