

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>07/01/2000</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PALL LIFE SCIENCES PUERTO RICO, LLC</u> <u>ROAD 194, PALL BLVD #98</u> <u>FAJARDO, PR 00738</u>	2b Employer Identification Number (EIN) <u>66-0676343</u> 2c Plan Sponsor's telephone number <u>787-863-1124</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>JEFF MOLIN</u>
	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

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	5 649
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 577 6a(2) 642 6b 2 6c 77 6d 721 6e 0 6f 721 6g 552 6h 8
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: 2E 2F 2G 2T 3C 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) ☐ 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)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PIMCO 1633 BROADWAY
NEW YORK, NY 10019

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JP MORGAN FUNDS 460 POLARIS PARKWAY
OH1-1235
COLUMBUS, OH 43082

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO AIM FUNDS 11 GREENWAY PLAZA
SUITE 100
HOUSTON, TX 77046

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

OPPENHEIMER FUNDS

6803 SOUTH TUCSON WAY
ENGLEWOOD, CO 80112

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

DREYFUS INSTITUTIONAL SERVICES

210 UNIVERSITY BOULEVARD, SUITE 800
DENVER, CO 80206

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

RS INVESTMENTS

388 MARKET STREET
SAN FRANCISCO, CA 94111

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

FRANKLIN TEMPLETON FUNDS

2000 ALAMEDA DE LAS PULGA
2ND FLOOR
SAN MATEO, CA 94402

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

FEDERATED SERVICES COMPANY

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222-3779

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

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

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

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

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

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 37 60 63 72 99	N/A	39656	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UBS TRUST COMPANY OF PR

66-0532499

(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 26 49 52 63	N/A	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PALL LIFE SCIENCES PUERTO RICO, LLC	D Employer Identification Number (EIN) 66-0676343	

Part I 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)	17246	0
(2) Participant contributions	1b(2)	34121	0
(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)	1226731	1262506
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11676980	12342374
(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	12955078	13604880

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	12955078	13604880
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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)	389542	
(B) Participants	2a(1)(B)	746390	
(C) Others (including rollovers)	2a(1)(C)	11482	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1147414
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)	51389	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51389
(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)	530527	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		530527
(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)	-615079	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-615079

		(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)		
(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)		158306
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1272557

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	526731	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	7126	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		533857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		49242
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	39656	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39656
j Total expenses. Add all expense amounts in column (b) and enter total	2j		622755

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		649802
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KPMG

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			15000000
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		
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		
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		
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			
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		
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Distributions
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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>66-0532499</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (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
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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: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Financial Statements and Supplemental Schedule

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)



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

Independent Auditors' Report

The Plan Administrator
Pall Retirement Plan for Puerto Rico Employees:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pall Retirement Plan for Puerto Rico Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles in the United States of America; 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 audits 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 were 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 Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 4, which was certified by Hand Benefits & Trust Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the custodian 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.



Other Matter

The supplemental Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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

San Juan, Puerto Rico
October 17, 2016

Stamp No. E248528 of the Puerto Rico
Society of Certified Public Accountants
was affixed to the record copy of this report.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments (note 3)	\$ 12,342,374	11,676,980
Receivables:		
Participants' contributions	—	34,121
Employer's contributions	—	17,246
Notes receivable from participants (note 3)	<u>1,314,091</u>	<u>1,229,031</u>
Total receivables	<u>1,314,091</u>	<u>1,280,398</u>
Net assets available for benefits	<u>\$ 13,656,465</u>	<u>12,957,378</u>

See accompanying notes to financial statements.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Additions to net assets attributed to:		
Investment income (note 3):		
Net appreciation (depreciation) in fair value of investments	\$ (456,774)	15,348
Interest and dividends	530,527	616,796
Net investment income	<u>73,753</u>	<u>632,144</u>
Interest income on notes receivable from participants (note 3)	51,389	39,070
Contributions:		
Participants	746,390	726,650
Employer, net of forfeitures of \$35,101 in 2014 (none in 2015)	389,542	356,254
Rollovers and transfers in	11,482	6,911
Total contributions	<u>1,147,414</u>	<u>1,089,815</u>
Total additions	<u>1,272,556</u>	<u>1,761,029</u>
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	533,813	423,661
Administrative expenses	39,656	35,772
Total deductions	<u>573,469</u>	<u>459,433</u>
Net increase	699,087	1,301,596
Net assets available for benefits:		
Beginning of year	<u>12,957,378</u>	<u>11,655,782</u>
End of year	<u>\$ 13,656,465</u>	<u>12,957,378</u>

See accompanying notes to financial statements.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(1) Description of Plan

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

(a) General

The Plan is a defined contribution plan for non-union employees who have completed three months of service with Pall Life Sciences Puerto Rico, LLC (the Company or the Plan Sponsor). The Plan was adopted by the Company and was effective as of July 1, 2000 and amended on January 1, 2011 and 2013. The Plan is administered by a management committee appointed by Pall Corporation (the Parent Company of the Plan's Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Administration of the Plan

The management committee of the Parent Company of the Plan Sponsor in charge of the Plan's administration contracted UBS Trust Company of Puerto Rico (the Trustee) to assist with certain administration shores under the terms of a trust agreement entered into between the Plan Sponsor and the Trustee. Hand Benefits & Trust Company is the custodian of the Plan.

The Plan requires that participants select the investment funds into which their accounts are invested. The Participants may select from 17 available investment fund options during the years ended December 31, 2015 and 2014.

(c) Contributions

Participants may contribute, on either a pre-tax or after-tax basis, specified percentages of their compensation to the Plan, as defined, up to the before-tax contributions limit provided under Section 1081.01 of the Puerto Rico Internal Revenue Code. Maximum allowable contributions for the years ended on December 31, 2015 and 2014 amounted to \$15,000.

Additionally, the Plan provides an employer-matching component. The employer matches 100% of the participant's contribution up to a maximum of 2.5% of the participant's compensation.

Any excess funds resulting from a forfeiture of all or any portion of the account of a participant or former participant under circumstances that do not entitle the participant, former participant, his/her spouse, or beneficiary to the full amount of his/her account under the plan agreement, shall not be applied to increase the benefits payable to any other participant, spouse, or beneficiary, but shall remain in the trust fund and shall have the effect of reducing the amount of any subsequent contributions to the Plan by the Company.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) Plan earnings (losses), and (c) expenses. Allocations of the Plan's

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

earnings (losses) are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) *Vesting*

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

(f) *Payment of Benefits*

On termination of service, a participant may elect to receive either a lump-sum amount equal to the vested portion in his or her account, or quarterly installments as well as monthly installments over an extended period. In addition, a participant may elect to receive a withdrawal in the event of financial hardship in accordance with the terms of the Plan.

(g) *Forfeited Accounts*

At December 31, 2015 and 2014, the balance of forfeited nonvested accounts totaled \$9,287 and \$3,053, respectively. These accounts can be used to reduce future employer contributions. During 2015, forfeited nonvested accounts amounting to \$6,234 were not used to reduce future employer contributions. During 2014, employer contributions were reduced by \$35,101 from forfeited nonvested accounts.

(h) *Administrative Expenses*

Administrative expenses are paid by the Plan and by the Company. In 2015, the Plan and the Company paid and absorbed \$39,656 and \$52,798 of the Plan's administrative expenses, respectively. In 2014, the Plan and the Company paid and absorbed \$35,772 and \$58,093 of the Plan's administrative expenses, respectively.

(i) *Notes Receivable from Participants*

Participants may borrow against their vested account balance a minimum of \$500 up to a maximum equal to the lesser of \$50,000, or 50%, of their vested account balance, whichever is lower. The loans are secured by the balance in the participant's account. The repayment period varies depending on the type of the loan. General-purpose loans must be repaid within a five-year period with longer repayment terms permitted for principal residence loans. Interest charged is a fixed rate equal to the "prime" rate plus one percent at the time the loan is made.

If a Participant defaults on any payment of interest or principal of a loan, the Plan Administrator may take (or direct the Trustee to take) such action or actions as it determines to be necessary to protect the interest of the Plan. Such actions may include commencing legal proceedings against the Participant, or foreclosing on any security interest in the Participant's account or other security given in connection with a loan. In the event of a default, foreclosure on the Participant's note and attachment of one or more of the Participant's accounts given as security will not occur until a distributable event occurs in the Plan.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

Outstanding participants' notes receivable as of December 31, 2015 and 2014 amounted to \$1,314,091 and \$1,229,031, respectively, at rates ranging between 4.25% and 9.25%.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with U.S. generally accepted accounting principles.

(b) *Use of Estimates*

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

(c) *Investments Valuation and Income Recognition*

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and (losses) on investments bought and sold as well as held during the year. For further discussion about the fair value of the Plan's investments, see note 4, Fair Value Measurements.

(d) *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

(e) *Payment of Benefits*

Benefits are recorded when paid.

(f) *Risk and Uncertainties*

Participants may direct investment of their account balances in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

(g) *Recent Accounting Pronouncements:*

In May 2015, the FASB issued guidance which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendments will be effective for fiscal years, and interim periods within those

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

fiscal years, beginning after December 15, 2015, with early adoption permitted. The Plan does not expect these amendments to have a material effect on its financial statements.

In July 2015, the FASB issued amendments to (1) require employee benefits plans to use contract value as the only measure for fully benefit-responsive investment contracts, (2) simplify and increase the effectiveness of the investment disclosure requirements for employee benefit plans, and (3) provide benefit plans with a measurement-date practical expedient. The amendments will be effective for fiscal years beginning after December 15, 2015, with early adoption permitted. The Plan does not expect these amendments to have a material effect on its financial statements

(3) Information Certified by Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Hand Benefits & Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of all investment activity reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended, this note and that reflected on note 4, and supplemental schedule h, line 4i, schedule of assets (held at end of year).

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

The following table presents the fair values of investments and notes receivables from participants certified by the custodian as of December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Shares in investment securities, at fair value:		
Dreyfus S&P 500 Fund, 48,461 and 45,466 shares*	\$ 2,347,946	2,350,596
Federated Prime Cash Obligation Fund, 1,661,454.46 and 1,563,157 shares*	1,661,454	1,563,157
Franklin Dynatech A Fund, 5,011 and 4,012 shares	244,880	185,128
INVESCO VK Amer Franchise A Fund, 137,022 and 135,919 shares*	2,282,782	2,265,770
INVESCO International Growth F Fund, 51,835 and 52,242 shares*	1,606,372	1,683,232
JP Morgan Smart Retmt 2015 A Fund, 2,629 and 2,092 shares	44,527	36,931
JP Morgan Smart Retmt 2020 A Fund, 7,154 and 5,877 shares	125,694	107,613
JP Morgan Smart Retmt 2025 A Fund, 3,472 and 2,725 shares	59,027	48,335
JP Morgan Smart Retmt 2030 A Fund, 22,261 and 8,222 shares	405,373	156,790
JP Morgan Smart Retmt 2035 A Fund, 6,500 and 4,411 shares	113,162	80,547
JP Morgan Smart Retmt 2040 A Fund, 12,828 and 8,796 shares	238,734	172,046
JP Morgan Smart Retmt 2045 A Fund, 3,415 and 1,929 shares	60,248	35,697
JP Morgan Smart Retmt 2050 A Fund, 9,452 and 6,807 shares	166,547	125,802
Oppenheimer Equity Income A Fund, 5,354 and 3,757 shares	141,829	120,628
PIMCO Total Return Fund, 252,075 and 234,626 shares*	2,538,392	2,501,116
RS Value Fund, 8,627 and 5,874 shares	244,401	194,071
Templeton Global Bond A Fund, 5,268 and 3,974 shares	61,006	49,521
Notes receivable from participants—263 in 2015 and 254 in 2014 participant loans at interest rates between 4.25% and 9.25% terms ranging up to 5 years*	1,314,091	1,229,031
	<u>\$ 13,656,465</u>	<u>12,906,011</u>

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

During 2015 and 2014, the Plan's investments in shares of investment securities (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$456,774 and appreciated \$15,348, respectively. Investment income from interest and dividends amounted to \$530,527 and \$616,796 for the years ended December 31, 2015 and 2014, respectively. Interest income from notes receivable from participants amounted to \$51,389 and \$39,070 for the years ended December 31, 2015 and 2014, respectively.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(4) Fair Value Measurements

The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Plan determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

- Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.
- Level 2: Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

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

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

The following tables present the Plan's assets measured at fair value on a recurring basis at December 31, 2015 and 2014 as follows:

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2015			
Assets:				
Mutual funds:				
Bond (a):				
PIMCO Total Return	\$ 2,538,392	2,538,392	—	—
Templeton Global Bond A	61,006	61,006	—	—
International equity (b):				
INVESCO International Growth	1,606,372	1,606,372	—	—
Equity (c):				
INVESCO VK Amer Franchise A	2,282,782	2,282,782	—	—
Franklin Dynatech A	244,880	244,880	—	—
Oppenheimer Equity Income A	141,829	141,829	—	—
RS Value	244,401	244,401	—	—
Dreyfus S&P 500	2,347,946	2,347,946	—	—
Balanced (d):				
JP Morgan Smart Retmt 2015 A	44,527	44,527	—	—
JP Morgan Smart Retmt 2020 A	125,694	125,694	—	—
JP Morgan Smart Retmt 2025 A	59,027	59,027	—	—
JP Morgan Smart Retmt 2030 A	405,373	405,373	—	—
JP Morgan Smart Retmt 2035 A	113,162	113,162	—	—
JP Morgan Smart Retmt 2040 A	238,734	238,734	—	—
JP Morgan Smart Retmt 2045 A	60,248	60,248	—	—
JP Morgan Smart Retmt 2050 A	166,547	166,547	—	—
Money market (e):				
Federated Prime Cash Obligation	1,661,454	1,661,454	—	—
	<u>\$ 12,342,374</u>	<u>12,342,374</u>	<u>—</u>	<u>—</u>

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2014			
Assets:				
Mutual funds:				
Bond (a):				
PIMCO Total Return	\$ 2,501,116	2,501,116	—	—
Templeton Global Bond A	49,521	49,521	—	—
International equity (b):				
INVESCO International Growth	1,683,232	1,683,232	—	—
Equity (c):				
INVESCO VK Amer Franchise A	2,265,770	2,265,770	—	—
Franklin Dynatech A	185,128	185,128	—	—
Oppenheimer Equity Income A	120,628	120,628	—	—
RS Value	194,071	194,071	—	—
Dreyfus S&P 500	2,350,596	2,350,596	—	—
Balanced (d):				
JP Morgan Smart Retmt 2015 A	36,931	36,931	—	—
JP Morgan Smart Retmt 2020 A	107,613	107,613	—	—
JP Morgan Smart Retmt 2025 A	48,335	48,335	—	—
JP Morgan Smart Retmt 2030 A	156,790	156,790	—	—
JP Morgan Smart Retmt 2035 A	80,547	80,547	—	—
JP Morgan Smart Retmt 2040 A	172,046	172,046	—	—
JP Morgan Smart Retmt 2045 A	35,697	35,697	—	—
JP Morgan Smart Retmt 2050 A	125,802	125,802	—	—
Money market (e):				
Federated Prime Cash Obligation	1,563,157	1,563,157	—	—
	<u>\$ 11,676,980</u>	<u>11,676,980</u>	<u>—</u>	<u>—</u>

- (a) The mutual funds in this category primarily invest at least 65% of total assets in a diversified portfolio of fixed-income instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements.
- (b) The mutual fund in this category primarily invests in equity securities of foreign issuers. It focuses on marketable equity securities of foreign companies that are listed on a recognized foreign or U.S. securities exchange or traded in a foreign or U.S. over-the-counter market.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

- (c) The mutual funds in this category primarily invest in equity securities of issuers of all market capitalizations including stocks in the S&P 500 Index and in futures whose performance is tied to the index and in companies with market capitalizations between \$1 billion and 120% of the market capitalization of the largest company included in the Russell Midcap Index. In addition, to common stocks, funds may invest in other type equity related securities, such as preferred stocks, warrants, and securities convertible into common stocks.
- (d) The mutual funds in this category invest in fixed income funds, high yield and emerging markets debt funds, REIT funds, U.S. equity funds, international equity funds, commodities funds, and money market funds. It may also invest directly in other financial instruments, including derivatives.
- (e) The mutual fund in this category invests primarily in short-term, high-quality, fixed-income securities issued by banks, corporations, and the U.S. government, rated in the highest short-term category or of comparable quality.

(5) Plan Termination

Although it has no expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participants accounts and distributed in such a manner as the Company may determine.

(6) Tax Status

On January 31, 2011, Act No. 1 of the New PR Code was signed into law, which adopts new rules for qualified plans in Puerto Rico. The qualified plan provisions of the New PR Code are generally effective with respect to taxable years beginning after December 31, 2010. Among the most important changes in the New PR Code affecting the Plan are the following: (a) increase in limitation of deferred contributions by participants; (b) new definitions of highly compensated employee (HCE) and nonhighly compensated employee (NHCE); (c) the new definitions of HCE and NHCE will apply for purposes of the coverage test and general nondiscrimination test of all qualified plans in Puerto Rico; (d) limitation on annual contributions for defined contribution plans; (e) limit on annual compensation of a participant; and (f) statutory requirement for proof of exemption. Effective January 1, 2013, the Company amended the eligibility requirements for plan participation of the Plan to exclude temporary employees.

The New PR Code provides for the Plan to continue to be qualified until the year ended on December 31, 2012. The Puerto Rico Department of Treasury has determined and informed the Plan's trustee under a letter dated January 11, 2013 that the Prototype Plan is designed in accordance with the applicable sections of the PR Code. However as per the New PR Code a separate determination letter is required for any sponsor that adopts the prototype plan. The Plan Sponsor submitted amendments to the Puerto Rico Department of Treasury in order to comply with the provisions of the New PR Code. Although the Plan is in process of obtaining a new determination letter under the New PR Code, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the New PR Code.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	December 31	
	2015	2014
Net assets available for plan benefits per financial statements	\$ 13,656,465	12,957,378
Deemed distributions of notes receivable from participants	<u>(51,585)</u>	<u>(2,300)</u>
Net assets available for plan benefits per Form 5500	<u>\$ 13,604,880</u>	<u>12,955,078</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2015 and 2014 to Form 5500:

	December 31	
	2015	2014
Benefits paid per the financial statements	\$ 533,813	423,661
Deemed distributions of notes receivable from participants – 2013	—	(2,226)
Deemed distributions of notes receivable from participants – 2014	(2,300)	2,300
Deemed distributions of notes receivable from participants – 2015	<u>51,585</u>	<u>—</u>
Benefits paid per Form 5500	<u>\$ 583,098</u>	<u>423,735</u>

A note receivable from a participant is not recorded as a loan in Form 5500 if it is considered deemed distributed during the plan year. To be considered deemed distributed, the following circumstances must apply: (1) under the plan, the participant loan is treated as a directed investment solely of the participant's individual account; and (2) as of the end of the plan year, the participant is not continuing repayment under the loan. For notes receivable from participants amounting to \$51,585 and \$2,300 in 2015 and 2014, respectively, both circumstances apply.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(8) Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 17, 2016, the date at which the financial statements were available to be issued and determined that there are no other items to disclose.

PALL RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES

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

December 31, 2015

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Shares in investment securities:		
	INVESCO	INVESCO VK Amer Franchise A Fund, 137,022 shares	N/A	\$ 2,282,782
	INVESCO	INVESCO International Growth F Fund, 51,835 shares	N/A	1,606,372
	Federated	Federated Prime Cash Obligation Fund, 1,661,454 shares	N/A	1,661,454
	PIMCO	PIMCO Total Return Fund, 252,075 shares	N/A	2,538,392
	Franklin	Franklin Dynatech A Fund, 5,011 shares	N/A	244,880
	JP Morgan	JP Morgan Smart Retmt 2015 A Fund, 2,629 shares	N/A	44,527
	JP Morgan	JP Morgan Smart Retmt 2020 A Fund, 7,154 shares	N/A	125,694
	JP Morgan	JP Morgan Smart Retmt 2025 A Fund, 3,472 shares	N/A	59,027
	JP Morgan	JP Morgan Smart Retmt 2030 A Fund, 22,261 shares	N/A	405,373
	JP Morgan	JP Morgan Smart Retmt 2035 A Fund, 6,500 shares	N/A	113,162
	JP Morgan	JP Morgan Smart Retmt 2040 A Fund, 12,828 shares	N/A	238,734
	JP Morgan	JP Morgan Smart Retmt 2045 A Fund, 3,415 shares	N/A	60,248
	JP Morgan	JP Morgan Smart Retmt 2050 A Fund, 9,452 shares	N/A	166,547
	Oppenheimer	Oppenheimer Equity Income A Fund, 5,354 shares	N/A	141,829
	RS	RS Value Fund, 8,627 shares	N/A	244,401
	Dreyfus	Dreyfus S&P 500 Fund, 48,461 shares	N/A	2,347,946
	Templeton	Templeton Global Bond A Fund, 5,268 shares	N/A	61,006
*	Plan participants	263 notes receivable from participants at interest rates between 4.25% and 9.25% terms ranging up to 5 years	—	1,314,091
				<u>\$ 13,656,465</u>

* Represents a party in interest.

N/A: Not applicable. Cost omitted for participant-directed investments.

Note: The data included above is based upon information that has been certified as complete and accurate by Hand Benefits & Trust Company, the custodian of the Plan, as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

See accompanying independent auditors' report.

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

Name of Plan:

► Pall Retirement Plan for Puerto Rico Employees

Employer Identification Number: ► 660676343

For plan year (beginning/ending): ► 01/01/2015-12/31/2015 Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Employee Loans	Various rates and maturities	**	1,262,506
	Dreyfus S&P 500 Index Fund	Registered Investment Company	**	2,347,946
	Federated Prime Oblig SS	Registered Investment Company	**	1,661,454
	Franklin Dynatech A	Registered Investment Company	**	244,880
	Invesco International Growth Fund	Registered Investment Company	**	1,606,372
	Invesco VK Amer Franchise	Registered Investment Company	**	2,282,782
	JP Morgan Smart Retmt 2015	Registered Investment Company	**	44,527
	JP Morgan Smart Retmt 2020	Registered Investment Company	**	125,694
	JP Morgan Smart Retmt 2025	Registered Investment Company	**	59,027
	JP Morgan Smart Retmt 2030	Registered Investment Company	**	405,373
	JP Morgan Smart Retmt 2035	Registered Investment Company	**	113,162
	JP Morgan Smart Retmt 2040	Registered Investment Company	**	238,734
	JP Morgan Smart Retmt 2045	Registered Investment Company	**	60,248
	JP Morgan Smart Retmt 2050	Registered Investment Company	**	166,547
	Oppenheimer Equity Income A	Registered Investment Company	**	141,829
	PIMCO Total Return Admin	Registered Investment Company	**	2,538,392
	RS Value Fund	Registered Investment Company	**	244,401
	Templeton Global Bond	Registered Investment Company	**	61,006