Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENTAIR, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1977

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PENTAIR, INC.

5500 WAYZATA BOULEVARD, SUITE 800
GOLDEN VALLEY, MN 55416-1261

2b Employer Identification Number (EIN)
41-0907434

2c Sponsor's telephone number
763-545-1730

2d Business code (see instructions)
551112

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.	10/14/2011	DIANA SOLOMON, DIR BENEFITS HRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	MICHAEL G. MEYER, TREASURER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
PENTAIR, INC.

5500 WAYZATA BOULEVARD, SUITE 800
GOLDEN VALLEY, MN 55416-1261

3b Administrator's EIN
41-0907434

3c Administrator's telephone number
763-545-1730

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**	6415
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1767
b	Retired or separated participants receiving benefits	**6b**	2450
c	Other retired or separated participants entitled to future benefits	**6c**	1565
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5782
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	468
f	Total. Add lines **6d** and **6e**	**6f**	6250
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:
1A 1G 1C 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500.
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK MUTUAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC 901 ASSN 1	2	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	10001

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN HANCOCK LIFE INSURANCE COMPANY
PO BOX 111
BOSTON, MA 02117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10001	ADMINISTRATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	394702
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21558		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	440		
	▶ DR ANNUAL ADJUSTMENTS				
	(6) Total additions			7c(6)	21998
d	Total of balance and additions (add **b** and **c(6)**)			7d	416700
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11667		
	(2) Administration charge made by carrier	7e(2)	10001		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	21668
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	395032

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500.
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK MUTUAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC 492 ASSN 0	10	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	15002

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN HANCOCK FINANCIAL SERVICES
PO BOX 111
BOSTON, MA 02117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15002	ADMINISTRATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1068091
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	60510		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	3352		
	▶ DR ANNUAL ADJUSTMENTS				
	(6) Total additions			7c(6)	63862
d	Total of balance and additions (add **b** and **c(6)**)			7d	1131953
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34991		
	(2) Administration charge made by carrier	7e(2)	15002		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	49993
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1081960

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500.
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	7641	1332	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	576

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVE
HARTFORD, CT 06156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	576	ADMINISTRATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	561021
c	Additions: (1) Contributions deposited during the year	7c(1)	6064587	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	387	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6) Total additions		7c(6)	6064974
d	Total of balance and additions (add **b** and **c(6)**)		7d	6625995
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6009627	
	(2) Administration charge made by carrier	7e(2)	576	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)	87	
	▶ OP & ADMIN EXPS			
	(5) Total deductions		7e(5)	6010290
f	Balance at the end of the current year (subtract **e(5)** from **d**)		7f	615705

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		242727355
b	Actuarial value	**2b**		260280289
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	2879	141804714
b	For terminated vested participants	**3b**	1630	50427776
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1712136
	(2) Vested benefits	**3c(2)**		92282590
	(3) Total active	**3c(3)**	1937	93994726
d	Total	**3d**	6446	286227216
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.67 %
6	Target normal cost	**6**		6890580

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date
11-05207

GREGORY T. TRAPP, ASA, EA, MAAA

Type or print name of actuary

Most recent enrollment number
612-642-8600

MERCER

Firm name

Telephone number (including area code)

333 SOUTH 7TH STREET, SUITE 1600
MINNEAPOLIS, MN 55402-2427

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 17.77 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		19423760
	b Interest on (a) using prior year's effective rate of 8.18 %		1588864
	c Total available at beginning of current plan year to add to prefunding balance		21012624
	d Portion of (c) to be added to prefunding balance		21012624
12	Reduction in balances due to elections or deemed elections	0	18336830
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	2675794

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	91.46 %
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
04/15/2010	2159673				
07/15/2010	2159673				
10/15/2010	2159673				
12/22/2010	20000000				
09/06/2011	12000000				
09/14/2011	2800000				
			Totals ► 18(b)	41279019	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 contribution 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	38317586

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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 eligible for (and is using) 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 contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	6890580

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	17173632	3012484
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 (item 31 + item 32a + item 32b – item 33)	**34**	9903064

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	9903064
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	38317586
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	28414522
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
PENTAIR, INC. PENSION PLAN		011

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PENTAIR, INC.	41-0907434

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

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(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)

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: KATE EDISON	**b** EIN: 13-2834414	
c Position: ENROLLED ACTUARY		
d Address: MERCER 333 S 7TH STREET MINNEAPOLIS, MN 55402	**e** Telephone: 652-642-8600	

Explanation: CHANGE IN ENROLLED ACTUARY WITHIN MERCER AS THE PRIOR ACTUARY LEFT THE FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PENTAIR, INC. MASTER TRUST

b Name of sponsor of entity listed in (a): PENTAIR, INC.

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)
25-6346358-001	M	275370993

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

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)	7500000	14800000
(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)	233508316	275370993
(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)	2023814	2092697
(15) Other	1c(15)	-16424	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	243015706	292263690
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	243015706	292263690

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)	41279019	
(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)		41279019
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)	86247	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		86247
(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)	2175	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-14258	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		16433

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		25862365
(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		67244064
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17385172	
(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)		17385172
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	626291	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		626291
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18011463
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		49232601
l Transfers of assets:			
(1) To this plan	2l(1)		15383
(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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENTAIR, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
PENTAIR, INC.

D Employer Identification Number (EIN)
41-0907434

Part I Distributions

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

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

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

EIN(s): 26-6346358

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** 62

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 46% Investment-Grade Debt: 27% High-Yield Debt: 0% Real Estate: 0% Other: 27%

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

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

Pentair, Inc. Pension Plan

Financial Statements as of and for the
Years Ended December 31, 2010 and 2009,
Supplemental Schedule as of
December 31, 2010, and
Independent Auditors' Report

PENTAIR, INC. PENSION PLAN

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Deloitte.

Deloitte & Touche LLP
50 South Sixth Street
Suite 2800
Minneapolis, MN 55402-1538
USA

Tel: +1 612 397 4000
Fax: +1 612 397 4450
www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To Pentair, Inc. Pension Plan:

We were engaged to audit the financial statements of Pentair, Inc. Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, listed in the table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Bank of New York Mellon, the trustee of the Plan, and John Hancock Mutual Life Insurance Company and Aetna Insurance Company, the custodians of the Plan, except for comparing the 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 that the information as of and for the years ended December 31, 2010 and 2009, provided to the Plan administrator by the trustee and custodians is complete and accurate.

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

Deloitte & Touche LLP

October 13, 2011

PENTAIR, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS:		
Contributions receivable	$ 14,800,000	$ 7,500,000
Investments:		
Plan interest in Pentair, Inc. Master Trust	275,370,993	233,508,316
Unallocated insurance contracts	2,092,697	2,007,390
NET ASSETS AVAILABLE FOR BENEFITS	$292,263,690	$243,015,706

See notes to financial statements.

PENTAIR, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS:		
Employer contributions	$ 41,279,019	$ 30,343,705
Investment income (loss):		
Net investment income from Pentair, Inc. Master Trust	25,862,365	32,655,201
Interest income from insurance contracts	86,247	91,672
Other	16,433	(27)
Total investment income	25,965,045	32,746,846
Total additions	67,244,064	63,090,551
DEDUCTIONS:		
Benefits paid directly to participants	17,385,172	18,137,321
Administrative fees	626,291	776,514
Total deductions	18,011,463	18,913,835
PLAN TRANSFERS	15,383	14,276
NET INCREASE	49,247,984	44,190,992
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	243,015,706	198,824,714
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$292,263,690	$243,015,706

See notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Pentair, Inc. Pension Plan (the "Plan") have been prepared on the accrual basis of accounting and in accordance with the Department of Labor Rules and Regulations and Disclosure under Employee Retirement Income Security Act of 1974 (ERISA).

The Plan funds are invested in the Pentair, Inc. Master Trust (the "Master Trust") held by The Bank of New York Mellon (the "Trustee") and unallocated insurance contracts held in custody of John Hancock Mutual Life Insurance Company and Aetna Insurance Company (the "Custodians").

Administrative expenses, such as actuarial and auditing fees, and charges and expenses incurred in connection with the acquisition or disposition of the Plan's assets, such as custodial fees, investment management fees, and brokerage commissions, are paid by the Plan or from the Master Trust assets.

Investments in the Master Trust are presented at estimated fair value. If available, quoted market prices are used to value investments. Quoted prices are based on the last reported sale price on the last business day of the year. In instances wherein quoted market prices are not available, securities and other alternative investments are stated at estimated fair value as determined by the custodian of those investments. Investments in partnerships and joint ventures are determined by investment group managers based on the estimated value of the various holdings in the partnership/joint venture portfolio. 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.

The unallocated insurance contracts are presented at contract value. Contract value is determined by the insurance entity in accordance with the terms of the contract.

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 assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits therein at the date of the financial statements. Actual results could differ from those estimates.

The Plan utilizes various investment securities, including corporate debt instruments, mutual funds, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Benefit payments to participants are recorded upon distribution.

The financial statements also reflect accounting guidance related to fair value measurements which establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements (see Note 5).

New Accounting Standards — In January 2010, the Plan adopted new accounting guidance that requires additional disclosures for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. The accounting guidance is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011.

In May 2011, new accounting guidance was issued that requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the accounting guidance provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The accounting guidance requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

Subsequent Events — For the year ended December 31, 2010, subsequent events were evaluated through October 13, 2011, the date the financial statements were available to be issued.

2. DESCRIPTION OF THE PLAN

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined benefit, single employer pension plan. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Pentair, Inc. (the "Company") is responsible for administering the Plan. Four officers of the Company have been appointed to the Investment Committee of the Plan and Master Trust. This committee has delegated some of its investment authority to investment managers under contractual arrangements.

Funding Policy — Contributions to provide benefits under the Plan are made solely by the Company. The Company's general funding policy is to contribute to the minimum required by ERISA. However, the Company occasionally makes contributions greater than the minimum, but not exceeding the maximum deductible for federal income tax purposes, when the Company's cash flow permits. The Plan has met minimum funding standards for 2010 and 2009.

Curtailment — The Plan was frozen to new participants effective January 1, 2008.

Separate Benefit Formulas — The Plan has separate ongoing benefit formulas. While each benefit formula (and related rules) is described in a separate document, all Plan assets are available to pay benefits under any of the formulas. The Company and its participating subsidiaries determine which benefit formula covers eligible employee groups.

For each benefit formula, no employee may become a participant who is a member of a collective bargaining unit for which retirement benefits have been the subject of good faith bargaining, who is a nonresident alien and receives no U.S.-sourced income from the Company or its subsidiaries, or who is eligible to participate in any other qualified defined benefit pension plan maintained by the Company or its subsidiaries.

Traditional Defined Benefit Formula

Participation and Vesting — Generally, regular nonbargaining employees of the Company and its participating subsidiaries to whom this formula has been extended are eligible to become participants in the Plan following completion of a year of eligible service and attainment of age 21. A year of vesting service is credited upon the completion of 1,000 hours in a calendar year and after the attainment of age 18. Vesting is based on a seven-year-graded scale, being fully vested after seven years.

A participant is fully vested in his or her accrued benefit under the Plan, regardless of the years of vesting service completed, in the event of termination of employment on or after normal retirement age (age 65).

Plan Benefits — The normal retirement benefit (i.e., the benefit payable at age 65, expressed as a straight-life annuity) under the Plan is 1% of a participant's final average annual compensation up to the social security covered compensation base, plus 1.5% of a participant's final average annual compensation in excess of such base, multiplied times the participant's years of benefit service (capped at 35 years).

Participants who have attained age 55 and completed 10 or more years of benefit service are eligible to receive an early retirement benefit equal to the normal retirement benefit multiplied by the applicable early retirement reduction factor. For each month in which the early retirement date precedes the normal retirement date, the early retirement reduction factor is 1/6 of 1% per month for the first 36 months, 4/10 of 1% per month for the next 36 months, and 1/2 of 1% per month for the next 48 months.

The surviving spouse of a vested participant who has died prior to retirement is entitled to a preretirement death benefit, provided the surviving spouse and deceased participant were married for at least one year as of the date of death.

Pension Equity Formula

Participation and Vesting — Generally, regular nonbargaining employees of participating subsidiaries to whom this formula has been extended are eligible to become a participant in the Plan following completion of a year of eligibility service and attainment of age 18.

The pension equity plan has a three-year cliff vesting schedule for those that leave prior to reaching age 65, with no benefit if less than three years of service. A participant is fully vested in his or her accrued benefit under the Plan, regardless of the years of vesting service completed, in the event of termination of employment on or after normal retirement age (usually age 65).

Plan Benefits — Participants earn a percentage of final average pay for each year of service. The percentage varies by age, from 2.5% to 12%. At termination, participants can waive the annuity form of payment and elect a lump sum.

A death benefit is paid in an annuity or lump sum to the participant's surviving spouse or in lump sum to the designated beneficiary.

Priorities Upon Termination of the Plan — Although it has not expressed any intention 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 set forth in ERISA. In the event of the Plan's termination, the Plan provides for the allocation of available assets to pay benefits in the following order (with proration within groups):

a. Return of employee contributions, if any, then

b. Certain benefits payable three years prior to termination, then

c. Benefits that are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), subject to certain limitations prescribed by ERISA, then

d. All other uninsured, vested benefits, then

e. All other benefits accrued to date of termination, then

f. The remainder, if any, reverts to the employer in accordance with Section 4044(d) of ERISA

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

3. MASTER TRUST

The Company has established the Master Trust with the Trustee for three pension plans. The purpose of this combination is to pool investment transactions and achieve uniform rates of return on comparable funds under all plans. The plans have deposited funds in the Master Trust, and each owns an undivided interest in net assets of the Master Trust based on its equity in the Master Trust.

Under the terms of the trust agreements, the Trustee manages trust funds on behalf of the Plan. In accordance with the trust agreements, certain assets of the Plan are held together with assets of other plans in the Master Trust sponsored by the Company and its subsidiaries.

The allocation of trust funds and investment income (loss) among the participating pension plans in the Master Trust is determined on a unit value basis, as determined by the Trustee. The allocation of funds at December 31, 2010 and 2009, were as follows:

	2010		2009	
	Amount	Percentage Ownership	Amount	Percentage Ownership
Pentair, Inc. Pension Plan	$275,370,993	73.9 %	$233,508,316	73.5 %
Pentair Pump Group, Inc. Bargaining Unit Employee Pension Plan	17,564,034	4.7	15,039,875	4.7
Sta-Rite Industries Employees' Retirement Plan	79,906,173	21.4	69,153,165	21.8
Net assets of the Pentair, Inc. Master Trust	$372,841,200	100.0 %	$317,701,356	100.0 %

The net assets and investments of the Master Trust at December 31, 2010 and 2009, were as follows:

	2010	2009
Assets:		
Investments at fair value:		
Interest-bearing cash	$ 393	$ 1,279
U.S. government securities	79,029,116	42,556,952
Corporate stocks — common	12,493,524	19,989,905
Corporate debt instruments	39,804,357	15,523,564
Partnership/joint venture interests	150,210,730	114,828,841
Common/collective trust	29,030,791	62,965,989
Registered investment companies	28,263,842	25,913,222
Other investments	14,418,974	13,114,776
Employer securities	18,255,000	21,742,422
Total investments at fair value	371,506,727	316,636,950
Receivables — interest and dividends	1,604,020	1,367,308
Total assets	373,110,747	318,004,258
Liabilities — securities purchased	269,547	302,902
Net assets of the Pentair, Inc. Master Trust	$372,841,200	$317,701,356
Plan's interest in the net assets of the Pentair, Inc. Master Trust	$275,370,993	$233,508,316

The net investment income (loss) of the Master Trust for the years ended December 31, 2010 and 2009, was as follows:

	2010	2009
Income from:		
Interest	$ 5,690,057	$ 2,376,465
Dividends	962,867	1,479,761
Net income	6,652,924	3,856,226
Net appreciation (depreciation) in fair value of investments:		
Cash equivalents	115,648	122,455
Fixed income	6,295,090	(258,873)
Global equity securities	15,524,141	25,936,345
Other	1,394,481	550,867
Total net appreciation in fair value of investments	23,329,360	26,350,794
Net gain from:		
Common/collective trust	2,435,577	9,382,165
Registered investment companies	4,073,605	6,128,976
Total net gain	6,509,182	15,511,141
Other income	538	9,873
Investment income of Pentair, Inc. Master Trust	$36,492,004	$45,728,034

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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 the accumulated benefit obligation for the Plan is determined by the Plan's actuary and is the amount 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 those from death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009, were as follows:

	2010	2009
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	$123,873,270	$122,785,568
Other participants	112,076,006	106,511,658
Total vested benefits	235,949,276	229,297,226
Nonvested benefits	1,238,126	2,517,677
Total actuarial present value of accumulated plan benefits	$237,187,402	$231,814,903

The change in the actuarial present value of the Plan's accumulated plan benefits for the years ended January 1, 2010 and 2009, are as follows:

Actuarial present value of accumulated plan benefits — January 1, 2008	$219,981,146
Change attributable to:	
Benefits accumulated	10,347,252
Benefits paid	(16,454,309)
Interest due to the decrease in discount period	17,940,814
Net increase	11,833,757
Actuarial present value of accumulated plan benefits — January 1, 2009	$231,814,903
Change attributable to:	
Benefits accumulated	6,741,586
Benefits paid	(18,137,321)
Interest due to the decrease in discount period	18,869,194
Change in actuarial assumptions	(2,100,960)
Net increase	5,372,499
Actuarial present value of accumulated plan benefits — January 1, 2010	$237,187,402

The significant assumptions underlying the actuarial computations as of January 1, 2010 and 2009, were as follows:

Investment return	8.5% for 2010 and 2009, compounded annually for funding purpose, and the present value of accumulated plan benefits for 2010 and 2009
Mortality	RP Mortality Table with a fixed 15-year projection, set forward 10 years for disabled for funding purposes for 2010 and 2009
Retirement age	Earlier of 62 with 10 years of service or age 65 for active; age 62 for vested and disabled employees for 2010 and 2009
Actuarial method	Unit credit for 2010 and 2009

These 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.

5. FAIR VALUE MEASUREMENTS

In accordance with accounting guidance related to fair value measurements, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Valuation methodologies used for investments measured at fair value are as follows:

- *Interest-Bearing Cash* — Consists of short-term investment funds valued based on observable market data. Such investments are classified as Level 2.

- *U.S. Government Securities and Corporate Debt Instruments* — Investments in corporate bonds and government securities are value based upon quoted market prices for identical or similar securities and other observable market data. Such investments are classified as Level 2.

- *Partnership/Joint Venture Interests and Common and Collective Trust* — Investments in commingled funds, primarily consisting of equity securities, are generally valued at the net asset value of units held at the end of the period based upon the value of the underlying investments as determined by quoted market prices or by a pricing service. Such investments are classified as Level 2. Certain investments in commingled funds are valued based on unobservable inputs due to liquidation restrictions. These investments are classified as Level 3.

- *Corporate Common Stocks, Registered Investment Companies, and Employer Securities* — Equity securities, corporate common stock, and Pentair, Inc. common stock are valued based on the closing market price in an active market and are classified as Level 1. Investments in commingled funds are valued at the net asset value of units held at the end of the period based upon the value of the underlying investments as determined by quoted market prices or by a pricing service. Such investments are classified as Level 2.

- *Other Investments* — Other investments include investments in commingled funds with diversified investment strategies. Investments in commingled funds that are valued at the net asset value of units held at the end of the period based upon the value of the underlying investments as determined by quoted market prices or by a pricing service are classified as Level 2. Investments in commingled funds that are valued based on unobservable inputs due to liquidation restrictions are classified as Level 3.

The Master Trust's investments using the fair value hierarchy as of December 31, 2010, are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash equivalents	$ -	$ 10,969,050	$ -	$ 10,969,050
Fixed income:				
Corporate and non U.S. government	-	42,543,721	284,300	42,828,021
U.S. treasuries	-	60,710,227	-	60,710,227
Mortgage-backed securities	-	30,052,434	1,368,196	31,420,630
Other	-	2,589,549	124,381	2,713,930
Global equity securities:				
Small cap equity	7,982,184	-	-	7,982,184
Mid cap equity	8,811,006	-	-	8,811,006
Large cap equity	-	45,700,020	-	45,700,020
International equity	23,964,176	14,980,478	-	38,944,654
Long/short equity	-	56,638,983	-	56,638,983
Pentair company stock	18,255,000	-	-	18,255,000
Other investments	-	33,541,602	12,991,420	46,533,022
Total Pentair, Inc. Master Trust	$ 59,012,366	$ 297,726,064	$ 14,768,297	$ 371,506,727

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3):

	Balance January 1, 2010	Net Realized and Unrealized Gains (Losses)	Net Purchases, Issuances, and Settlements	Net Transfers into (Out of) Level 3	Balance December 31, 2010
Other investments	$ 14,426,976	$ 677,661	$ (2,113,217)	$ -	$ 12,991,420
Fixed income investments	2,739,288	333,421	(1,295,832)	-	1,776,877
	$ 17,166,264	$ 1,011,082	$ (3,409,049)	$ -	$ 14,768,297

The Master Trust's investments using the fair value hierarchy as of December 31, 2009, are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash equivalents	$ -	$ 33,194,115	$ -	$ 33,194,115
Fixed income:				
Corporate and non U.S. government	-	16,681,978	438,286	17,120,264
U.S. treasuries	-	28,675,111	-	28,675,111
Mortgage-backed securities	-	21,636,229	2,109,252	23,745,481
Other	-	18,477	191,750	210,227
Global equity securities:				
Small cap equity	7,226,438	-	-	7,226,438
Mid cap equity	8,388,978	-	-	8,388,978
Large cap equity	-	39,567,770	-	39,567,770
International equity	21,665,127	13,719,170	-	35,384,297
Long/short equity	-	54,081,784	-	54,081,784
Pentair company stock	21,742,422	-	-	21,742,422
Other investments	-	32,873,087	14,426,976	47,300,063
Total Pentair, Inc. Master Trust	$ 59,022,965	$ 240,447,721	$ 17,166,264	$ 316,636,950

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3):

	Balance January 1, 2009	Net Realized and Unrealized Gains (Losses)	Net Purchases, Issuances, and Settlements	Net Transfers into (Out of) Level 3 (a)	Balance December 31, 2009
Other investments	$ 72,577,142	$ (774,129)	$ -	$ (57,376,037)	$ 14,426,976
Fixed income investments	100,158,357	1,026,708	-	(98,445,777)	2,739,288
	$ 172,735,499	$ 252,579	$ -	$ (155,821,814)	$ 17,166,264

(a) Transferred out of level 3 due to additional information obtained regarding inputs used in valuation methodologies.

In accordance with the accounting guidance, the Plan includes the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of December 31, 2010. The EB Temp Investment Fund is valued using the NAV per share. The fund's fair value as of December 31, 2010 is $6,904,445. The redemption frequency is daily. There are no redemption restrictions or limitations. The Adage Capital Partners Enhanced Large Cap Equity Fund is also valued using the NAV per share. The fund's fair value as of December 31, 2010 is $45,700,020. The redemption frequency is quarterly and is limited to the end of the quarter with a minimum of a 60-day notice.

6. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2010 and 2009, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustee of the Plan and the Custodians of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee and Custodians that the following investment information is complete and accurate.

	2010	2009
Statements of net assets available for benefits — investments:		
Pentair, Inc. Master Trust	$275,370,993	$233,508,316
Unallocated insurance contracts	2,092,697	2,007,390

	2010	2009
Statements of changes in net assets available for benefits — investments:		
Net investment income from Pentair, Inc. Master Trust	$ 25,862,365	$ 32,655,201
Interest income from insurance contracts	86,247	91,672
Other income	16,433	(27)

All investment balances included in Note 3 and 5.

7. PLAN CURTAILMENT

In December 2007, the Company announced the curtailment of this Plan as of December 31, 2017. The curtailment closed the Plan to new participants effective January 1, 2008, and the benefits will cease to accrue for all participants as of December 31, 2017.

8. FEDERAL INCOME TAX STATUS

Plan management evaluates tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more than likely would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or 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 year prior to 2007.

The Internal Revenue Service has determined and informed the Company by a letter dated June 18, 2008, that the Plan was designed in accordance with applicable Internal Revenue Code (IRC) requirements. The Company and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Master Trust investments are shares of mutual funds managed by The Bank of New York Mellon. The Bank of New York Mellon is the trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Master Trust for the investment management services were $75,141 and $91,271 for the years ended December 31, 2010 and 2009, respectively.

At December 31, 2010 and 2009, the Master Trust held 500,000 and 673,140 units of common stock of Pentair, Inc., the sponsoring employer, with a fair value of $18,255,000 and $21,742,422, respectively. During the years ended December 31, 2010 and 2009, the Master Trust recorded dividend income of $382,496 and $679,061, respectively, from the Pentair, Inc. common stock.

* * * * * *

SUPPLEMENTAL SCHEDULE FURNISHED PURSUANT TO THE REQUIREMENTS OF FORM 5500

PENTAIR, INC. PENSION PLAN
(EIN: 41-0907434) (Plan #011)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010

	Cost	Current Value
John Hancock Mutual Life Insurance Company:*		
Insurance Contract GAC 901	$ 395,032	$ 395,032
Insurance Contract GAC 492	1,081,960	1,081,960
Aetna Insurance Company —*		
Group annuity contract	615,705	615,705
	$2,092,697	$2,092,697

*Known to be a party-in-interest.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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

Pentair, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 011

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

Pentair, Inc.

D Employer Identification Number (EIN)

41-0907434

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	242,727,355
	b Actuarial value		**2b**	260,280,289
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	2,879	141,804,714
	b For terminated vested participants	**3b**	1,630	50,427,776
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		1,712,136
	(2) Vested benefits	**3c(2)**		92,282,590
	(3) Total active	**3c(3)**	1,937	93,994,726
	d Total	**3d**	6,446	286,227,216
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.67 %
6	Target normal cost		**6**	6,890,580

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

GTT

Signature of actuary

9/14/2011

Date

Gregory T. Trapp, ASA, EA, MAAA

Type or print name of actuary

11-05207

Most recent enrollment number

Mercer

Firm name

(612)642-8600

Telephone number (including area code)

333 South 7th Street, Suite 1600

Minneapolis MN 55402-2427

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 17.77 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		19,423,760
b	Interest on (a) using prior year's effective rate of 8.18 %		1,588,864
c	Total available at beginning of current plan year to add to prefunding balance		21,012,624
d	Portion of (c) to be added to prefunding balance		21,012,624
12	Reduction in balances due to elections or deemed elections	0	18,336,830
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	2,675,794

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	91.46 %
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
04/15/2010	2,159,673				
07/15/2010	2,159,673				
10/15/2010	2,159,673				
12/22/2010	20,000,000				
09/06/2011	12,000,000				
09/14/2011	2,800,000				
			Totals ► 18(b)	41,279,019	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 contribution 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	38,317,586

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 62

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 eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		6,890,580
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		17,173,632	3,012,484
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 (item 31 + item 32a + item 32b - item 33)	**34**		9,903,064

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	9,903,064
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	38,317,586
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	28,414,522
39 Unpaid minimum required contribution for current year (excess,i f any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

Actuarial assumptions

Discount rate elections	**Funding**	
▪ Segment rates or full yield curve	Segment	
▪ Lookback months	0	
▪ First 5 years	5.03%	
▪ Next 15 years	6.73%	
▪ Over 20 years	6.82%	
Mortality elections	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.	
Other economic assumptions		
▪ Salary increases	2% for 2010, 4% from 2011 through 2017	
▪ Social Security wage base	3.5% from 2010 through 2017	
▪ Inflation	3.00% per year	
▪ Expected investment return	8.50% per year for years 2008 through 2010	
▪ Expenses	$850,000 added to current year normal cost	
Demographic assumptions		
Withdrawal	Sarason's T-5 table. See table of sample rates.	
Disability	None	
Retirement age	Earlier of age 62 with ten years of service or age 65	
Benefit commencement age for		
▪ Future vested deferred	Earlier of age 62 with ten years of service or age 65	
▪ Current vested deferred	Earlier of age 62 with ten years of service or age 65	
Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	75%	75%
▪ Spouse age difference	2 years younger	2 years older

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods *(continued)*

Form of payment	**Lump Sum**	**Single Life**	**50% J&S**	**100% J&S**
▪ Active retirements	0%	50%	25%	25%
▪ Future vested deferred	0%	50%	25%	25%
▪ Future deaths	0%	100%	0%	0%
▪ Current vested deferred	0%	50%	25%	25%
▪ PEP participants	100%	0%	0%	0%
Unpredictable contingent event assumptions	N/A			

Table of sample rates

Attained age	**Withdrawal**
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods *(continued)*

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two 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 and Towers Watson provide us with employee data as of the October 1 preceding 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. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does have insurance contracts. These benefits and the associated insurance contracts are fully excluded from this valuation.

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.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods *(continued)*

- 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 is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

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

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.

- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

Schedule SB, Part V – Summary of Plan Provisions

Benefits included or excluded

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

- Plan amendments excluded: None
- 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.
- Late retirement increases:
  - *Active participants:* Current active employees over normal retirement age are not valued using late increases as continued service accruals are assumed to exceed any late increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.
- IRC Section 415(b) benefit limitations: The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- IRC Section 416 rules for top-heavy plans: We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Plan provisions

Effective date and plan year	Original plan: January 1, 1975 Restated plan: January 1, 2002 Plan year: Calendar year
Plan freeze	No new employees are eligible to become a Participant in the Plan if they were not already a Participant as of December 31, 2007. Effective December 31, 2017, the Plan will be frozen with respect to new benefit accruals.
Definitions	
▪ Covered employees	All salaried employees of Pentair, Inc. and hourly employees of Hoffman; Fleck; DeVilbiss Air Power Company; Tupelo, Mississippi Plant of Delta International Machinery Corporation; Jonesboro, Arkansas Plant of Lincoln St. Louis, including hourly inspectors; Sherwood Plant/Hypro UAW; Detroit Mill of the Port Huron Paper Corporation as of March 31, 1988, when the facility was sold; the Port Huron Plant of the Port Huron Paper Corporation as of September 9, 1987, when the facility was sold.
▪ Participation	All covered employees on the first day of the month following completion of one year of service and reaching age 21 (no age requirement for DeVilbiss Air Power Company and Electronic Enclosures, and age 18 for employees covered by the “PEP Provisions,” below).
▪ Vesting service	One year for each plan year with more than 1,000 hours of service. Elapsed time for DeVilbiss Air Power Company.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

▪ Credited service	One year for each plan year with more than 1,000 hours of service since date of hire, subject to the following:

Subsidiary	**Benefit Service Date**
Porter-Cable	Later of 10/19/1981 or date of hire
Pentair Pump Group (excluding F.E. Myers)	Later of 8/23/1997 or date of hire
Schroff, Fleck, Mount Sterling	Later of 1/1/1998 or date of hire

▪ Final average earnings	The average compensation is the highest five consecutive years in the last ten years.
Normal retirement	
▪ Regular provisions	Eligible on or after age 65. Amount equal to (a) minus (b) for all subsidiaries, except DeVilbiss Air Power Company, Electronic Enclosures, Fleck, Mt. Sterling, Schroff, and the Pentair Pump Group (excluding F.E. Myers): (a) 1% of final average earnings up to covered compensation plus 1.5% of final average earnings in excess of covered compensation, times benefit service up to a maximum of 35 years. (b) Aetna annuity purchased December 16, 1985 for Hoffman and former Federal participants.
▪ PEP Provisions:	Amount for Fleck, Mt. Sterling, Schroff, and the Pentair Pump Group (excluding F.E. Myers) is equal to the sum of the credit earned at each age, as shown in Table A, times final average compensation.

Table A

Age at beginning of plan year	**Fleck, Pentair Pump Group (excluding F.E. Myers)**	**Mt. Sterling, Schroff**
less than 25	4.0%	2.5%
25 – 34	5.5	3.5
35 – 44	7.0	4.5
45 – 54	9.0	6.0
55 and up	12.0	8.0

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

▪ DeVilbiss Provisions	Participants hired prior to September 3, 1999 will receive the accrued benefit converted to a cash balance as of September 2, 1999. This benefit will be increased by (a) and (b): Participants hired after September 2, 1999 have an account established and maintained with credits as detailed in (a) and (b): (a) Each participant's account is credited with a pay-based credit each month as follows: <u>Prior to Fifteen Years of Service</u> Five percent (5%) of compensation earned in each plan year month. <u>Service After Fifteen Years</u> Six and one-half percent (6-1/2%) of compensation earned in each plan year month. (b) Each participant's account is increased monthly by a factor equal to one-twelfth of the interest credit percentage. The interest credit is based on the participant's account balance as of the end of the previous plan year month and the rate is at least equal to the prescribed rate below, but it may be increased at the employer's discretion. - The November 30 one-month average of One-Year Treasury Constant Maturities as published in the Federal Reserve Statistical Release H.15 (519) of the Board of Governors of the Federal Reserve System. This rate will be increased to the next highest ¼ percent. The cash balance account may be converted into a life only annuity using the plan-specified interest and mortality. Special provisions apply to active participants in the DeVilbiss Salaried Plan as of October 15, 1992 who had also been a participant in the Eagle Plan.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

- Delta Tupelo Hourly-Rated Employees Pension Plan Provisions

Age 65. Amount equal to product of (a) and (b):

(a) Number of years of credited service, subject to the maximum shown below.

(b) The benefit rate shown below:

Effective Date	Benefit Rate	Maximum Service
4/15/85	$ 9.00	31
4/15/86	9.50	32
4/15/87	10.00	35
4/15/88	10.25	35
4/15/89	10.50	35
4/15/90	10.75	35
4/15/91	11.25	35
5/02/92	11.50	35
5/02/95	11.75	35
5/02/96	12.00	35
5/02/97	12.25	35
5/04/98	12.75	35
5/01/99	13.00	35
5/01/00	13.25	35
5/07/01	13.50	35
5/06/02	14.00	35
5/05/03	14.25	35

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

- Lincoln Automotive Bargaining Unit Employees Pension Plan Provisions

Age 65. Amount equal to product of (a) and (b):
(a) Number of years of benefit service.
(b) The benefit rate shown below:

Effective Date	Benefit Rate
before 4/4/88	$ 9.50
4/4/88	9.75
4/4/89	10.00
4/4/93	12.00
4/4/94	13.00
4/4/95	15.00

- Sherwood Plant/Hypro UAW Retirement Plan Provisions

Frozen benefit amounts payable at age 65.

- Port Huron Paper Corporation, Detroit Mill Retirement Plan for Bargaining Employees Provisions

Age 65. Amount equal to product of (a) and (b):
(a) Number of years of benefit service.
(b) The benefit rate shown below:

Effective Date	Benefit Rate
4/29/83	$ 15.50
4/30/86	16.50

Plus the product of (c) and (d) for participants of the prior plan:
(c) Number of years of service before February 22, 1980.
(d) The difference between the benefit rate from (b) and $14.

- Port Huron Paper Corporation Pension Plan for Hourly Employees Provisions

Age 65. Amount equal to product of (a) and (b):
(a) Number of years of benefit service.
(b) $15.50 (for terminations on and after May 1, 1985).

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Early retirement	
▪ Regular provisions	Plan participants (other than DeVilbiss and PEP participants) are eligible on or after age 55 and ten years of vesting service. Amount equal to the normal retirement benefit reduced by 1/6% for each of the first 36 months early retirement precedes normal retirement; 4/10% per month for each of the next 36 months; 5/10% per month for each of the next 48 months early.
▪ DeVilbiss and PEP provisions	DeVilbiss and PEP participants are eligible after attainment of age 55. The participants receive the actuarially equivalent benefit of their vested account balance as of the benefit commencement date. Electronic enclosures benefits were reduced by 5/12% per month for each month commencement precedes age 65.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Late retirement

- Eligibility: After age 65.
- Benefit: Amount equal to the larger of (a) and (b):
  (a) Benefit accrued to late retirement date.
  (b) Normal retirement benefit actuarially increased for late retirement.

Deferred vested

Eligible on or after three years of vesting service. Amount equal to the appropriate vesting percentage, as shown below, times (a) for PEP participants, the PEP accrued lump sum payable immediately; (b) for DeVilbiss participants, the accrued cash balance account payable immediately as a lump sum or deferred to normal retirement date; or (c) for other participants, the normal retirement benefit at date of termination, commencing at age 65.

- PEP Provisions:

Vesting Service	Vesting Percentage
Less than 3	0%
3 or more	100%

- Regular Provisions:

Vesting Service	Vesting Percentage
Less than 3	0%
3 but less than 4	30%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

Disability

- Eligibility: Eligible if participant would be eligible for Pentair's long-term disability plan (or, if a DeVilbiss employee, if entitled to receive Social Security disability benefits).
- Benefit: Amount equal to normal retirement benefit calculated using service projected to normal retirement date and current salary assumed level to normal retirement date.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Pre-Retirement death	
▪ Regular provisions	Eligible on or after three years of vesting service and if married one year before death. Amount equal to 50% of the benefit the participant would have received had he retired under a 50% joint and survivor annuity on the first of the month following his death, or his earliest commencement age, if later.
▪ PEP provisions	Lump sum value of benefit, or an equivalent 50% joint and survivor annuity.
▪ DeVilbiss provisions	The actuarial equivalent of the accrued benefit payable as a monthly annuity for life commencing on the date the participant would have attained the normal retirement date. For non-spousal beneficiaries, a lump sum benefit of the participant's cash balance account is available.
Form of benefits	
▪ Automatic form for unmarried participants	Life Annuity
▪ Automatic form for married participants	50% Joint and Survivor
▪ Optional forms	5 and 10 year Certain and Life annuities; 50%, 66⅔%, 75% and 100% Joint and Survivor annuities.
Optional form conversion factors	UP84 mortality and 7% interest
Conversion to or from a lump sum	417(e) and November rates
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 2010, the limit is $245,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2010, the limit is $195,000.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Plan changes since prior valuation

None.

Significant events

None.

Schedule SB, Line 24 – Change in Actuarial Assumptions

Salary increase and Social Security wage base increase assumptions have been updated to better reflect expected future plan experience. Last year the salary increase assumption was:

- Salaried employees: 0.00% for 2009 and 4.50% thereafter
- Hourly employees: 2.00% for 2009 and 4.50% thereafter

The Social Security wage base increase assumption was 4.00% last year.

Schedule SB, Line 25 – Change in Method

Mercer changed to a new liability valuation system this year. This change did not materially affect liability amounts and qualifies for automatic IRS approval.

Schedule SB, Line 26 – Schedule of Active Participant Data

Years of credited service										
Attained age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Up**
< 25		36 42,660	2							
25 - 29		67 43,082	23 39,754	1						
30 - 34		66 55,818	40 58,730	44 50,918	2					
35 - 39		71 74,052	64 64,274	80 52,013	19	3				
40 - 44		70 78,285	54 72,118	77 64,380	29 70,692	32 62,634				
45 - 49		45 96,499	55 77,789	86 64,756	14	49 65,255	37 60,695			
50 - 54		33 71,629	36 73,902	103 65,126	16	37 66,320	74 56,589	75 54,011		
55 - 59		31 58,147	28 59,888	77 71,607	12	30 55,342	45 54,562	64 53,304	41 53,166	
60 - 64		8	7	44 72,616	3	14	20 61,286	12	31 53,040	4
65 - 69		1	2	11	1	2	2			1
70+		2		3				1		

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2009 limited to $245,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Line 26 – Schedule of Active Participant Data – PEP Balances

Years of credited service										
Attained age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Up**
< 25		13	2							
25 - 29		37 4,928	17	1						
30 - 34		31 7,524	23 14,266	21 19,574						
35 - 39		29 8,726	35 18,319	53 25,096						
40 - 44		34 11,887	33 21,416	57 35,119						
45 - 49		18	33 26,510	63 42,473						
50 - 54		22 15,451	18	82 48,256						
55 - 59		18	17	65 64,523						
60 - 64		2	6	33 76,752						
65 - 69		1	1	10						
70+		2		3						

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average PEP balance. Average PEP balance is not shown for cells with fewer than 20 participants.

Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall bases

Year established		Outstanding balance	Years remaining		Installment
2009	$	5,656,090	6	$	1,074,173
2010		11,517,542	7		1,938,311
Total	$	17,173,632		$	3,012,484

Schedule H, line 4i - Schedule of Assets (Held At End Of Year)

PLAN NAME	PLAN YEAR	EIN / PN
Pentair, Inc. Pension Plan	1/1/2010 - 12/31/2010	41-0907434 / 011

a Party-in-Interest	b Identity	c Description	d Cost	e Current Value
*	JOHN HANCOCK MUTUAL LIFE INSURANCE CO.	CONTRACT GAC901	395,032	395,032
*	JOHN HANCOCK MUTUAL LIFE INSURANCE CO.	CONTRACT GAC492	1,081,960	1,081,960
*	AETNA INSURANCE COMPANY	CONTRACT 007641	615,705	615,705
	Total		2,092,697	2,092,697

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

PLAN NAME	PLAN YEAR	EIN / PN
Pentair, Inc. Pension Plan	1/1/2010 - 12/31/2010	41-0907434 / 011

a Identity	b Description	c Cost	d Proceeds
none			