

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>08/01/2014</u> and ending <u>07/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PALL CORPORATION CASH BALANCE PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/31/1963</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/31/1963</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/31/1963</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PALL CORPORATION</u> <u>25 HARBOR PARK DRIVE</u> <u>PORT WASHINGTON, NY 11050</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-1541330</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>516-484-5400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-1541330</u>	2c Plan Sponsor's telephone number <u>516-484-5400</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>11-1541330</u>					
2c Plan Sponsor's telephone number <u>516-484-5400</u>					
2d Business code (see instructions) <u>339900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/16/2016	JEFFREY MOLIN
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 5178
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 3084
a(2) Total number of active participants at the end of the plan year	6a(2) 2908
b Retired or separated participants receiving benefits	6b 607
c Other retired or separated participants entitled to future benefits.....	6c 1342
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4857
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 165
f Total. Add lines 6d and 6e	6f 5022
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 120
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: 1C 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

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 CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) 001
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: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 08 Day 01 Year 2014			
2 Assets:			
a Market value	2a	123631671	
b Actuarial value	2b	117891179	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	729	23402344	23402344
b For terminated vested participants	1365	34031875	34031875
c For active participants	3084	50947623	52064661
d Total	5178	108381842	109498880
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	6.28%	
6 Target normal cost	6	6537175	

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.

<div>SIGN HERE</div>	<div>05/11/2016</div> <div>Signature of actuary</div> <div>ROBYN ZERNITSKY</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036</div> <div>Address of the firm</div>	<div>Date</div> <div>14-07084</div> <div>Most recent enrollment number</div> <div>212-345-7421</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	6537175										
b Excess assets, if applicable, but not greater than line 31a	31b	1798831										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	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	4738344										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			4738344									
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	2615273										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	2615273										
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

A Name of plan PALL CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	001
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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	598682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	151278	Yes ☐ No ☒	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	130401	Yes ☐ No ☒	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)

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	97711	Yes ☐ No ☒	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	70169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	63354	Yes ☐ No ☒	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)

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	46388	Yes ☐ No ☒	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	33465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:
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Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning	08/01/2014	and ending	07/31/2015
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A Name of plan PALL CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PALL CORPORATION	D Employer Identification Number (EIN) 11-1541330
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	PALL CORPORATION MASTER TRUST
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b Name of sponsor of entity listed in (a):	PALL CORPORATION
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c EIN-PN	11-1541330-010	d Entity code	M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	118359445
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)	
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015		
A Name of plan PALL CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ►	001
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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	120141606	118359445
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	120141606	118359445

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	120141606	118359445
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3800000	
(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)		3800000
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)		8784072
(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		12584072

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12893831	
(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)		12893831
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)	167280	
(3) Investment advisory and management fees.....	2i(3)	1069285	
(4) Other.....	2i(4)	235837	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1472402
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14366233

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1782161
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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		20000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

A Name of plan <u>PALL CORPORATION CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PALL CORPORATION</u>	D Employer Identification Number (EIN) <u>11-1541330</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5160382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>238</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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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: 52.2% Investment-Grade Debt: 25.6% High-Yield Debt: 22.2% Real Estate: 0.0% Other: 0.0%

- 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 CORPORATION
CASH BALANCE PENSION PLAN**

Financial Statements

July 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

**PALL CORPORATION
CASH BALANCE PENSION PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Plan Benefits as of July 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Plan Benefits for the years ended July 31, 2015 and 2014	4
Notes to Financial Statements	5 - 15



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Independent Auditors' Report

The Plan Administrator
Pall Corporation Cash Balance Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pall Corporation Cash Balance Pension Plan (the Plan), which comprise the statements of net assets available for plan benefits as of July 31, 2015 and 2014, and the related statements of changes in net assets available for plan 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, 2015 and 2014, 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.



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, 2016

PALL CORPORATION
CASH BALANCE PENSION PLAN

Statements of Net Assets Available for Plan Benefits

July 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investment, at fair value (note 5):		
Plan interest in Pall Master Trust	\$ 118,359,445	120,141,606
Net assets available for plan benefits	\$ <u>118,359,445</u>	<u>120,141,606</u>

See accompanying notes to financial statements.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years ended July 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions to net assets attributed to:		
Investment income (note 5):		
Plan interest in Pall Master Trust	\$ 8,784,072	11,075,772
Employer contribution	<u>3,800,000</u>	<u>5,750,000</u>
Total additions	<u>12,584,072</u>	<u>16,825,772</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	12,893,831	13,086,974
Administrative expenses	<u>1,472,402</u>	<u>1,422,188</u>
Total deductions	<u>14,366,233</u>	<u>14,509,162</u>
Net (decrease) increase in net assets	(1,782,161)	2,316,610
Net assets available for plan benefits:		
Beginning of year	<u>120,141,606</u>	<u>117,824,996</u>
End of year	<u>\$ 118,359,445</u>	<u>120,141,606</u>

See accompanying notes to financial statements.

**PALL CORPORATION
CASH BALANCE PENSION PLAN**

Notes to Financial Statements

July 31, 2015 and 2014

(1) Description of Plan

The following description of the Pall Corporation Cash Balance Pension Plan (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 covering substantially all U.S. and Puerto Rico employees of Pall Corporation and its participating subsidiaries (the Company), other than the employees covered by a union or other retirement plan, who have at least six months of service and have attained the age 20-1/2. 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 Trinity Micro Pension Plan for Hourly Rated Factory Employees (PTM 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

Participants are entitled to annual pension benefits beginning at normal retirement age of 65. A participant's opening balance under the cash balance formula equaled the value of the participant's accrued benefit earned under the Pall Corporation Pension Plan as of July 31, 1999. Interest at 6.5% and the GATT Mortality table were used to convert July 31, 1999 accrued benefits to account balances. The participants' pension benefits are accumulated each service year by an amount equal to a percentage of their total annual pay (pay credit). The percentage used varies from 2.5% to 5.0% and is dependent upon the participant's age and years of service on the first day of the Plan year. Additionally, a participant who was at least age 50 with 10 years of service on August 1, 1999 is entitled to an additional pay credit of 2% for each plan year that the participant remains an employee. Participants are also credited with interest credits on both their account balance and annual pay credit. The rate used to determine the credits is based on the average yield on one-year U.S. Treasury Bills for the month of June of the preceding plan year. The rate used was 1.75% for the plan years ended July 31, 2015 and 2014. This computation of the final pension benefit is subject to certain limitations as more fully described in the Plan agreement.

The Plan permits early retirement at ages 55 to 64 for participants with five or more years of service. A participant who terminates with five or more years of service, for any reason other than death, is entitled to receive his/her retirement benefit on the first day of the month coinciding with or immediately following his/her termination of service. Participants with a vested pension benefit are entitled to receive benefits upon termination in the form of an annuity or a lump-sum payment.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

Effective January 1, 2008, the plan offers rollovers of lump-sum benefit payments from the Plan to a Roth IRA, as permitted under IRS regulations.

(c) *Death and Disability Benefits*

If a participant dies before commencement of benefits, the designated beneficiary shall be eligible to receive the entire benefit regardless of the participant's vested status. The participant's beneficiary is entitled to receive his/her benefit payable as a lump sum or an annuity. The participant will be fully vested in his/her account balance upon death, and the participant's account will be credited with a pay credit during the year of death, if applicable.

If a participant becomes totally and permanently disabled, the participant will become fully vested in his/her account balance regardless of length of service and will continue to receive a pay credit during the year of disability. Upon becoming disabled, a participant may elect to receive his/her account immediately payable as a lump sum or an annuity. The benefit is calculated by taking the participant's account balance, a compensation credit for the full plan year of his disablement and projecting with interest credits through the participant's normal retirement date.

(d) *Administrative Expenses*

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

(e) *Subsequent Events*

The Company has evaluated subsequent events for possible disclosure through May 13, 2016, the date the financial statements are issued, noting that on May 12, 2015, the Company executed an Agreement and Plan of Merger, with Danaher Corporation, a Delaware corporation (Danaher) pursuant to which, Danaher agreed to acquire the Company for \$127.20 per share in cash. The acquisition closed on August 31, 2015. As a result of this acquisition, Pall Corporation amended the Cash Balance Pension Plan effective December 31, 2015 to close the Plan to new entrants and freeze benefit accruals under the Plan. As a direct result of this amendment, effective December 31, 2015, no additional employees will be eligible to become members in the Plan. In addition, the Plan ceased providing pay credits after December 31, 2015, although interest credits will continue to be earned. Active employees on December 31, 2015 became 100% vested in their Account under the Plan on that date. Plan participants were timely notified of the plan closure and cessation of benefit accruals via the legally required 204(h) notice.

(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.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

(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.

(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 PTM 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 include 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. The Master Trust records 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, 2014 were: (a) life expectancy of participants (RP-2014 Separate Retiree and Employee white 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.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

(f) *Risks and Uncertainties*

The Plan invests in the Master Trust, which 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.

(g) *Reclassification*

Certain reclassifications were made to the prior year balances to conform to the current year presentation.

(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 (IRC). 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, 2015 and 2014, 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 and beneficiaries 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 out to participants, retired participants and their spouses and beneficiaries 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.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

After the complete satisfaction of all liabilities to such participants, retired participants and their spouses and beneficiaries, 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 2015 and 2014, that ceiling is \$5,011 and \$4,943, 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 (unaudited)

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 following 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 the Master Trust, which was established for the investment of assets of the Plan and the PTM 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 Endowment Fund) and the Vontobel Global Emerging Markets Fund (Vontobel and together with the Endowment fund, the Limited Partnerships) 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, 2015 and 2014, the Plan's interest in the net assets of the Master Trust was approximately 74.37% and 75.16%, 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, 2015 and 2014, with the exception of the investments in the Limited Partnerships.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

Excluding the Plan's investment in the Limited Partnerships, 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, 2015 and 2014.

Investments held in the Master Trust at July 31, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Certified by Bank of New York Mellon:		
Plan's investment in the net assets of the Master Trust	\$ 102,386,528	111,102,131
Plan's share of investment income of the Master Trust	8,594,381	10,534,634
Limited Partnerships:		
Plan's investment in the net assets of the Limited Partnerships	\$ 12,118,077	6,868,273
Plan's share of investment income of the Limited Partnerships	189,691	541,138

Investment income for the Master Trust for the years ended July 31, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Certified by Bank of New York Mellon:		
Investment income:		
Net appreciation in fair value of investments	\$ 9,197,734	11,101,892
Interest and dividend income	2,324,087	2,440,064
Total investment income	<u>\$ 11,521,821</u>	<u>13,541,956</u>
Limited Partnerships:		
Investment income	\$ 255,078	719,980

During the years ended July 31, 2015 and 2014, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$9,452,812 and \$11,821,872, respectively, as follows:

	<u>2015</u>	<u>2014</u>
Equity securities	\$ 9,583,635	10,763,677
Debt securities	(385,901)	338,215
Limited Partnerships	255,078	719,980
	<u>\$ 9,452,812</u>	<u>11,821,872</u>

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

(6) Other Investments

The value of the Endowment Fund assets as of July 31, 2015 and 2014 and the activity for the years then ended was obtained directly from the Endowment Fund's third-party administrator, and confirmed by the fund manager of the Endowment Fund. The Endowment Fund is a nondiversified, closed-end management investment company under the Investment Company Act of 1940, as amended. The value of the Vontobel assets as of July 31, 2015 and the activity for the year then ended was obtained directly from the fund manager of Vontobel. Vontobel is a diversified, open-end management investment company under the Investment Company Act of 1940, as amended.

(7) 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.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

The following table presents, for each of these hierarchy levels, the Master Trust investments measured at fair value as of July 31, 2015:

	July 31, 2015	Fair value measurements		
		Level 1	Level 2	Level 3
Financial assets carried at fair value:				
Equity securities	\$ 90,695,198	90,695,198	—	—
Debt securities:				
Federal agency	6,325,926	—	6,325,926	—
Mortgage-asset-backed	12,335,798	—	12,335,798	—
Corporate	14,717,122	—	14,717,122	—
U.S. Treasury	6,806,592	—	6,806,592	—
Other investments:				
Limited Partnerships	16,295,165	—	6,712,512	9,582,653
Commingled funds	6,798,422	—	6,798,422	—
Total	\$ 153,974,223	90,695,198	53,696,372	9,582,653

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

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

The following is a reconciliation of Level 3 investments for which significant unobservable inputs were used to determine fair value during fiscal year 2015 and 2014:

	<u>2015</u>	<u>2014</u>
	<u>Level 3</u>	<u>Level 3</u>
	<u>Limited</u>	<u>Limited</u>
	<u>Partnership</u>	<u>Partnership</u>
Beginning balance at July 31	\$ 9,138,174	8,418,194
Net realized/unrealized gain	444,479	719,980
Ending balance at July 31	<u>\$ 9,582,653</u>	<u>9,138,174</u>

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 Endowment fund 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. The Plan sponsor does not have any purchase commitments related to the Plan's limited partnership investments.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

(8) 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, 2014 is as follows:

Vested benefits:

Participants currently receiving payments	\$ 25,043,395
Other participants	83,879,152
	<u>108,922,547</u>

Nonvested benefits

	<u>521,836</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 109,444,383</u></u>

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

Actuarial present value of accumulated plan benefits as of July 31, 2013	\$ 108,240,624
Increase (decrease) during the year attributable to:	
Interest due to decrease in discount period	6,827,750
Benefits accumulated and gains and losses	5,954,800
Benefits paid	(13,086,974)
Change in actuarial assumptions *	1,508,183
Actuarial present value of accumulated plan benefits as of July 31, 2014	<u><u>\$ 109,444,383</u></u>

* Change in actuarial assumptions from the July 31, 2013 to July 31, 2014 valuations due to the update of benefit commencement age for future vested deferred and current vested deferred participants with post August 1, 1999 termination. The change led to a \$1,508,183 increase in the obligation.

(9) Income Taxes

The IRS has issued a favorable determination letter on January 30, 2012, 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. 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.

PALL CORPORATION
CASH BALANCE PENSION PLAN

Notes to Financial Statements

July 31, 2015 and 2014

(10) 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, 2015 and 2014 in connection with investment activities qualify as party-in-interest transactions and amounted to \$121,041 and \$125,614, respectively.

Schedule SB, line 26 — Schedule of Active Participant Data**Distribution of Active Participants as of August 1, 2014****Average Compensation and Average Account Balance (Amounts shown in \$)**

Attained age	Years of Credited Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25	9 29,512 824	36 29,512 824	2							
25 - 29	19 41,399 1,427	101 41,399 1,427	44 44,776 5,588							
30 - 34	22 46,611 0	99 62,323 2,364	99 50,966 6,569	42 48,877 10,442	3					
35 - 39	31 48,339 0	110 84,456 3,155	79 74,252 9,533	71 68,102 16,570	36 49,905 16,599	1				
40 - 44	27 61,220 0	122 89,427 3,522	89 75,798 10,304	73 66,455 17,684	109 72,680 25,631	20 81,785 32,911	3			
45 - 49	32 57,040 0	107 103,041 3,818	81 81,647 12,818	71 69,066 18,588	74 78,715 30,576	42 98,499 46,099	35 90,159 50,587	3		
50 - 54	32 49,227 0	105 108,754 5,071	98 79,579 15,163	71 73,808 23,663	86 76,047 35,684	46 80,999 45,274	65 98,727 63,498	33 81,899 59,852	5	
55 - 59	20 44,454 0	76 89,285 5,408	81 79,151 16,412	59 62,758 23,882	78 77,870 42,399	34 81,275 48,083	43 79,531 55,275	65 103,099 82,038	25 80,167 60,214	3
60 - 64	5 72,086 5,121	29 72,086 5,121	41 74,518 16,169	42 60,010 26,892	55 64,772 35,950	21 78,104 49,776	39 73,431 56,062	26 89,363 76,049	20 107,235 102,157	8
65 - 69		5	5	14	19	6	7	4	8	2
70+	2	1	2	1	1	2	1		1	

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay for 2014 limited to \$255,000, and the bottom number is the average account balance. These amounts are not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for August 1, 2014 Funding Valuation**

Discount rate sponsor elections

▪ Segment rates or full yield curve	Segment	
▪ Look-back months	4	
	<u>Stabilized Rates</u>	<u>Non-Stabilized Rates</u>
▪ First 5 years	4.99%	1.19%
▪ Next 15 years	6.32%	4.06%
▪ Over 20 years	6.99%	5.11%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables.
▪ Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995
▪ Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits

Cash balance plans

• Interest accumulation rate	1.75% (previously, 1.68%)
------------------------------	---------------------------

Other economic assumptions

• Salary increases	See table of sample rates
• Social Security wage base	N/A
• Inflation	N/A
• Expected investment return	6.75% per year for years 2014, 2013 and 2012
• Expenses	\$1,260,000 added to current year normal cost
• Other	N/A

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

- Withdrawal See table of sample rates.
- Disability incidence See table of sample rates.
- Retirement age

Attained age	Percentage
Under 55	0%
55	7%
56	7%
57	7%
58	7%
59	7%
60	7%
61	7%
62	12%
63	12%
64	22%
65	32%
66	27%
67	33%
68	24%
69	9%
70 and above	100%

Benefit commencement age for

- Future vested deferred Immediate
- Current vested deferred
 - Pre-8/1/1999 termination 62
 - Post-8/1/1999 termination Immediate

- Spouse assumptions

	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	75%	75%
— Spouse age difference	3 years younger	3 years older

Form of payment	<u>Lump sum</u>	<u>Life Annuity</u>	<u>50% J&S</u>
• Active retirements	100%	0%	0%
• Future vested deferred	100%	0%	0%
• Future deaths	100%	0%	0%
• Current vested deferred <ul style="list-style-type: none"> — Pre-8/1/1999 termination — Post-8/1/1999 termination 	0%	50%	50%
	100%	0%	0%
Unpredictable contingent event assumptions	Not Applicable		

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

SALARY SCALE	
Earnings Progression	
Attained Age	Percentage Increase at Attained Age
20	2.43%
25	2.13%
30	1.73%
35	1.23%
40	0.63%
45	0.00%
50	0.00%
55	0.00%
60	0.00%
65	0.00%

In addition to the above rates, an annual rate of economic increase of 2.50% is assumed.

TABLE OF SAMPLE WITHDRAWAL RATES	
Attained Age	Males & Females
25	18.00%
30	12.20%
35	8.70%
40	6.90%
45	6.10%
50	5.60%
54	4.60%

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	
Years of Service	Males & Females
0 – 1	50%
1 – 2	17%
2 – 3	14%
3 – 4	12%
4 – 5	12%

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

The asset valuation method is an 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

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.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

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:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay 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 are 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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

► **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 CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ►	001
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: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2014</u>				
2 Assets:				
a Market value	2a	123631671		
b Actuarial value	2b	117891179		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	729	23402344	23402344	
b For terminated vested participants	1365	34031875	34031875	
c For active participants	3084	50947623	52064661	
d Total	5178	108381842	109498880	
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	6.28%		
6 Target normal cost	6	6537175		

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	<u>Robyn Zernitsky RB</u> Signature of actuary	<u>5/11/2016</u> Date	<u>1407084</u> Most recent enrollment number
	ROBYN ZERNITSKY Type or print name of actuary		<u>212-345-7421</u> Telephone number (including area code)
	MERCER Firm name		
	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 ☐

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

Schedule SB (Form 5500) 2014
v. 140124

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).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.97%</u>	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)		6217028
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.10%</u>		379239
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6596267
	d Portion of (c) to be added to prefunding balance.....		6593468
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6593468

Part III		Funding Percentages	
14	Funding target attainment percentage	14	101.64%
15	Adjusted funding target attainment percentage	15	107.66%
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	102.64%
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
04/12/2016	2900000	0			
Totals ▶			18(b)	2900000	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 2615273
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	63	
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	6537175	
b Excess assets, if applicable, but not greater than line 31a	31b	1798831	
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	4738344	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		4738344	4738344
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	2615273	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2615273	
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 63.

(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)
55	7.0%	55.5	10,000	700	38,850
56	7.0%	56.5	9,300	651	36,782
57	7.0%	57.5	8,649	605	34,788
58	7.0%	58.5	8,044	563	32,936
59	7.0%	59.5	7,481	524	31,178
60	7.0%	60.5	6,957	487	29,464
61	7.0%	61.5	6,470	453	27,860
62	12.0%	62.5	6,017	722	45,125
63	12.0%	63.5	5,295	635	40,323
64	22.0%	64.5	4,660	1,025	66,113
65	32.0%	65.5	3,635	1,163	76,177
66	27.0%	66.5	2,472	667	44,356
67	33.0%	67.5	1,805	596	40,230
68	24.0%	68.5	1,209	290	19,865
69	9.0%	69.5	919	83	5,769
70	100.0%	70	836	836	58,520
Total				10,000	628,336
Average					62.83
Rounded Average Retirement Age					63

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as amended and restated through the valuation date, are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation
- **Most recent plan amendments included:** Dated February 7, 2012
- **Late retirement increases:**
 - Active participants: The plan provides benefit suspension notices to participants who work beyond their normal retirement. The plan provides for pay and interest credits until retirement age.
 - Deferred vested participants: Current deferred vested participants who terminated prior to 8/1/1999 who are over normal retirement age are valued including the late retirement actuarial increase. Current deferred vested participants who terminated after 8/1/1999 who are over normal retirement age receive continued interest credits.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) 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.
- **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 minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Effective date and plan year	<p>Original plan: The Plan was adopted effective July 31, 1963, and reflects all amendments adopted through the valuation date.</p> <p>Plan year: A twelve month period ending on any July 31.</p>
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
<ul style="list-style-type: none"> Year of Service 	<p>For Plan Years beginning prior to August 1, 2011, any Plan Year in which an employee is credited with 1,000 or more Hours of Service.</p> <p>For Plan Years beginning on or after August 1, 2011, Years of Service shall be credited in accordance with the "elapsed time method" of crediting service.</p>
<ul style="list-style-type: none"> Hour of Service 	Any hour of service for which an employee is directly or indirectly compensated.
<ul style="list-style-type: none"> Eligibility 	<p>All employees who were members of the Plan in effect on July 31, 1999, shall continue as members.</p> <p>Former employees of Gelman, acquired on February 3, 1997, entered the Plan on August 1, 1998.</p> <p>Former employees of FSG, acquired in April 2002, entered the plan on August 1, 2003.</p> <p>All other employees (excluding those who are members of a collective bargaining unit unless and until it is agreed to include such unit in the Plan, and those who are eligible to participate in any other pension plan maintained by the Company), are eligible for membership in the Plan on the first day of any Plan Year if they have completed 6 months of service and attained age 20-1/2 during the previous Plan Year.</p>
<ul style="list-style-type: none"> Normal retirement date 	A member's normal retirement date is the first of the month following his 65th birthday.
<ul style="list-style-type: none"> Postponed retirement date 	A member may postpone his retirement beyond his normal retirement date.
<ul style="list-style-type: none"> Early retirement date 	A member who has completed 5 or more Years of Service may retire at any time after attaining age 55.
<ul style="list-style-type: none"> Disability retirement date 	A member who becomes totally and permanently disabled may retire and become entitled to a pension.
<ul style="list-style-type: none"> Opening Account Balance 	The lump sum, actuarially equivalent value of the benefit payable at age 65 under the Plan as of July 31, 1999, determined as of August 1, 1999, using an interest rate of 6.50% and the 1983 Group Annuity Unisex Mortality Table.

Schedule SB, Part V — Summary of Plan Provisions

• Eligible Compensation	The total compensation received by a member for a Plan Year including overtime pay and bonuses. Eligible compensation is limited by IRC Section 401(a)(17). For 2014, this limit is \$255,000.										
• Compensation Credits	<p>Compensation Credits are added to the Cash Balance Account on the last day of the Plan Year, or at the end of the month immediately following a Participant's termination of service, if earlier. A member's compensation credit for a plan year is obtained by multiplying eligible compensation by the percentage indicated in the table below. The percentage is determined by "points", as shown in the table below, which are equal to the sum of age and years of service as of the first day of each plan year.</p> <table data-bbox="748 743 1398 1003"> <tr> <th data-bbox="802 743 1097 804">If "points" (age + years of service) equal:</th><th data-bbox="1192 743 1360 835">Compensation Credit Percentage</th></tr> <tr> <td data-bbox="873 846 1026 873">Less than 45</td><td data-bbox="1247 846 1305 873">2.5%</td></tr> <tr> <td data-bbox="906 888 993 915">45 – 54</td><td data-bbox="1247 888 1305 915">3.0%</td></tr> <tr> <td data-bbox="906 930 993 957">55 – 64</td><td data-bbox="1247 930 1305 957">4.0%</td></tr> <tr> <td data-bbox="883 972 1016 999">65 or more</td><td data-bbox="1247 972 1305 999">5.0%</td></tr> </table> <p>A participant who is at least age 50 with 10 years of service on August 1, 1999, is entitled to an additional compensation credit of two percent (2%) for each Plan Year beginning on or after August 1, 1999, that the participant remains an employee.</p> <p>For Plan Years beginning prior to August 1, 2011, a participant who does not complete 1,000 Hours of Service in any Plan Year shall not receive a compensation credit for such Plan Year.</p> <p>For Plan Years beginning on or after August 1, 2011, the requirement that a member complete at least 1,000 hours of service in any Plan Year to receive a Compensation Credit is eliminated.</p>	If "points" (age + years of service) equal:	Compensation Credit Percentage	Less than 45	2.5%	45 – 54	3.0%	55 – 64	4.0%	65 or more	5.0%
If "points" (age + years of service) equal:	Compensation Credit Percentage										
Less than 45	2.5%										
45 – 54	3.0%										
55 – 64	4.0%										
65 or more	5.0%										
• Interest Credits	Interest Credits are added to the Cash Balance Account on the last day of each Plan Year based on the average of the constant maturity one-year Treasury Bill rate for the month of June immediately preceding the Plan Year in which the Account is to be credited, with a minimum rate of 1.68%. In addition, interest on one-half of the Compensation Credits earned during the plan year is added to the account balance. Interest Credits will continue to be added to the account balance until distribution.										

Schedule SB, Part V — Summary of Plan Provisions

• Vesting	<p>In the event of termination of employment other than by death or retirement, a member who has completed 3 or more Years of Service will be eligible to receive his accrued pension commencing on his normal retirement date or, if he so elects, at any time after his 55th birthday in which case the pension shall be reduced in the same manner as for early retirement.</p> <p>Vesting service for former employees of Gelman are determined as of the later of February 3, 1997, or date of hire.</p>
Cash Balance Benefit	
• Eligibility	Three or more years of vesting service.
• Benefit	<p>Cash Balance Account as a lump sum or converted to an annuity as of benefit commencement date based on Compensation Credits and Interest Credits through benefit commencement date. The annuity is determined by converting the Cash Balance Account to the Actuarial Equivalent monthly retirement benefit payable in the form of a single life annuity.</p> <p>The Actuarial Equivalent conversion factor is computed using segmented high quality corporate bond rates and the mortality required by Internal Revenue Code Section 417(e), as updated by the Pension Protection Act of 2006 (PPA).</p> <p>The annuity benefit may commence on the first day of any month following termination of employment. The Cash Balance annuity benefit is reduced for immediate distribution based on the Plan's actuarial equivalence at the time of distribution.</p>
• Minimum Benefit	The July 31, 1999 accrued benefit.
Disability	
• Eligibility	<p>All participants who terminate employment by reason of disability as defined by the Social Security Administration – immediate vesting upon disability.</p>
• Benefit	<p>An annuity payable for life determined by projecting the Cash Balance Account as of the date of disability with Interest Credits (not Compensation Credits) through the participant's Normal Retirement Date, with the Interest Credits for any future Plan Year based on the Interest Crediting rate in effect for the Plan Year in which the disability occurs.</p> <p>The projected Cash Balance Account is then converted to an Actuarial Equivalent single life annuity benefit payable for the participant's life.</p> <p>This benefit is paid to the disabled participant beginning on the first day of the month coincident with or immediately following the participant's disability until his Normal Retirement Date, or until he is no longer disabled, if earlier.</p>

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	All participants, immediate vesting upon death.
• Benefit	For single participants and non-spouse beneficiaries, the Cash Balance Account payable as a lump sum distribution. For married participants, the Cash Balance Account payable as a lump sum distribution, the Cash Balance Account converted to a single life annuity of actuarial equivalence or the survivor annuity payable to a spouse at least equal to the amount of the qualified preretirement survivor annuity as defined in Internal Revenue Code Section 417(c).
Form of benefits	
• Automatic form for unmarried participants	A "Single Life Annuity" provides an amount of monthly income for the life of the participant.
• Automatic form for married participants	A "Qualified Joint and Survivor Annuity" that provides a reduced amount of monthly income for the life of the participant and, in the event of participant's death, an amount of monthly income equal to 50% for the life of the surviving spouse. The Qualified Joint and Survivor Annuity is the actuarial equivalent of the Single Life Annuity otherwise payable.
• Optional forms	Option 1: A single lump sum distribution Option 2: A joint and seventy-five percent (75%) survivor annuity Option 3: A joint and fifty percent (50%) survivor annuity Option 4: A 5 year certain and life annuity Option 5: A 10 year certain and life annuity If a participant elects to commence distribution prior to becoming eligible for early or normal retirement, only the normal forms of payment and a lump sum distribution are available. The lump sum distribution is equal to the participant's account balance at his benefit commencement date.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$255,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$205,000.

Plan provision Changes Since Prior Valuation

No plan provision changes have occurred since the August 1, 2013 valuation.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discounts were updated from 2013 to 2014 in accordance with PPA, MAP-21, and HATFA.
- The interest accumulation rate was updated from 1.68% to 1.75% to reflect long term expectations.
- The expense component of normal cost increased from \$260,000 to \$1,260,000 to reflect our expectations for the current plan year. This is the first full year that the plan will pay expenses from the trust.
- Benefit commencement age for future vested deferred and current vested deferred with post-8/1/1999 termination was updated to immediate from 2 years from date of termination if termination was less than two years from valuation date