

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>053</u>
		1c	Effective date of plan <u>01/01/1951</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>XYLEM INC.</u> <u>1 INTERNATIONAL DRIVE</u> <u>RYE BROOK, NY 10573</u>	2b	Employer Identification Number (EIN) <u>45-2080495</u>
		2c	Plan Sponsor's telephone number <u>914-323-5700</u>
		2d	Business code (see instructions) <u>333200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2019	CHRISTOPHER LOGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS ADMINISTRATION COMMITTEE FOR XYLEM INC. 1 INTERNATIONAL DRIVE RYE BROOK, NY 10573	3b Administrator's EIN 47-4483668 3c Administrator's telephone number 914-323-5700
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2006
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 768 6a(2) 696 6b 825 6c 297 6d 1818 6e 135 6f 1953 6g 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>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).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 XYLEM INC.	D Employer Identification Number (EIN) 45-2080495

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.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(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
42-0127290	61271	611083	1831	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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

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

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(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	19461027

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. Specify nature of costs ▶	6d	

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 organizations(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)	0
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)	0
(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)	0
(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 line 9c(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, line 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. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ 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 XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF XYLEM INC.	D Employer Identification Number (EIN) 45-2080495
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	103676306	
b	Actuarial value	2b	99630717	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	932	46843322	46843322
b	For terminated vested participants	309	6364497	6364497
c	For active participants	768	29911819	30911767
d	Total	2009	83119638	84119586
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.67 %	
6	Target normal cost	6	1992441	

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	
MATTHEW L. BOND	08/13/2019
Type or print name of actuary	Date
AON CONSULTING, INC.	17-07596
Firm name	Most recent enrollment number
MERRITT 7 CORPORATE PARK BUILDING 201 NORWALK, CT 06851	203-523-8470
Address of the firm	Telephone number (including area code)

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	68550
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	68550
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.29</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		17607245
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.87</u> %		1029521
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		9796
c Total available at beginning of current plan year to add to prefunding balance		18646562
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	118.43%
15 Adjusted funding target attainment percentage	15	118.43%
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	97.72%
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
04/13/2018	890000	0			
07/13/2018	890000	0			
Totals ▶			18(b)	1780000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1740809

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ Substitute

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	1992441
b	Excess assets, if applicable, but not greater than line 31a	31b	1992441
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1740809
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	1740809
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

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

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	053
C Plan sponsor's name as shown on line 2a of Form 5500 XYLEM INC.	D Employer Identification Number (EIN) 45-2080495	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PRINCIPAL

42-0127290

(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?
13 50 64	NONE	181309	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPTRUST ADVISORS

26-0058143

(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?
27 50	NONE	85650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	84357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONDUENT HR CONSULTING

81-2983623

(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?
13 50	NONE	25087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON LEWIS P.C.

46-3862389

(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?
29 50	NONE	23317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ► <u>053</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>XYLEM INC.</u>	D Employer Identification Number (EIN) <u>45-2080495</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIQUID ASSETS SEP ACCT Z</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19461029</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BD SEP ACCT 6-6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL ACWI EXUS INVST MKT IDX NL</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-223</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6693271</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN HIGH YIELD I SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INFLATION PROTECT SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COPMANY</u>			
c EIN-PN <u>42-0127290-099</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL DIV REAL ASSET SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19868936
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BLUE CHIP SEPARATE ACCOUN

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XYLEM INC.</u>	D Employer Identification Number (EIN) <u>45-2080495</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1324000	0
(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)	16076484	0
(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)	41946983	26562207
(10) Value of interest in pooled separate accounts	1c(10)	5009856	19461029
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	20765816	50589324
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	85123139	96612560

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	62953	69265
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	62953	69265

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	85060186	96543295
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21157000	
(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)		21157000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9595	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9595
(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)	1316107	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1316107
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2052698
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		106551
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(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)		-3838896
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16697659

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4662123	
(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)		4662123
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)	135536	
(2) Contract administrator fees.....	2i(2)	181308	
(3) Investment advisory and management fees.....	2i(3)	85650	
(4) Other	2i(4)	149933	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		552427
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5214550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11483109
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4159747. (See instructions.)

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 sections 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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XYLEM INC.</u>	D Employer Identification Number (EIN) <u>45-2080495</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u> <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 49.0% Investment-Grade Debt: 48.0% High-Yield Debt: 3.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Xylem Pension Plan for U.S. Hourly Employees

Financial Statements as of December 31, 2018 and 2017,
and for the Years Ended December 31, 2018 and 2017,
and Supplemental Schedules as of December 31, 2018 and
for the Year Ended December 31, 2018

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES
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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

Benefits Administration Committee
Xylem Pension Plan for U.S. Hourly Employees
Rye Brook, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Xylem Pension Plan for U.S. Hourly Employees, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the statements of net assets available for benefits as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the years then ended based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 3, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Principal Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2018 to December 31, 2018, and that Principal Trust Company and The Northern Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2017 to December 31, 2017. The plan administrator has obtained certification from the trustees that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018 and Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the statement of net assets available for benefits as of December 31, 2018 and 2017 and the related statement of changes in net assets available for benefits for the years then ended and supplemental schedules, other than that derived from the information certified by the trustees 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.

Crowe LLP

Crowe LLP

New York, New York
September 24, 2019

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2018	2017
ASSETS		
Investments - at fair value	96,612,560	83,799,139
Employer contribution receivable	—	1,324,000
Total assets	96,612,560	85,123,139
LIABILITIES		
Accrued administrative expenses	69,265	62,953
Total liabilities	69,265	62,953
NET ASSETS AVAILABLE FOR BENEFITS	\$ 96,543,295	\$ 85,060,186

See accompanying notes to financial statements and independent auditor's report.

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31,	2018	2017
ADDITIONS		
Net (depreciation) appreciation in fair value of investments	\$ (5,785,043)	\$ 1,003,258
Plan's interest in the investment income (loss) of the Investment Master Trust of Xylem Inc.	—	9,032,631
Dividends	1,316,107	970
Interest	9,595	185,912
Employer Contributions	21,157,000	9,645,196
Total additions	<u>16,697,659</u>	<u>19,867,967</u>
DEDUCTIONS		
Benefits paid directly to participants	4,662,123	4,635,414
Administrative expenses	552,427	1,088,499
Total deductions	<u>5,214,550</u>	<u>5,723,913</u>
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	11,483,109	14,144,054
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	85,060,186	70,916,132
End of year	<u>\$ 96,543,295</u>	<u>\$ 85,060,186</u>

See accompanying notes to financial statements and independent auditor's report.

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Xylem Pension Plan for U.S. Hourly Employees (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 pension plan covering the hourly employees of the following groups:

- Bell & Gossett - Eligible hourly employees of Local 890 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America located at the Morton Grove, Illinois location of Fluid Handling, LLC, a subsidiary of Xylem Inc. (the "Company" or "Plan Sponsor").
- Standard - Eligible hourly employees of United Steelworkers, AFL-CIO-CLC and its Local Union 897 at the Cheektowaga, NY location of Fluid Handling, LLC, a subsidiary of the Company.
- Lubbock - Eligible hourly employees formerly represented by The Production and Maintenance Shop Employees Union at the Lubbock, TX location of Xylem Water Systems U.S.A., LLC, a subsidiary of the Company.
- Auburn - Eligible hourly employees of United Steelworkers of America, AFL-CIO, Local 9832 at the Auburn, NY location of Xylem Water Systems U.S.A., LLC a subsidiary of the Company.
- Zelienople - regular hourly employees of Xylem Water Solutions Zelienople, LLC., a subsidiary of the Company, represented by the International Brotherhood of Painters and Allied Trades, Glaziers Local Union 751, AFL-CIO.
- Uniontown - Eligible employees of the Uniontown, PA plant location of Sensus USA, Inc., a subsidiary of the Company, represented by United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union AFL-CIO-CLC, local 13836.
- Smith-Blair - Eligible employees of the Texarkana, AR plant location of Sensus USA, Inc., a subsidiary of the Company, represented by United Steel Workers of America, Local 9308.

The Plan was established January 1, 1951 by the Leopold Company, Inc. as the Retirement Plan of Leopold Company, Inc. for Hourly-Rated Employees. Effective October 31, 2011, as part of the spin-off from ITT Corporation, sponsorship of the Plan was transferred to the Company and was renamed the Retirement Plan of Xylem Water Solutions Zelienople for Hourly Paid Employees. The Plan was amended effective December 30, 2016 to merge the Company's other U.S. hourly pension plans into the Plan and change its name to the Xylem Pension Plan for U.S. Hourly Employees.

The Benefits Administration Committee ("Plan Administrator"), as appointed by the Board of Directors of the Company, controls and manages the operation and administration of the Plan, while the Pension Fund Trust and Investment Committee directs the managers of the Plan's investments.

During the year ended December 31, 2017, the Delaware Charter Guarantee & Trust Company, a Delaware corporation conducting business under the trade name of Principal Trust Company ("Principal") and Northern Trust Company both served as a trustee ("Trustee" or "Trustees") of the Plan. In November 2017, the Plan entered into a new trust agreement with Principal to be the sole Trustee, effective January 1, 2018. The

Northern Trust Company served as a Trustee of the Plan for the year ended December 31, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

During 2017, the Plan's assets included an undivided interest in an investment account of the Investment Master Trust of Xylem Inc. ("Master Trust"), EIN 37-6491099. The Master Trust included the combined assets of the Plan as well as several other employee benefit plans sponsored by the Company and its subsidiaries (collectively the "Participating Plans"). The Master Trust was dissolved on December 31, 2017.

Use of the Master Trust permitted the commingling of Plan assets with the assets of other Participating Plans for investment and administrative purposes. Although Plan assets were commingled in the Master Trust, the Trustee maintained supporting records for the purpose of allocating the net income or losses of the Master Trust to the Participating Plans. The net investment income or loss of the investment account was allocated by the Trustee to each Participating Plan based on the relationship of the interest of each Participating Plan to the total of the interests of the Participating Plans.

Effective April 9, 2018, the Plan was amended to conform the Plan to the terms agreed to by the parties of the collective bargaining agreement between Sensus USA, Inc. and United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union AFL-CIO-CLC on behalf of Local Union 13836. The amendment included an increase in certain active participants' monthly pension benefits.

The Plan was amended effective July 29, 2017 for Auburn participants to reflect an increase in the benefit formula for credited service earned after 2004, for terminations occurring after 2017.

The following is a breakdown of the terms for each group, as each group stands alone in the Plan with regard to benefits to participants. References to participants in each group refer to that group only:

Bell & Gossett

All hourly employees of Local 890 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America located at the Morton Grove, Illinois facility are eligible to participate upon the attainment of the earlier of (i) the date the employee completes three years of continuous service; or (ii) the date the employee completes one year of continuous service and reaches age 21. Effective August 14, 2015 the Plan is closed to new participants.

Participants are eligible for monthly benefit payments upon reaching age 65. The normal monthly benefit payments are determined by multiplication of a benefit rate, which depends upon the period of credited service by the total number of years of credited service, not to exceed 45 years. A participant is 100% vested after five years of service. Prior to that time, the participant is not vested.

Participants are eligible to receive early retirement benefits between the ages of 55 and 65, upon completion of five years of credited service. Early retirement benefits are computed in a manner similar to normal retirement at age 65, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

A married participant who is a vested participant is automatically covered by the pre-retirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the participant retired on the date of death, computed under the normal form of payment and subject to certain limitations as outlined in the Plan document.

A participant, who has attained age 50, has completed 15 years of continuous service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit

is computed, as it would be for normal retirement based on the participant's years of credited service as of the date of disability.

Standard

All Fluid Handling, LLC hourly employees represented by United Steelworkers, AFL-CIO-CLC and its Local Union 897 at the Cheektowaga, New York facility participate in the Plan from their date of hire.

Participants are eligible for monthly benefit payments upon reaching age 65. A participant is 100% vested after five years of service. Prior to that time, the participant is not vested. Effective October 17, 2016 the Plan is closed to new participants.

Effective January 1, 2014, for those participants that were hired on or before October 17, 1993, all benefits earned with respect to service to December 31, 2013 are frozen. Beginning January 1, 2014, participants will accrue a pension benefit at a benefit rate per month multiplied by their years of credited service after December 31, 2013. Prior to January 1, 2014, their benefit was computed as the greater of 1) an amount equal to 1% of average monthly earnings multiplied by the number of years of credited service, or 2) a benefit rate per month multiplied by their years of credited service.

For those participants hired after October 17, 1993, their benefit continues to be computed at a benefit rate per month multiplied by their years of credited service.

Participants are eligible to receive early retirement benefits between the ages of 55 and 65, upon completion of ten years of credited service. Early retirement benefits are computed in a manner similar to normal retirement at age 65, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

A married participant who is a vested participant is automatically covered by the pre-retirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the participant retired on the date of death, computed under the normal form of payment and subject to certain limitations as outlined in the Plan document.

A participant who has completed 10 years of continuous service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit is computed as it would be for normal retirement based on the participant's years of credited service as of the date of disability, but not less than \$275 per month. The benefit must be reduced prior to normal retirement by any Company-provided public disability benefit awarded to the participant.

Lubbock

All hourly employees of the employer formerly represented by The Production and Maintenance Shop Employees union at the Lubbock, Texas location are eligible to participate as of the date such employee completes one hour of service as an employee. Prior to the amendment of the Plan in 2011, non-union employees were eligible to participate in the Plan if they were not participating in any other plan sponsored by the Company or an affiliated company, as defined by the Plan. Effective January 1, 2008, the Plan was frozen to new participants and no participants have been eligible to earn credited service for employment after that date.

Participants are eligible for monthly benefit payments upon reaching age 62. The normal monthly benefit payments are determined by multiplying the benefit rate, which depends upon the period of credited service, by the total number of years of credited service. A participant is 100% vested after five years of service. Prior to that time, the participant is not vested.

Participants are eligible to receive early retirement benefits between the ages of 55 and 62, upon completion of five years of credited service. Early retirement benefits are computed in a manner similar to normal retirement at age 62, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

A married participant who is a vested participant is automatically covered by the pre-retirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the participant retired on the date of death, computed under the normal form of payment and subject to certain limitations as outlined in the Plan document.

A participant who has completed five years of continuous service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit is computed as it would be for normal retirement based on the participant's years of credited service as of the date of disability.

Auburn

All hourly employees of the employer represented by United Steelworkers of America, AFL-CIO, Local 9832 at the Auburn, New York location are eligible to participate in the Plan if they were on the employer payroll at January 1, 2012, or after completing one hour of service prior to August 4, 2014. Effective August 4, 2014 the Plan is closed to new participants. In addition, an employee who was not on the payroll of a Participating Unit on January 1, 2012 due to a work-related injury and received payment under a plan that is maintained solely for the purpose of complying with applicable workers' compensation laws for the payroll period that includes January 1, 2012 shall become a Participant on January 1, 2012, as outlined in the Plan document.

Participants are eligible for monthly benefit payments upon reaching age 62. The normal monthly benefit payments are determined by multiplying the benefit rate, which depends upon the period of credited service, as defined by the Plan, by the total number of years of credited service. A participant is 100% vested after five years of service. Prior to that time, the participant is not vested. A participant's pension benefit in the Plan is reduced by the normal or postponed pension benefit under the ITT Pension Plan for Bargaining Unit Employees Seneca Falls, New York ("Former Pension Plan"). The Plan Sponsor established the Plan to continue the pension plan benefits of the Former Pension Plan.

Participants are eligible to receive early retirement benefits between the ages of 55 and 62 upon completion of five years of credited service. Early retirement benefits are computed in a manner similar to normal retirement at age 62, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

The surviving spouse of a participant who is vested is automatically covered by the pre-retirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the participant retired on the date of death, computed under the normal form of payment and subject to certain limitations as outlined in the Plan document.

A participant who has completed 5 years of continuous service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit is computed as it would be for normal retirement based on the participant's years of credited service as of the date of disability.

Zelienople

Employees represented for collective bargaining by International Brotherhood of Painters and Allied Trades, Glaziers Local Union 751, AFL-CIO are eligible to participate in the Plan. Since May 1, 2007, no employee has become eligible to become an eligible employee and join the Plan; however, that a former eligible employee who is rehired as an employee and whose prior service is restored and credited as continuous

service will become a participant solely with respect to any continuous service and credited service so restored. However, no additional service will be earned for any period of re-employment on or after August 31, 2010.

A participant's right to his pension benefit shall be nonforfeitable upon the latter of his attainment of age 65 or his fifth anniversary of the date he commenced participation in the Plan. A participant who is eligible for normal retirement or postponed retirement will receive his pension benefit as of the first day of the month coincident with or next following his termination of employment. The monthly pension benefit payable to a participant eligible for early retirement shall be a deferred benefit commencing on the participant's normal retirement date, provided, however, that the participant may elect to begin receiving a reduced pension benefit as of his early retirement date or other date thereafter.

The benefit rate and formula used to determine a participant's pension benefit shall be the rate and formula in effect on the day the participant ceases to be an eligible employee, even if the participant continues in service as an employee with a participating unit, the Company or an associated company after such date.

A participant is eligible to receive a pension benefit in one of three ways - life annuity option, 75% contingent annuitant option, or 100% contingent annuitant option. See plan document for details.

The surviving spouse of a participant shall be eligible for a survivor benefit payable to, and for the lifetime of, such spouse if the participant should die while in active service with a participating unit after completing the eligibility requirements for any pension benefit, provided the participant had not elected to waive such benefit, after termination of employment with entitlement to any pension benefit, provided the participant did not elect to waive such benefit, is granted a qualified military leave and dies on or after January 1, 2007, in the performance of qualified military service, or while receiving a disability benefit.

Uniontown

All eligible employees represented for collective bargaining by United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union AFL-CIO-CLC on behalf of Local Union 13836 of the Uniontown, Pennsylvania plant location of Sensus USA, Inc., a subsidiary of the Company, are entitled to monthly pension benefits equal to the participant's accrued benefit on the retirement date, reduced by 0.50% for each of the first 24 months and 0.33% for each additional month that the early retirement date precedes the month the participant attains age 62. No employees of the Uniontown, Pennsylvania plant hired on or after February 25, 2013 may join or rejoin the Plan as an active participant.

Benefits are calculated based upon a flat dollar benefit per years of service, not to exceed certain specified maximum years of service.

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the participant's accrued benefit on such date; however, employees are eligible for full monthly pension benefits beginning at age 62. The Plan allows for early retirement for participants who have attained the age of 55 and have completed ten years of vesting service.

If a participant who has a vested retirement pension dies before his or her pension commencement date, a death benefit will be paid to his or her surviving spouse in accordance with the Plan's provisions. If a participant becomes totally or permanently disabled before his or her retirement date, either a disability benefit will be payable to him or her, or he or she will continue to accrue benefits in accordance with the Plan's provision.

Smith-Blair

Employees represented for collective bargaining by The United Steelworkers of America, Local No. 9308, Smith-Blair, Inc. of the Texarkana, Arkansas plant location of Sensus USA, Inc., a subsidiary of the Company,

are entitled to monthly pension benefits equal to the participant's accrued benefit on the retirement date, reduced by 0.50% for each of the first 60 months and 0.33% for each additional month that the early retirement date precedes the normal retirement date. No employees of the Texarkana, Arkansas plant hired on and after July 11, 2011 may join or rejoin the Plan as an active participant.

Benefits are calculated based upon a flat dollar benefit per years of service, not to exceed certain specified maximum years of service.

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the participant's accrued benefit on such date. The Plan allows for early retirement for participants who have attained the age of 55 and have completed ten years of vesting service.

If a participant who has a vested retirement pension dies before his or her pension commencement date, a death benefit will be paid to his or her surviving spouse in accordance with the Plan's provisions. If a participant becomes totally or permanently disabled before his or her retirement date, either a disability benefit will be payable to him or her, or he or she will continue to accrue benefits in accordance with the Plan's provision.

Contributions - Contributions to provide benefits under the Plan are made solely by the Company. See Note 5 for the Company's funding policy.

Administrative and Investment Management Expenses - Administrative expenses of the Plan, including actuarial services, audit fees and regulatory fees are paid by the Plan, as provided in the Plan document and the trust agreement. Certain accounting and other administrative services are provided to the Plan at no charge. These services are performed by employees of the Company or employer and no such employee receives compensation from the Plan.

Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income or losses reported by the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties - The Plan's investments include mutual funds, pooled separate accounts and collective trusts. Investments, in general, are exposed to various risks, such as interest rate risk, credit risk, liquidity risk, and overall market volatility. Due to the level of risk associated with certain Plan investments, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). A more detailed description of the individual types of investments can be found in **Note 4**.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Note 3. Investments - Unaudited Information

Principal, Trustee of the Plan at and for the year ended December 31, 2018, holds investment assets and executes transactions therein, and substantially all information pertaining to the Plan's investments included in the Statement of Net Assets Available for Benefits as of December 31, 2018 and the Statement of Changes in Net assets Available for Benefits for the year ended December 31, 2018, including the associated investment income (loss), has been certified as complete and accurate by them. This information has not been audited by independent accountants.

Principal and Northern Trust, Trustees of the Plan through December 31, 2017 (the date of dissolution of the Master Trust), held investment assets and executed transactions therein, and substantially all information pertaining to the Plan's investments included in the Statement of Net Assets Available for Benefits as of December 31, 2017 and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017, including the associated investment income (loss), has been certified as complete and accurate by them. This information has not been audited by independent accountants.

Note 4. Fair Value Measurement

The Plan determines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan uses a hierarchical structure to prioritize the inputs to valuation techniques used to measure fair value into three broad levels defined as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices (in non-active markets or in active markets for similar assets or liabilities), inputs other than quoted prices that are observable, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 inputs are unobservable inputs for the assets or liabilities.

The fair value hierarchy is based on maximizing the use of observable inputs and minimizing the use of unobservable inputs when measuring fair value. Classification within the fair value hierarchy is based on the lowest level input that is significant to the fair value measurement.

NAV practical expedient is the measurement of fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient as an alternative to the fair value hierarchy as discussed above.

The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period. There were no significant transfers during 2018 and 2017 (unaudited).

The following descriptions of the valuation methodologies and assumptions are used by the Plan to estimate the fair values of investments held by the Plan:

- *Cash and cash equivalents* - Cash investments are short term investment commingled trust vehicles which are valued using the NAV practical expedient provided by the fund manager, and are not classified within the fair value hierarchy.
- *Mutual Funds* - Mutual funds are publicly traded in active markets and valued at the closing price reported on those major markets on the measurement date. Mutual funds are classified within Level 1 of the fair value hierarchy.
- *Pooled Separate Accounts ("PSAs")* - The fair value of participation units in the PSAs are estimated based on the NAV as reported by the fund managers as of the financial statement date and recent transaction prices. There are no unfunded commitments related to the PSAs, and investments in PSAs can be redeemed on a daily basis with no advance requirements, and have redemption prices that are determined by the fund's NAV. PSAs are not classified in the fair value hierarchy.
- *Collective Trusts ("CTs")* - CTs are valued at fair value at the Plan's year-end date using the NAV provided by the administrators of the CTs as a practical expedient. Investments in CTs can be redeemed on a daily basis, except as noted below, and there are no unfunded commitments. CTs are not classified within the fair value hierarchy.

While the Plan Administrator believes that the valuation methods are appropriate and consistent with how other participants in the market value these type of investments, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used at December 31, 2018 and 2017.

The following table sets forth by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value at December 31, 2018:

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV Practical Expedient *	Total
Mutual funds	\$ 50,589,324	\$ —	\$ —	\$ —	\$ 50,589,324
Pooled separate accounts	—	—	—	19,461,027	19,461,027
Collective trusts	—	—	—	26,562,209	26,562,209
Totals	\$ 50,589,324	\$ —	\$ —	\$ 46,023,236	\$ 96,612,560

The following table sets forth by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value at December 31, 2017:

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV Practical Expedient *	Total
Cash and cash equivalents	\$ —	\$ —	\$ —	\$ 16,076,484	\$ 16,076,484
Mutual funds	36,811,129	—	—	—	36,811,129
Pooled separate accounts (a)	—	—	—	5,009,856	5,009,856
Collective trusts	—	—	—	25,901,670	25,901,670
Totals	\$ 36,811,129	\$ —	\$ —	\$ 46,988,010	\$ 83,799,139

* Investments measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value of the Plan.

- (a) Beginning with the 2018 financial statements, the Pooled separate accounts are listed separately in the fair value hierarchy to improve presentation.

Note 5. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. Funding requirements under Internal Revenue Service ("IRS") rules are a major consideration in making contributions to the Plan. The Company's funding policy is to make cash contributions to the Plan not less than the minimum required by applicable law and regulations. While the Company has significant discretion in making voluntary contributions, ERISA, including subsequent amendments, and applicable Internal Revenue Code ("IRC") regulations mandate minimum funding thresholds. The Company continually monitors the funded status and minimum funding requirements. An additional discretionary contribution of \$19 million was made to the Plan in the third quarter of 2018 and \$6 million was made in the third quarter 2017 to increase the funding ratio and reduce regulatory fees.

Interest, dividends and cumulative net appreciation (depreciation) of investments of the Plan serve to reduce future contributions that would otherwise be required to provide for the defined level of benefits as outlined in the Plan document. The Company's contributions are adjusted to reflect differences between actual contributions in prior years and the amounts required under the Company's current funding policy to meet the minimum funding requirements of ERISA. The Company met the minimum funding requirements for the years ended December 31, 2018 and 2017.

Note 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by participants as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated participants, (2) beneficiaries of participants who have died, and (3) present participants or their beneficiaries. The actuarial present value of accumulated plan benefits 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 accumulated plan benefits as of December 31, 2017 is as follows:

Vested accumulated plan benefits:

Retired participants and/or beneficiaries currently receiving benefits	\$ 39,545,749
Other participants	27,521,651
Total vested accumulated plan benefits	67,067,400
Nonvested accumulated plan benefits	847,349
Total actuarial present value of accumulated plan benefits	\$ 67,914,749

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2017 are as follows:

Actuarial present value of accumulated plan benefits - December 31, 2016	\$ 66,405,103
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	1,388,411
Benefits paid	(4,635,414)
Interest	5,130,559
Assumption changes (a)	(453,240)
Plan amendment	79,330
Actuarial present value of accumulated plan benefits - December 31, 2017	<u>\$ 67,914,749</u>

(a) A change in the mortality projection scale from the standard MP-2016 to the standard MP-2017. A change in the percent married assumption for Uniontown and Smith Blair from 75% to 70%, and all other groups from 85% to 70%.

The significant actuarial assumptions used in the December 31, 2017 valuations were:

- Mortality: The mortality assumption for non-annuitants and healthy annuitants remained the RP-2014 Healthy Fully Generational Mortality Table with Blue Collar adjustment reflecting the revised improvement Scale MP-2017 and for disabled annuitants the RP-2014 Disabled Fully Generational Mortality Table reflecting the revised improvement Scale MP-2017.
- Retirement age: For all groups except Uniontown and Smith-Blair, Retirement rates from 2.03% at age 55 to 100.00% at age 70. For Uniontown and Smith-Blair, Retirement rates from 25.00% at age 61 to 100.00% at age 70.
- Long-term rate of return was 8.0% per annum.

Actuarial assumptions for the period before normal retirement include factors for mortality, termination of employment, early retirement and disability.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 7. Interest in Master Trust - Unaudited

There were no assets in the Master Trust at December 31, 2017. The Master Trust was dissolved on December 31, 2017. The Master Trust held a portion of its investments in collective trusts managed by the Trustees of the Plan and the Master Trust. The Trustees also manage a portion of Plan assets held outside the Master Trust.

The net investment income (loss) of the Master Trust for the year ended December 31, 2017 is summarized below:

	2017
Investment income (loss) in the Master Trust:	
Net appreciation (depreciation) in fair value of investments	\$ 8,340,198
Interest and dividends	\$ 861,212
Fees & expenses	(168,779)
Net investment income (loss) in the Master Trust	<u>\$ 9,032,631</u>
Plan's interest in the Master Trust investment income (loss)	<u>\$ 9,032,631</u>

Note 8. Exempt Party-In-Interest Transactions

Parties in interest are defined by Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management, actuarial services and other professional and regulatory fees. Certain professional fees for the administration of the Plan were paid by the Company. The Trustee also manages a portion of Plan assets. These assets and related transactions qualify as exempt party-in-interest transactions.

These transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory or administrative exemptions from the IRC and ERISA rules on prohibited transactions.

Note 9. Federal Income Tax Status

The IRS has determined and informed the Company by a letter dated April 20, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2015.

Note 10. Subsequent Events

The Plan Administrator has evaluated subsequent events for recognition and disclosure through September 24, 2019, which is the date the financial statements were available to be issued. No significant events were noted except for the matters disclosed below.

On May 30, 2019, the Company entered into an agreement with NISA Investment Advisors, LLC as investment manager ("Manager") for the Plan. The Trustee created a separate account to be under investment control of the Manager, subject to the guidelines established by the Company, for the Plan. During July 2019, at the direction of the Company, the Trustee liquidated investments and transferred \$83.1 million cash into the separate account.

On March 11, 2019, the Plan was amended to offer an early distribution window to certain terminated vested participants. The window opened on July 1, 2019 and closed on September 15, 2019. Eligible participants were given the option to elect commencement of his or her Plan benefit effective as of, and as soon as administratively feasible after, the early distribution date, in lieu of any other benefit under the Plan, in the form of an actuarially equivalent lump sum benefit or an immediate annuity option, all in accordance within the provisions of the Plan. Disbursements of \$2.2 million to participants who elected lump sum payouts are expected to be completed on or about September 30, 2019.

SUPPLEMENTAL SCHEDULES

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		3								
25-29		11	8							
30-34		14	18	8						
35-39		12	15	9	1					
40-44	1	11	13	5	8	8				
45-49	3	12	12	10	13	14	4			
50-54		8	17	8	16	28	28	5	1	
55-59	1	22	21	20	20	26	27	18	19	13
60-64	1	5	19	23	17	31	21	17	16	36
65-69		2	3	6	5	11	7	3	2	14
70+				3	6	4	1			4

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Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.92%.
2nd Segment Rate	5.52%.
3rd Segment Rate	6.29%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization.
1st Segment Rate	1.75%.
2nd Segment Rate	3.76%.
3rd Segment Rate	4.66%.
Optional Payment Form Elections	See Table 1.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Zelienople—Age 65 (current age if later). Others—Age 60 (current age if later).
Mortality Rates	
Healthy	2018 static mortality table for annuitants and non-annuitants (based on RP-2000 and Scale AA), using the methodology in §1.430(h)(3)-1(e) prior to its amendment by T.D. 9826. In a March 6, 2018 letter, Xylem elected the continued use of this basis for the 2018 plan year, based on its determination that adopting the new methodology would have an adverse business impact that is greater than de minimis.
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
Withdrawal Rates	Zelienople—Not applicable. Others—See Table 3.
Disability Rates	Zelienople—Not applicable. Others—See Table 4.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages at which the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 70% participants have an opposite-gender spouse at death.
Salary Increases	Standard—3.5% (only relevant for the Special Conditions Pension).
Benefit and Compensation Limits	Projected benefits and compensation (for Standard only) are limited by the current IRC section 415 maximum benefit of \$220,000 and the IRC section 401(a)(17) compensation limit of \$275,000.
Valuation of Plan Assets	<p>Smoothed, audited fair market values of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2016 Plan Year	6.53% before and after third segment rate limit.
2017 Plan Year	6.33% before and after third segment rate limit.
2018 Plan Year	5.88% before and after third segment rate limit of 6.29%.
Trust Expenses Included in Target Normal Cost	The prior year's non-investment, non-PBGC expenses, increased with 2.3% inflation, plus the current year's actual PBGC premiums. The result is then rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2018.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Table 1

Optional Payment Form Election Percentages

	Zelienople	Auburn	Bell & Gossett	Lubbock	Sensus	Standard
Current Actives						
Single Life Annuity	10%	55%	70%	55%	100%	70%
50% Joint and Survivor	70%	10%	10%	10%	N/A	10%
66⅔% Joint and Survivor	N/A	5%	N/A	5%	N/A	N/A
75% Joint and Survivor	10%	10%	10%	10%	N/A	10%
100% Joint and Survivor	10%	15%	10%	15%	N/A	10%
10-Year Certain and Life	N/A	5%	N/A	5%	N/A	N/A
Current Terminated Vested						
Single Life Annuity	10%	55%	70%	55%	100%	70%
50% Joint and Survivor	70%	10%	15%	10%	N/A	15%
66⅔% Joint and Survivor	N/A	5%	N/A	5%	N/A	N/A
75% Joint and Survivor	20%	10%	15%	10%	N/A	15%
100% Joint and Survivor	N/A	15%	N/A	15%	N/A	N/A
10-Year Certain and Life	N/A	5%	N/A	5%	N/A	N/A

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Table 2

Retirement Rates for Active Participants

Age	Auburn	Zelienople and Lubbock	Bell & Gossett	Sensus		Standard	
				Uniontown	Texarkana	Reduced	Unreduced
55	2.03%	5.00%	2.03%	0.00%	0.00%	2.03%	0.00%
56	2.05%	5.00%	2.05%	0.00%	0.00%	2.05%	0.00%
57	2.07%	5.00%	2.07%	0.00%	0.00%	2.07%	0.00%
58	2.14%	5.00%	2.14%	0.00%	0.00%	2.14%	0.00%
59	2.19%	6.00%	2.19%	0.00%	0.00%	2.19%	0.00%
60	2.30%	7.00%	2.30%	0.00%	0.00%	2.30%	0.00%
61	2.37%	10.00%	2.37%	25.00%	0.00%	2.37%	0.00%
62	70.00%	20.00%	2.59%	25.00%	0.00%	2.59%	20.00%
63	30.00%	10.00%	2.83%	25.00%	0.00%	2.83%	10.00%
64	30.00%	15.00%	3.07%	25.00%	75.00%	3.07%	10.00%
65	30.00%	70.00%	50.00%	33.00%	33.00%	50.00%	50.00%
66–69	30.00%	30.00%	30.00%	33.00%	33.00%	30.00%	30.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Withdrawal Rates—Non-Sensus

Years of Service				Years of Service			
Age	1	2	3+	Age	1	2	3+
24	12.8184%	10.4520%	8.8000%				
25	12.2055%	9.9064%	8.3600%	55	2.0300%	2.0300%	2.0300%
26	11.5647%	9.3360%	7.9000%	56	2.0500%	2.0500%	2.0500%
27	10.9657%	8.8028%	7.4700%	57	2.0700%	2.0700%	2.0700%
28	10.3946%	8.2944%	7.0600%	58	2.1400%	2.1400%	2.1400%
29	9.8513%	7.8108%	6.6700%	59	2.1900%	2.1900%	2.1900%
30	9.3359%	7.3520%	6.3000%	60	2.3000%	2.3000%	2.3000%
31	8.8344%	6.9056%	5.9400%	61	2.3700%	2.3700%	2.3700%
32	8.3747%	6.4964%	5.6100%	62	2.5900%	2.5900%	2.5900%
33	7.9429%	6.1120%	5.3000%	63	2.8300%	2.8300%	2.8300%
34	7.5668%	5.7772%	5.0300%	64	3.0700%	3.0700%	3.0700%
35	7.2046%	5.4548%	4.7700%	65+	0.0000%	0.0000%	0.0000%
36	6.8564%	5.1448%	4.5200%				
37	6.5499%	4.8720%	4.3000%				
38	6.2713%	4.6240%	4.1000%				
39	6.0206%	4.4008%	3.9200%				
40	5.7977%	4.2024%	3.7600%				
41	5.6027%	4.0288%	3.6200%				
42	5.3798%	3.8304%	3.4600%				
43	5.1569%	3.6320%	3.3000%				
44	4.9480%	3.4460%	3.1500%				
45	4.7390%	3.2600%	3.0000%				
46	2.8500%	2.8500%	2.8500%				
47	2.7200%	2.7200%	2.7200%				
48	2.5900%	2.5900%	2.5900%				
49	2.4700%	2.4700%	2.4700%				
50	2.3500%	2.3500%	2.3500%				
51	2.2500%	2.2500%	2.2500%				
52	2.1800%	2.1800%	2.1800%				
53	2.1200%	2.1200%	2.1200%				
54	2.0700%	2.0700%	2.0700%				

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
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Withdrawal Rates—Sensus

Age	Rate	Age	Rate
25	17.55%	50	5.04%
26	16.74%	51	4.77%
27	16.02%	52	4.50%
28	15.30%	53	4.23%
29	14.58%	54	4.05%
30	13.95%	55	3.78%
31	13.23%	56	3.60%
32	12.60%	57	3.33%
33	12.06%	58	3.15%
34	11.43%	59	2.97%
35	10.89%	60	2.70%
36	10.35%	61	2.52%
37	9.90%	62	2.34%
38	9.36%	63	2.07%
39	8.91%	64	1.89%
40	8.46%	65	1.71%
41	8.10%	66	1.53%
42	7.65%	67	1.26%
43	7.29%	68	1.08%
44	6.93%	69	0.90%
45	6.57%	70+	0.72%
46	6.21%		
47	5.94%		
48	5.58%		
49	5.31%		

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Table 4—Page 1 of 2

Disability Rates—Non-Sensus

Age	Rate
39	0.03%
40	0.04%
41	0.04%
42	0.04%
43	0.05%
44	0.06%
45	0.08%
46	0.11%
47	0.13%
48	0.15%
49	0.18%
50	0.21%
51	0.25%
52	0.29%
53	0.34%
54	0.39%
55	0.45%
56	0.52%
57	0.61%
58	0.71%
59	0.84%
60	1.01%
61	1.21%
62	1.44%
63	1.70%
64	2.00%
65+	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Table 4—Page 2 of 2

Disability Rates—Sensus

Age	Male	Female
27	0.0890%	0.1157%
28	0.0922%	0.1236%
29	0.0954%	0.1316%
30	0.0986%	0.1395%
31	0.1018%	0.1475%
32	0.1050%	0.1554%
33	0.1114%	0.1706%
34	0.1178%	0.1858%
35	0.1242%	0.2011%
36	0.1306%	0.2163%
37	0.1370%	0.2315%
38	0.1500%	0.2462%
39	0.1630%	0.2609%
40	0.1760%	0.2756%
41	0.1890%	0.2903%
42	0.2020%	0.3050%
43	0.2328%	0.3366%
44	0.2636%	0.3681%
45	0.2944%	0.3997%
46	0.3252%	0.4312%
47	0.3560%	0.4628%
48	0.4172%	0.5159%
49	0.4784%	0.5690%
50	0.5396%	0.6220%
51	0.6008%	0.6751%
52	0.6620%	0.7282%
53	0.7670%	0.7962%
54	0.8720%	0.8642%
55	0.9770%	0.9323%
56	1.0820%	1.0003%
57	1.1870%	1.0683%
58	1.2838%	1.1053%
59	1.3806%	1.1423%
60	1.4774%	1.1792%
61	1.5742%	1.2162%
62+	1.6710%	1.2532%

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES
FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2018

EIN#: 45-2080495

PN: 053

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
Principal Global	Principal Liquid Assets Sep Acct	23,518,630	—	—	—	23,518,630	23,518,630	—
Principal Global	Principal Liquid Assets Sep Acct	—	4,195,570	—	—	4,081,481	4,195,570	114,089
Principal Global	Principal Core Plus Bond Sep Acct	16,377,298	—	—	—	16,377,298	16,377,298	—
Principal Global	Principal Core Plus Bond Sep Acct	—	17,880,905	—	—	17,747,188	17,880,905	133,717
Wells Fargo	Wells Fargo Core Bond R6	15,115,953	—	—	—	15,115,953	15,115,953	—
Wells Fargo	Wells Fargo Core Bond R6	—	640,349	—	—	651,622	640,349	(11,273)
Western Asset	Western Asset Core Plus Bond	15,259,846	—	—	—	15,259,846	15,259,846	—
Western Asset	Western Asset Core Plus Bond	—	628,587	—	—	635,596	628,587	(7,009)
Northern Trust	NT Collective Trust S&P 500 Index	21,777,985	—	—	—	21,777,985	21,777,985	—
Northern Trust	NT Collective Trust S&P 500 Index	—	752,470	—	—	720,920	752,470	31,550
JP Morgan	JP Morgan Mid Cap Value	5,475,711	—	—	—	5,475,711	5,475,711	—
JP Morgan	JP Morgan Mid Cap Value	—	31,115	—	—	31,287	31,115	(172)
Vanguard Group	Vanguard Real Estate Index	4,650,140	—	—	—	4,650,140	4,650,140	—
Vanguard Group	Vanguard Real Estate Index	—	303,487	—	—	305,359	303,487	(1,872)
Capital Research	American Funds Europacific	8,233,300	—	—	—	8,233,300	8,233,300	—
Capital Research	American Funds Europacific	—	48,796	—	—	48,806	48,796	(10)
Northern Trust	NT Collective Trust ACWI Exus	7,906,083	—	—	—	7,906,083	7,906,083	—

See accompanying Independent Auditor's Report

Sponsor EIN # 45-2080495

Plan # 053

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ 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 XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF XYLEM INC.	D Employer Identification Number (EIN) 45-2080495
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....		2a	103,676,306
b Actuarial value		2b	99,630,717
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	932	46,843,322	46,843,322
b For terminated vested participants	309	6,364,497	6,364,497
c For active participants	768	29,911,819	30,911,767
d Total	2,009	83,119,638	84,119,586
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....	5	5.67%	
6 Target normal cost	6	1,992,441	

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	Matthew L. Bond <u>MLB 08-13-2019</u>	08/13/2019
Signature of actuary		Date
Matthew L. Bond		1707596
Type or print name of actuary		Most recent enrollment number
Aon Consulting, Inc.		203-523-8470
Firm name		Telephone number (including area code)
Merritt 7 Corporate Park		
Building 201		
Norwalk	CT	06851
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	68,550
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	68,550
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>14.29%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		17,607,245
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.87%</u>		1,029,521
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		9,796
c Total available at beginning of current plan year to add to prefunding balance.....		18,646,562
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	118.43%
15 Adjusted funding target attainment percentage.....	15	118.43%
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	97.72%
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
04/13/2018	890,000	0			
07/13/2018	890,000	0			
Totals ▶			18(b)	1,780,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,740,809

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?.....	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.92 %2nd segment:
5.52 %3rd segment:
6.29 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

1,992,441

b Excess assets, if applicable, but not greater than line 31a**31b**

1,992,441

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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

0

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

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1,740,809

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

1,740,809

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.67%	Interest Adjusted Contribution
April 13, 2018	\$ 890,000	102	\$ 876,388
July 13, 2018	890,000	193	864,421
Total Contribution	\$ 1,780,000		\$ 1,740,809

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	1.92%	4.59	252.34
56	1.89%	5.07	284.06
57	2.01%	5.94	338.30
58	2.00%	6.43	372.84
59	2.12%	7.35	433.72
60	2.24%	8.85	531.22
61	4.86%	20.56	1254.27
62	20.84%	90.67	5621.78
63	7.51%	28.08	1769.20
64	7.62%	28.12	1799.37
65	53.13%	185.74	12073.23
66	30.55%	55.50	3662.70
67	30.50%	40.51	2714.40
68	30.46%	29.95	2036.62
69	30.49%	22.76	1570.62
70+	100.00%	72.31	5113.37
Total		612.43	39828.04
Weighted Average			65.03

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Schedule SB, Part V—Summary of Plan Provisions

Plan Merger

Description of Plan Merger

Effective as of December 30, 2016, the Retirement Plan of Xylem Water Solutions Zelenople for Hourly Paid Employees (Leopold) was renamed as the Xylem Pension Plan for U.S. Hourly Employees (the “Plan”).

At the same time, the following U.S. pension plans (the “Merged Plans”) were merged into the Plan (the “Merger”):

- Xylem Pension Plan for Bargaining Unit Employees, Auburn, New York (Auburn)
- Xylem Bell & Gossett Pension Plan for Hourly Employees (Bell & Gossett)
- Xylem Pension Plan for Hourly Employees, Texas Turbine Operations, Lubbock, TX (Lubbock)
- Sensus USA Inc. Union Retirement Plan (Sensus)
- Xylem Standard Hourly (Bargaining Unit) Pension Plan (Standard)

Benefit Provisions

The benefit provisions for each location, including any changes subsequent to the plan merger, are described in the following pages of this report.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Water Solutions Zelienople

Effective Date January 1, 1951. Last amended and restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans.

Eligibility for Participation An eligible employee (currently represented for Collective Bargaining by International Brotherhood of Painters and Allied Trades, Glaziers Local Union 751, AFL-CIO) who is on the payroll of a participating unit becomes a participant as of the date he or she completes an hour of service.

No employees are to become eligible to participate after May 1, 2007 with the exception of formerly eligible rehires.

Normal Retirement
Eligibility

Age 65 or five years of continuous service.

Benefit

A monthly amount equal to sum of benefit accruals for each full or fractional year of credited service up to August 31, 2010. The benefit accrual for each year is based on the participant's annual compensation rate and the schedule of benefit units for that year, as follows:

Annual Rate of Compensation	Benefit Unit
Prior to January 1, 1998:	
\$21,200 but less than \$21,800	\$17.50
\$21,800 but less than \$22,400	\$18.00
\$22,400 but less than \$23,000	\$18.50
\$23,000 but less than \$23,600	\$19.00
\$23,600 but less than \$24,200	\$19.50
\$24,200 but less than \$24,800	\$20.00
\$24,800 but less than \$25,400	\$20.50
\$25,400 but less than \$26,000	\$21.00
\$26,000 but less than \$26,600	\$21.50
\$26,600 but less than \$27,200	\$22.00
\$27,200 but less than \$27,800	\$22.50
\$27,800 but less than \$28,400	\$23.00

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Annual Rate of Compensation	Benefit Unit
-----------------------------	--------------

Effective January 1, 1999, the following rates were added:

\$28,400 but less than \$29,000	\$23.50
\$29,000 but less than \$29,600	\$24.00
\$29,600 but less than \$30,200	\$24.50
\$30,200 but less than \$30,800	\$25.00
\$30,800 but less than \$31,400	\$25.50
\$31,400 and over	\$26.00

Effective January 1, 2004, the following rates were added:

\$32,000 but less than \$32,600	\$26.50
\$32,600 but less than \$33,200	\$27.00
\$33,200 but less than \$33,800	\$27.50
\$33,800 and over	\$28.00

No credited service is earned after August 31, 2010.

Early Retirement
Eligibility

Age 55 and 10 years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes the normal retirement.

Vested Termination
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination, payable at age 65.

Participants at least age 55 at separation, with 10 years of continuous service at separation, are eligible for the early retirement benefit described above.

Participants under age 55 at separation, but with at least 10 years of continuous service at separation, may commence as early as age 55. If so, benefits are reduced by $\frac{5}{9}$ of 1% for each of the first 60 months and $\frac{5}{18}$ of 1% for each of the next 60 months that commencement precedes age 65.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Disability Eligibility	Total and permanent disability of an active employee after 10 years of continuous service.
Benefit	The accrued benefit determined as of the date of disability.
Surviving Spouse Eligibility	Five years of continuous service.
Benefit	<p>A monthly benefit payable to the surviving spouse of an active or terminated vested employee, beginning at the later of the employee's earliest retirement age or notification to the administration committee of the employee's death. The benefit is equal to 50% of the amount payable if the participant had retired on that date with a 50% joint and survivor benefit.</p> <p>Participants are not charged for this coverage.</p>
Postretirement Death Benefit Eligibility	Normal retirement, early retirement, or disability retirement directly from active service. The benefit is not payable to terminated vested participants who subsequently commence.
Benefit	Upon death of the participant, a one-time lump sum death benefit of \$2,500 is paid to a beneficiary, unless the beneficiary is eligible for a death benefit under another program of the company other than a postretirement life insurance benefit from the retiree welfare plan. Benefit is in addition to the annuity benefits payable under the plan.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% joint and survivor annuity, reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity. 100% joint and survivor annuity. 75% joint and survivor annuity. 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Delayed Commencement	If benefit commencement is delayed beyond the later of normal retirement (age 65) or date of termination, participants choose between retroactive payments back to the later of those dates with interest or an actuarial increase applied to the prospective monthly benefit.
Actuarial Equivalence Lump-sum	IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.
Others	Factors as per the plan document.
Definitions Continuous Service	The period measured from the date employment commences to the date employment terminates. A full year of service is granted for years where at least 1,000 hours were worked during a calendar year for an eligible employee.
Credited Service	One month of service is earned for each calendar month during which an employee has one hour of service. However, no credited service is earned after August 31, 2010.
Annual Compensation Rate	Basic rate of pay for a plan year, annualized to reflect normal hours worked, excluding hours considered to be overtime.
Small Payments	If the present value of a pension benefit is \$5,000 or less, that benefit shall be payable in a lump-sum payment.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Standard

Effective Date	June 6, 1986. Last amended and restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans.																														
Eligibility for Participation	<p>An eligible hourly paid employee of a participating unit (Xylem Standard, previously ITT or ITT Standard) with the United Steelworkers, AFL-CIO-CLC and its Local Union 897 shall become a participant as of their date of hire.</p> <p>Employees hired or rehired on or after October 17, 2016 are not eligible to participate.</p>																														
Normal Retirement Eligibility	Age 65.																														
Gross Benefit	<p>For participants hired on or before October 17, 1993: A monthly amount equal to (1) plus (2):</p> <p>(1) For service on and prior to December 31, 2013, the greater of (a) 1% of average monthly earnings multiplied by years of credited service or (b) \$18.00 multiplied by years of credited service.</p> <p>(2) For service after December 31, 2013, \$50.00 multiplied by years of credited service.</p> <p>For participants hired after October 17, 1993: A monthly amount equal to years of credited service times a benefit unit based on the termination date, as shown in the table below:</p> <table> <tr> <th>Termination Date</th><th>Benefit Unit</th></tr> <tr><td>Prior to 1/2/2000</td><td>\$18.00</td></tr> <tr><td>1/2/2000–10/14/2001</td><td>\$19.00</td></tr> <tr><td>10/15/2001–10/16/2005</td><td>\$20.00</td></tr> <tr><td>10/17/2005–10/15/2006</td><td>\$21.00</td></tr> <tr><td>10/16/2006–10/14/2007</td><td>\$22.00</td></tr> <tr><td>10/15/2007–10/19/2008</td><td>\$23.00</td></tr> <tr><td>10/20/2008–10/15/2010</td><td>\$24.00</td></tr> <tr><td>10/16/2010–10/15/2011</td><td>\$25.00</td></tr> <tr><td>10/16/2011–10/20/2002</td><td>\$26.00</td></tr> <tr><td>10/21/2012–10/13/2013</td><td>\$27.00</td></tr> <tr><td>10/14/2013–12/31/2016</td><td>\$30.00</td></tr> <tr><td>1/1/2017–12/31/2017</td><td>\$31.00</td></tr> <tr><td>1/1/2018–12/31/2018</td><td>\$32.00</td></tr> <tr><td>On or after 1/1/2019</td><td>\$33.00</td></tr> </table>	Termination Date	Benefit Unit	Prior to 1/2/2000	\$18.00	1/2/2000–10/14/2001	\$19.00	10/15/2001–10/16/2005	\$20.00	10/17/2005–10/15/2006	\$21.00	10/16/2006–10/14/2007	\$22.00	10/15/2007–10/19/2008	\$23.00	10/20/2008–10/15/2010	\$24.00	10/16/2010–10/15/2011	\$25.00	10/16/2011–10/20/2002	\$26.00	10/21/2012–10/13/2013	\$27.00	10/14/2013–12/31/2016	\$30.00	1/1/2017–12/31/2017	\$31.00	1/1/2018–12/31/2018	\$32.00	On or after 1/1/2019	\$33.00
Termination Date	Benefit Unit																														
Prior to 1/2/2000	\$18.00																														
1/2/2000–10/14/2001	\$19.00																														
10/15/2001–10/16/2005	\$20.00																														
10/17/2005–10/15/2006	\$21.00																														
10/16/2006–10/14/2007	\$22.00																														
10/15/2007–10/19/2008	\$23.00																														
10/20/2008–10/15/2010	\$24.00																														
10/16/2010–10/15/2011	\$25.00																														
10/16/2011–10/20/2002	\$26.00																														
10/21/2012–10/13/2013	\$27.00																														
10/14/2013–12/31/2016	\$30.00																														
1/1/2017–12/31/2017	\$31.00																														
1/1/2018–12/31/2018	\$32.00																														
On or after 1/1/2019	\$33.00																														

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	For the first three months after retirement, the Special Conditions Pension is paid in lieu of the normal retirement benefit.
Benefit Offset	Regardless of hire date, the gross benefit is reduced by the benefit earned under the American Standard Inc. Plan.
Early Retirement Eligibility	Age 55 and 10 years of credited service. Participants are also eligible upon termination due to a layoff or plant shutdown with points (age plus years of credited service) of 80 or more.
Benefit	<p>The normal retirement benefit is payable immediately, without reduction, if the participant meets any of the following conditions:</p> <ul style="list-style-type: none">▪ 30 and out—The participant is age 62 with 30 years of continuous service at commencement. In this case, an additional supplement of \$200 per month is payable until age 65.▪ Early retirement with 75 points—The participant is age 55 with 10 years of credited service and 75 points.▪ Involuntary separation with 80 points—The participant separates with 80 points, due to a layoff or plant shutdown. <p>Otherwise, the normal retirement benefit is reduced by $\frac{1}{4}$ of 1% for each month early retirement precedes the normal retirement.</p> <p>For all retirements, for the first three months after retirement, the Special Conditions Pension is paid in lieu of the early retirement benefit.</p>
Special Conditions Pension Eligibility	Active employees retiring under the plan.
Benefit	A lump sum of thirteen weeks of pay at the pay rate the retiree would have received if they were on vacation at retirement. This benefit is not reduced for early retirement.

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Vested Termination

Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination, with commencement between the vested retirement date and normal retirement date. If the benefit is commenced before the normal retirement date, the benefit is equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes the normal retirement.

Disability

Eligibility

Total and permanent disability from active service after attainment of 10 years of credited service.

Benefit

The greater of \$275 per month and the unreduced accrued benefit determined as of the date of disability, payable immediately.

Surviving Spouse

Eligibility

Five years of continuous service.

Benefit

A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired on that date with a 50% joint and survivor benefit.

For survivors of employees who die after completing 10 years of service and attaining age 40, a minimum benefit applies. Until the earlier of remarriage and the survivor's age 65, the minimum amount payable to the survivor is \$250 per month.

The benefits above are available to active and terminated vested participants. Participants are not charged for this coverage.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

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Optional Forms of Annuity	Single life annuity. 100% joint and survivor annuity. 75% joint and survivor annuity. 50% joint and survivor annuity.
Delayed Commencement	If benefit commencement is delayed beyond the later of normal retirement (age 65) or date of termination, participants choose between retroactive payments back to the later of those dates with interest or an actuarial increase applied to the prospective monthly benefit.
Actuarial Equivalence Lump-sum	IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.
Others	Factors as per Appendix A of the plan document.
Definitions Average Monthly Earnings	Compensation based on the highest five calendar years of the final 10 calendar years preceding termination or retirement. The average monthly earnings and associated benefits were frozen on December 31, 2013.
Continuous Service	The period beginning on the first day of the month in which the employee completes one hour of service and ending on the last day of the month in which the employee is no longer employed.
Credited Service	One month of service is earned for each calendar month during which an employee has one hour of service.
Small Payments	If the present value of a pension benefit is \$3,500 or less, that benefit shall be payable in a lump-sum payment.

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Texas Turbine Operations, Lubbock, Texas

Effective Date October 15, 1967. Last amended and restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans.

Eligibility for Participation An hourly paid employee of a participating unit, employed in Lubbock, Texas became eligible to participate in the plan on the first day he or she completed an hour of service.

No employees are to become eligible to participate after January 1, 2008, except for formerly eligible rehires.

Normal Retirement
Eligibility

Age 62 and five years of continuous service.

Benefit

A monthly amount equal to years of credited service multiplied by a benefit unit determined in connection with the date of termination of employment as follows:

Termination Date	Benefit Unit
Prior to 1/1/2002	\$19.00
1/1/2002–12/31/2002	\$20.00
1/1/2003–12/31/2003	\$21.00
1/1/2004–12/31/2004	\$22.00
1/1/2005–12/31/2005	\$23.00
On or after 1/1/2006	\$25.00

No credited service is earned on or after January 1, 2008.

Early Retirement
Eligibility

Age 55 and five years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes the normal retirement.

Vested Termination
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

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Disability Eligibility	Total and permanent disability of an active employee after five years of continuous service.
Benefit	The accrued benefit based on credited service and benefit unit at the date of disability.
Surviving Spouse Eligibility	Five years of continuous service.
Benefit	<p>For deaths occurring while actively employed: A monthly benefit payable to the surviving spouse beginning at the later of the employee's death and the date the employee would have attained age 45. The benefit is equal to 50% of the employee's accrued benefit as of the date of death, with no reduction for early commencement or a joint and survivor option factor.</p> <p>Participants are not charged for this coverage.</p> <p>For deaths occurring after termination of employment: A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age, equal to 50% of the amount payable if the participant had retired on that date with a 50% joint and survivor benefit.</p> <p>Participants are not charged for this coverage.</p>
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity. 10-year certain and life annuity. 100% joint and survivor annuity. 75% joint and survivor annuity. 66⅔% joint and survivor annuity. 50% joint and survivor annuity.

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Delayed Commencement	If benefit commencement is delayed beyond the later of normal retirement (age 62) or date of termination, participants choose between retroactive payments back to the later of those dates with interest or an actuarial increase applied to the prospective monthly benefit.
Actuarial Equivalence Lump-sum	IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.
Others	Factors as per Appendix B of the plan document.
Definitions Continuous Service	The period beginning on the first day of the month in which the employee completes one hour of service and ending on the last day of the month in which the employee is no longer employed.
Credited Service	One month of service is earned for each calendar month during which an employee has one hour of service. No credited service is earned on or after January 1, 2008.
Small Payments	If the present value of a pension benefit is \$3,500 or less, that benefit shall be payable in a lump-sum payment.

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Bell & Gossett

Effective Date January 1, 1965. Last amended and restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans.

Eligibility for Participation Participants as of December 31, 2010 continue participation.

Other hourly union employees hired by August 14, 2015 become participants as of the first day of the month following attainment of age 21 and completion of one year of service (or completion of three years of service, regardless of age). Service includes time with Xylem Bell & Gossett Hydronics, formerly ITT Bell & Gossett Hydronics.

Employees first hired after August 14, 2015 are not eligible to participate.

Normal Retirement
Eligibility

Age 65.

Benefit

Years of credited services, times a benefit unit based on termination date, as shown in the table below.

Termination Date	Benefit Unit
Prior to 1/1/2011	\$30.00
1/1/2011–12/31/2011	\$32.00
1/1/2012–12/31/2012	\$32.50
1/1/2013–12/31/2013	\$33.00
1/1/2014–12/31/2014	\$33.50
1/1/2015–12/31/2017	\$34.00
On or after 1/1/2018	\$35.00

Credited service is limited as follows:

Termination Date	Max Service
Prior to 1/1/2001	35
1/1/2001–12/31/2005	40
1/1/2006–12/31/2006	41
1/1/2007–12/31/2007	42
1/1/2008–12/31/2008	43
1/1/2009–12/31/2009	44
On or after 1/1/2010	45

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Early Retirement
Eligibility

Age 55 and five years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit, reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each of the next 60 months, that the early retirement precedes age 65.

Vested Termination
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after age 55, based on the same reductions as for early retirement from active status.

Disability
Eligibility

Total and permanent disability of an active participant after attainment of age 50 and 15 years of continuous service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately through the participant's normal retirement date.

Surviving Spouse
Eligibility

Five years of continuous service.

Benefit

For deaths occurring while actively employed:

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired on that date with a 50% joint and survivor benefit.

Active participants are not charged for this coverage.

For pre-commencement deaths occurring after termination:

Eligible terminated vested participants are offered the same benefit as while actively employed. Prior to eligibility for early retirement or normal retirement, terminated vested participants are charged for this coverage if they have an eligible beneficiary and do not waive the coverage.

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Charges for terminated vested participants:

Age	Reduction (per year of coverage)
Less than 40	0.1%
40–49	0.2%
50–54	0.3%
55–59	0.5%
60–64	1.0%
65 or more	Not applicable

Normal Form of Annuity
Without Spouse

Single life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity.
100% joint and survivor annuity.
75% joint and survivor annuity.
50% joint and survivor annuity.
Social Security levelling option, decreasing at the Social Security normal retirement age.

Delayed Commencement

If benefit commencement is delayed beyond the later of normal retirement (age 65) or date of termination, participants choose between retroactive payments back to the later of those dates with interest or an actuarial increase applied to the prospective monthly benefit.

Actuarial Equivalence
Lump-sum

IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.

Others

Factors as per Appendix C of the plan document.

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Definitions

Continuous Service

The period measured from the date employment commences to the date employment terminates. A full year of service is granted for years in which the employee works at least 1,000 hours.

Credited Service

One year of service is earned for each calendar year during which an employee has worked at least 1,680 hours. Partial years are granted for less than 1,680 hours worked.

Participating Unit

Effective October 31, 2011, Xylem Bell & Gossett Hydronics, a unit of Xylem Fluid Handling Division—Xylem Fluid Technology Corporation, a division of Xylem Inc., at Morton Grove, Illinois.

Small Payments

If the present value of a pension benefit is \$5,000 or less, that benefit shall be payable in a lump-sum payment.

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Auburn, New York

Effective Date

January 1, 2012. Last restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans. We understand that a collective bargaining agreement for the Auburn location is expected to be signed in early 2018, adopting changes to benefits that were agreed to in principle during September 2017 bargaining. The anticipated changes are reflected below.

Eligibility for Participation

Each employee last hired by August 3, 2014 became a participant as of the date of completion of an hour of service. Employees first hired or rehired after August 3, 2014 are not eligible to participate.

Normal Retirement

Eligibility

Age 62 and five years of continuous service.

Benefit

A gross monthly amount equal to years of credited service multiplied by a benefit unit determined in connection with the date of termination of employment, as shown below:

Termination Date	Benefit Unit Per Year of Service	
	Prior to 1/1/2005	On or After 1/1/2005
Before 12/31/2012	\$33.00	\$42.00
12/31/2012–12/30/2013	\$34.00	\$43.00
12/31/2013–12/30/2014	\$35.00	\$44.00
12/31/2014–12/30/2015	\$35.00	\$45.00
12/31/2015–12/30/2016	\$35.00	\$46.00
12/31/2016–12/30/2017	\$35.00	\$47.00
12/31/2017–12/30/2018	\$35.00	\$48.00
12/31/2018–12/30/2019	\$35.00	\$49.00
On and after 12/31/2019	\$35.00	\$50.00

The gross benefit is reduced by the benefit earned under the Former Pension Plan, with the net amount payable from the Xylem plan.

Early Retirement

Eligibility

Age 55 and five years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes the normal retirement.

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Vested Termination

Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement, based on the same reductions as for early retirement from active status.

Disability

Eligibility

Total and permanent disability of an active participant after five years of continuous service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately to the earlier of recovery from disability or normal retirement age 62. The benefit is provided in addition to the retirement benefit, but stops if the participant commences retirement.

Surviving Spouse

Eligibility

Five years of continuous service.

Benefit

For deaths occurring while actively employed:

A monthly benefit payable to the surviving spouse beginning on the later of the first day of any month once the Administration Committee is officially notified of the employee's death and the date the employee would have attained age 45. The benefit is 50% of the employee's accrued benefit as of the date of death, with no reduction for early commencement or a joint and survivor option factor.

Participants are not charged for this coverage.

For pre-commencement deaths occurring after termination:

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age, equal to 50% of the amount that would have been payable if the participant had retired on that date with a 50% joint and survivor benefit.

Participants are not charged for this coverage.

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Normal Form of Annuity
Without Spouse

Single life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity.
100% joint and survivor annuity.
75% joint and survivor annuity.
66⅔% joint and survivor annuity.
50% joint and survivor annuity.
10-year certain and life annuity.

Actuarial Equivalence
Lump-sum

IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.

Others

Factors as per Appendix D of the plan document.

Delayed Commencement

If benefit commencement is delayed beyond the later of normal retirement (age 62) or date of termination, participants choose between retroactive payments back to the later of those dates with interest or an actuarial increase applied to the prospective monthly benefit.

Definitions

Continuous Service

The period beginning on the first day of the month in which the eligible employee completes one hour of service and ending on the last day of the month in which the employee is no longer employed. Continuous service includes service under the Former Pension Plan.

Credited Service

One month of service is earned for each calendar month during which an eligible employee has one hour of service. Credited service includes service under the Former Pension Plan.

Former Pension Plan

ITT Pension Plan for Bargaining Unit Employees, Seneca Falls, New York.

Small Payments

If the present value of a pension benefit is \$3,500 or less, that benefit shall be payable in a lump-sum payment.

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Sensus

Effective Date Last amended and restated, effective December 30, 2016, to reflect the merger of the U.S. qualified plans.

Eligibility for Participation

Uniontown, Pennsylvania Employees

Hourly collective bargained employees who are employed in the Uniontown, Pennsylvania plant.

No employee of Uniontown hired on or after February 25, 2013 shall become an active participant.

Texarkana, Arkansas Employees

Hourly collective bargained employees who are employed in the Texarkana, Arkansas plant of Smith-Blair Inc.

No employee of Smith-Blair, Inc. hired on or after July 11, 2011 shall become an active participant.

Normal Retirement Benefit

Eligibility

Age 65.

Benefit

Uniontown, Pennsylvania Employees

For employees who were not active on February 25, 2013, accrued benefit is \$30.00 multiplied by accrual service earned after December 18, 2003 and prior to February 25, 2013.

For other employees in the plan, accrued benefit is (1) plus (2) below:

- (1) \$30.00 multiplied by accrual service earned from December 19, 2003 through December 31, 2012.
- (2) \$32.00 multiplied by accrual service earned from January 1, 2013 onward.

For employees of Invensys as of December 31, 2003, any benefit service with Invensys for calendar year 2003 is also considered in the calculation above and subject to the \$30.00 multiplier.

The accrued service mentioned above is subject to the limits described in the "Maximum Service" section of these plan provisions.

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Texarkana, Arkansas Employees

Accrued benefit is the sum of (1) through (6) below:

- (1) \$20.50 multiplied by accrual service from December 18, 2003 through March 28, 2007.
- (2) \$22.00 multiplied by accrual service from March 29, 2007 through March 23, 2008.
- (3) \$22.50 multiplied by accrual service from March 24, 2008 through March 22, 2009.
- (4) \$23.00 multiplied by accrual service from March 23, 2009 through March 21, 2010.
- (5) \$24.00 multiplied by accrual service from March 22, 2010 through April 13, 2014.
- (6) \$25.00 multiplied by accrual service from April 14, 2014 onward.

The accrued service mentioned above is subject to the limits described in the “Maximum Service” section of these plan provisions.

Early Retirement Benefit
Eligibility

Age 55 and 10 years of vesting service. Participants who terminate with 10 or more years of vesting service, before attainment of age 55, become eligible for early retirement at age 55.

Benefit

Uniontown, Pennsylvania Employees

Accrued benefit on early retirement date reduced by $\frac{1}{2}$ of 1% per month for each of the first 24 months and $\frac{1}{3}$ of 1% for each additional month that early retirement date precedes the attainment of age 62. No reduction applies on or after age 62.

Texarkana, Arkansas Employees

Accrued benefit on early retirement date reduced by $\frac{1}{2}$ of 1% per month for each of the first 60 months and $\frac{1}{3}$ of 1% for each additional month that early retirement date precedes normal retirement date.

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Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination, payable at age 65. However, participants with 10 years of vesting service at separation can instead elect the early retirement benefit as early as age 55.

Disability

Eligibility

Total and permanent disability prior to age 65, after completion of 10 years of vesting service.

Benefit

The accrued benefit as of the date of disablement, with no early retirement reductions, but reduced by any employer-provided disability benefits besides Social Security disability and worker's compensation benefits.

Surviving Spouse

Eligibility

Qualified married participant vested in an accrued benefit.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age, equal to the survivor benefit that would have been payable had the participant terminated employment on the date of death and survived to his/her earliest retirement age (or such later commencement age elected by the survivor), retired with a qualified 50% joint and survivor annuity in effect, then died the next day.

If the survivor defers commencement past when the original participant would have attained age 65, the benefit is actuarially increased from the age 65 (or the participant's age at death, if later) and the age that the participant would have been at the survivor's commencement. The survivor must commence by the original participant's age 70-½.

Beneficiary Death Benefit

Eligibility

Unmarried beneficiary if death occurs after the participant's early retirement date.

Benefit

A monthly benefit payable to the beneficiary equal to the survivor benefit that would have been payable had the participant terminated employment on the date of death, retired then (or up to one year later, as elected by the beneficiary) with a 50% joint and survivor annuity in effect, then died the next day.

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Normal Form of Annuity	Single life annuity for unmarried participants; 50% joint and survivor annuity for married participants.
Optional Forms of Annuity	Single life annuity. 100% joint and survivor annuity. 75% joint and survivor annuity. 50% joint and survivor annuity. 10-year certain and life annuity. 5-year certain and life annuity.
Delayed Commencement	<p>For an employee who terminates prior to the normal retirement date or terminates after normal retirement date and elects to defer the benefit, the accrued benefit payable on the late retirement date shall be actuarially increased to the actuarial equivalent of the retirement benefit that would have been paid on the normal retirement date (or date of termination if later).</p> <p>Participants who continue to work past normal retirement date and who work 40 or more hours per month are required to receive notification that retirement benefits are suspended.</p>
Actuarial Equivalence	
Lump-Sum	IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.
Others	Factors as per Appendix E of the plan document.
Definitions	
Accrual Service	<p>Uniontown, Pennsylvania Employees One year of service is earned for each calendar year during which an employee has worked at least 1,000 hours. Partial years are granted for less than 1,000 hours worked. Certain military service is also considered.</p> <p>Texarkana, Arkansas Employees The period measured from the date employment commences to the date employment terminates. Certain military service is also considered.</p>

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Vesting Service

One year of service is earned for each calendar year during which an employee has worked at least 1,000 hours. Partial years are granted for less than 1,000 hours worked.

Credit is granted for service with Sensus and with certain Invensys companies. Certain military service is also considered.

Maximum Service

Uniontown, Pennsylvania Employees

Accrual service shall not exceed 35 years. For purposes of maximum service, accrual service from March 11, 1989 shall be counted. The pension cap will include Rockwell service up to a maximum of 21 years (effective January 23, 1995). Effective March 31, 2004, March 31, 2005, March 31, 2006, March 31, 2007, February 25, 2008, and January 1, 2009 through January 1, 2017 an additional one year of pension cap reduction will occur (the cap will be seven years on January 1, 2017).

Texarkana, Arkansas Employees

Accrual service shall not exceed 40 years. For purposes of maximum service, accrual service from January 1, 1973 shall be counted.

Small Payments

If the present value of a pension benefit is \$5,000 or less, that benefit shall be payable in a lump-sum payment.

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Plan Changes Since the Prior Years

During 2018, Xylem collectively bargained changes to the Sensus Uniontown benefit accruals. Under the agreement reached, the benefit accrual rate increases from the prior \$32.00 per month to \$34.00 for years of credited service from April 9, 2018 through April 8, 2020 and further increases to \$35.00 for years of credited service after April 8, 2020. This change was not reflected in the 2018 valuations, but will be reflected in the December 31, 2018 disclosures of the plan.

The 2018 funding and plan reporting valuations reflect the following plan change for the Auburn location since the January 1, 2017 valuation, adopted and effective in 2017:

- For terminations after 2017, the benefit increased from \$47.00 per month per year of credited service occurring on and after January 1, 2005. The new rates are \$48.00 per month (for terminations during 2018), \$49.00 per month (for terminations during 2019), and \$50.00 per month (for terminations after 2019).

Effective as of December 30, 2016, the Retirement Plan of Xylem Water Solutions Zelienople for Hourly Paid Employees (Zelienople) was renamed as the Xylem Pension Plan for U.S. Hourly Employees (the "Plan").

At the same time, the following U.S. pension plans (the "Merged Plans") were merged into the Plan (the "Merger"):

- Xylem Pension Plan for Bargaining Unit Employees, Auburn, New York (Auburn)
- Xylem Bell & Gossett Pension Plan for Hourly Employees (Bell & Gossett)
- Xylem Pension Plan for Hourly Employees, Texas Turbine Operations, Lubbock, TX (Lubbock)
- Sensus USA Inc. Union Retirement Plan (Sensus)
- Xylem Standard Hourly (Bargaining Unit) Pension Plan (Standard)

The 2017 funding and plan reporting valuations also reflected the following plan changes for the Standard location since the January 1, 2016 valuation, adopted and effective in 2016:

- Employees hired after October 16, 2016 are not eligible to become participants in the plan.
- For participants hired after October 17, 1993 and terminating after 2016, the benefit increased from \$30.00 per month per year of credited service. The new rates are \$31.00 per month (for terminations during 2017), \$32.00 per month (for terminations during 2018), and \$33.00 per month (for terminations after 2018).

The 2016 funding, plan reporting and financial accounting valuations reflected the following plan changes for the Bell & Gossett location since the January 1, 2015 valuation, adopted and effective in 2015:

- Employees hired after August 14, 2015 are not eligible to become participants in the plan.
- For terminations after 2017, the benefit increased from \$34.00 to \$35.00 per month per year of credited service up to the maximum of 45 years.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) AS OF DECEMBER 31, 2018

EIN#: 45-2080495

PN: 053

(a) (party- in- interest)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Capital Research & Mgmt Co.	American Funds EuroPacific Growth R6	\$ 8,184,494	\$ 6,511,184
	Baron Capital	Baron Small Cap Inst Fund	1,624,094	1,376,411
	JP Morgan Invsmt Mgmt Inc.	JP Mogan Mid Cap Value R6	5,444,424	4,417,145
	Janus Henderson	Janus Henderson Small Cap Value N	1,798,979	1,455,565
	T Rowe Price Assoc., Inc.	T Rowe Price Mid-Cap Growth I	3,551,984	3,076,146
	Vanguard Group	Vanguard Real Estate Index Admiral	4,344,781	3,953,833
	Northern Trust	NT Collective ACWI ExUS Invst Mkt Idx NL	7,906,083	6,693,271
	Northern Trust	NT Collective S&P 500 Index NL	21,057,064	19,868,936
	Wells Fargo Fund Mgmt	Wells Fargo Core Bond R6	14,464,331	14,118,654
	Mainstay	Mainstay MacKay High Yield Corp Bond R6	1,787,029	1,659,225
	Western Asset Mgmt Co.	Western Asset Core Plus Bond I	14,624,249	14,021,161
*	Principal Global Investors	Principal Liquid Assets SEP Acct Z	19,437,149	19,461,029
	Total Investments		<u>\$ 104,224,661</u>	<u>\$ 96,612,560</u>

* Represents a party-in-interest

See accompanying Independent Auditor's Report

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.33% to 5.88%.
- Changes in the percentages of participants assumed to be married at pre-retirement death:
 - Sensus: from 75% to 70%.
 - Others: from 85% to 70%.

These assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Xylem Pension Plan for U.S. Hourly Employees
EIN: 45-2080495 PN: 053

Schedule SB, line 23—Information on Use of Multiple Mortality Tables

The Revenue Ruling 96-7 Mortality Table for Disability after December 31, 1994 is used for disabled participants. As of January 1, 2018, 47 participants were reported as disabled. This table is being used for those disabled as of January 1, 2018 and those assumed to become disabled in the future.