

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | CHRISTOPHER LOGAN                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>PENSION FUND TRUST AND INVESTMENT COMMITTEE</b><br><br><b>1 INTERNATIONAL DRIVE</b><br><b>RYE BROOK, NY 10573</b>                                                                                                                                                                                                             |      | <b>3b</b> Administrator's EIN<br><b>45-2080495</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |      | <b>3c</b> Administrator's telephone number<br><b>914-323-5700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |      | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%; text-align: right;">1811</td> </tr> </table>                                                                                                                                                                                                                                                                                                                            | <b>5</b>     | 1811 |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | 1811 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="width: 90%; text-align: right;">495</td> </tr> </table>                                                                                                                                                                                                                                                                                                                         | <b>6a(1)</b> | 495  |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | 495  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="width: 90%; text-align: right;">447</td> </tr> </table>                                                                                                                                                                                                                                                                                                                         | <b>6a(2)</b> | 447  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | 447  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="width: 90%; text-align: right;">941</td> </tr> </table>                                                                                                                                                                                                                                                                                                                            | <b>6b</b>    | 941  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 941  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="width: 90%; text-align: right;">230</td> </tr> </table>                                                                                                                                                                                                                                                                                                                            | <b>6c</b>    | 230  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 230  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="width: 90%; text-align: right;">1618</td> </tr> </table>                                                                                                                                                                                                                                                                                                                           | <b>6d</b>    | 1618 |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 1618 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="width: 90%; text-align: right;">150</td> </tr> </table>                                                                                                                                                                                                                                                                                                                            | <b>6e</b>    | 150  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 150  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="width: 90%; text-align: right;">1768</td> </tr> </table>                                                                                                                                                                                                                                                                                                                           | <b>6f</b>    | 1768 |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 1768 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g</b></td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                              | <b>6g</b>    | 0    |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                             |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6h</b></td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                              | <b>6h</b>    | 0    |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td style="width: 90%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>     |      |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A 1I 3H</b>                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |              |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                         |  |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                         |  |
| <div>A Name of plan</div> <div>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</div>          | <div>B Three-digit plan number (PN)</div> <div>►</div> <div>053</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>XYLEM INC.</div>    | <div>D Employer Identification Number (EIN)</div> <div>45-2080495</div> |  |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                                      |
|--------------------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>PRINCIPAL LIFE INSURANCE COMPANY</div> |
|--------------------------------------------------------------------------------------|

| (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                                | 1764                                                                        | 01/01/2022              | 12/31/2022 |

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

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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

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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

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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 |                       |
|                                               |                                 |             |                       |

**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.

|          |                                                                                              |          |         |
|----------|----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 1395482 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ FLEXIBLE PENSION INVESTMENTS

|          |                                               |           |   |
|----------|-----------------------------------------------|-----------|---|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|----------|-----------------------------------------------|-----------|---|

|          |                                                              |              |  |  |
|----------|--------------------------------------------------------------|--------------|--|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|          |                                                                              |           |   |
|----------|------------------------------------------------------------------------------|-----------|---|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|----------|------------------------------------------------------------------------------|-----------|---|

**e** Deductions:

|                                                                           |              |  |  |
|---------------------------------------------------------------------------|--------------|--|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |  |
|                                                                           | <b>7e(2)</b> |  |  |
|                                                                           | <b>7e(3)</b> |  |  |
|                                                                           | <b>7e(4)</b> |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|          |                                                                                                |           |   |
|----------|------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|----------|------------------------------------------------------------------------------------------------|-----------|---|

**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:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>                                                              | <b>B</b> Three-digit plan number (PN) ▶ <u>053</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>XYLEM INC.</u>                                             | <b>D</b> Employer Identification Number (EIN)<br><u>45-2080495</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>108072274</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>106041260</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>1061</u> <u>61167249</u> <u>61167249</u>                                   |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>237</u> <u>5302655</u> <u>5302655</u>                                      |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>495</u> <u>27155710</u> <u>27504959</u>                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>1793</u> <u>93625614</u> <u>93974863</u>                                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.39 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>1056612</u>                                                      |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>1216000</u>                                                      |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>2272612</u>                                                      |

**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.

|                                                               |  |                                        |
|---------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                              |  | <u>09/14/2023</u>                      |
| Signature of actuary                                          |  | Date                                   |
| <u>MATTHEW L. BOND</u>                                        |  | <u>23-07596</u>                        |
| Type or print name of actuary                                 |  | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                                   |  | <u>203-505-5609</u>                    |
| Firm name                                                     |  | Telephone number (including area code) |
| <u>MSC# 17818 P.O. BOX 549294</u><br><u>WALTHAM, MA 02454</u> |  |                                        |
| Address of the firm                                           |  |                                        |

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

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

Schedule SB (Form 5500) 2022  
v. 220413



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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                         |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                         |                                        |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 2272612            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 2272612            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 4578698            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 4578698            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>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<br>XYLEM INC.                       | D Employer Identification Number (EIN)<br>45-2080495 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

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

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

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

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**(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

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**(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

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**(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

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

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

NISA INVESTMENT ADVISORS

48-1140940

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 200000                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 64               | CONTRACT ADMINISTRATOR                                                                            | 130415                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

AON CONSULTING (NJ)

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 108127                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CAPFINANCIAL PARTNERS

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 95362                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CROWE LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | ACCOUNTANT                                                                                        | 43244                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JACKSON LEWIS PC

46-3862389

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | LEGAL                                                                                             | 23460                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                         |     |
| <b>A</b> Name of plan<br>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES                      | <b>B</b> Three-digit plan number (PN) ► | 053 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>XYLEM INC.         |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>45-2080495                                |                                         |     |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                        |                                                                                                             |
|-------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIQUID ASSETS SEP ACCT Z   |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY  |                        |                                                                                                             |
| <b>c</b> EIN-PN 42-0127290-024                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1395482 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL ACWI EXUS INVST MKT IDX NL   |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS |                        |                                                                                                             |
| <b>c</b> EIN-PN 45-6138589-223                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2010631 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX NL       |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS |                        |                                                                                                             |
| <b>c</b> EIN-PN 45-6138589-002                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6240565 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>053</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>XYLEM INC.</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>45-2080495</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 737469                | 730372          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 1107121               | 310738          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 2549784               | 2489380         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 80729246              | 58441998        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 11268282              | 8251196         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 1189495               | 1395482         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 10553140              | 8005127         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 108134537             | 79624293        |

**Liabilities**

|                                                                           |           |       |        |
|---------------------------------------------------------------------------|-----------|-------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 62263 | 105087 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 62263 | 105087 |

**Net Assets**

|                                                           |           |           |          |
|-----------------------------------------------------------|-----------|-----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 108072274 | 79519206 |
|-----------------------------------------------------------|-----------|-----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 5349       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 34897      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 2847186    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2887432   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 265946     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 265946    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 24546125   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 26103640   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -1557515  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 263173    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 18247     |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -23148593 |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -21271310 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 5890667    |           |
| (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)  |            | 5890667   |
| 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)  | 66704      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 130415     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 403489     |           |
| (4) Other .....                                                                                 | 2i(4)  | 790483     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 1391091   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 7281758   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -28553068 |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |

**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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 498090.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>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<br>XYLEM INC.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>45-2080495                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 1                                                                                             |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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: 18.3 % Investment-Grade Debt: 79.2 % High-Yield Debt: 0.9 % Real Estate: 1.2 % Other: 0.4 %

**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):

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

# Xylem Pension Plan for U.S. Hourly Employees

Financial Statements as of December 31, 2022 and 2021,  
and for the Years Ended December 31, 2022 and 2021,  
and Supplemental Schedules as of December 31, 2022 and  
for the Year Ended December 31, 2022

## **XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES**

### **TABLE OF CONTENTS**

|                                                                                                           | Page                      |
|-----------------------------------------------------------------------------------------------------------|---------------------------|
| Independent Auditor's Report                                                                              | <a href="#"><u>3</u></a>  |
| Financial Statements:                                                                                     |                           |
| Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021                          | <a href="#"><u>6</u></a>  |
| Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021 | <a href="#"><u>7</u></a>  |
| Notes to the Financial Statements                                                                         | <a href="#"><u>8</u></a>  |
| Supplemental Schedules:                                                                                   |                           |
| Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022         | <a href="#"><u>20</u></a> |
| Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022 | <a href="#"><u>27</u></a> |

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.



Crowe LLP  
Independent Member Crowe Global

## INDEPENDENT AUDITORS' REPORT

Pension Fund Trust and Investment Committee of the  
Xylem Pension Plan for U.S Hourly Employees  
Rye Brook, New York

Pension Fund Trust and Investment Committee of the  
Xylem Pension Plan for U.S. Hourly Employees  
Rye Brook, New York

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of the Xylem Pension Plan for U.S. Hourly Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Sponsor EIN # 45-2080495  
Plan # 053

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H – Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Crowe LLP

Franklin, Tennessee  
October 16, 2023

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

| December 31,                             | 2022                 | 2021                  |
|------------------------------------------|----------------------|-----------------------|
| <b>ASSETS</b>                            |                      |                       |
| Investments - at fair value              | \$ 78,893,921        | \$ 107,397,068        |
| Receivables:                             |                      |                       |
| Accrued interest income                  | 730,372              | 737,469               |
| Total receivables                        | 730,372              | 737,469               |
| <b>Total assets</b>                      | <b>79,624,293</b>    | <b>108,134,537</b>    |
| <b>LIABILITIES</b>                       |                      |                       |
| Accrued administrative expenses          | 105,087              | 62,263                |
| <b>Total liabilities</b>                 | <b>105,087</b>       | <b>62,263</b>         |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 79,519,206</b> | <b>\$ 108,072,274</b> |

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,                             | 2022                | 2021               |
|------------------------------------------------------|---------------------|--------------------|
| <b>ADDITIONS</b>                                     |                     |                    |
| Dividends                                            | \$ 265,946          | \$ 767,738         |
| Interest                                             | 3,059,915           | 3,072,305          |
| Total additions                                      | 3,325,861           | 3,840,043          |
| <b>DEDUCTIONS</b>                                    |                     |                    |
| Net depreciation in fair value of investments        | 24,597,171          | 1,804,365          |
| Benefits paid directly to participants               | 5,890,667           | 5,719,178          |
| Administrative expenses                              | 1,391,091           | 844,086            |
| Total deductions                                     | 31,878,929          | 8,367,629          |
| <b>NET DECREASE IN ASSETS AVAILABLE FOR BENEFITS</b> | <b>(28,553,068)</b> | <b>(4,527,586)</b> |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>             |                     |                    |
| Beginning of year                                    | 108,072,274         | 112,599,860        |
| End of year                                          | \$ 79,519,206       | \$ 108,072,274     |

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, IL 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 - Eligible 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 plan was amended and restated to incorporate prior amendments and consolidate into one updated Plan document effective January 1, 2022.

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

The Delaware Charter Guarantee & Trust Company, a Delaware corporation conducting business under the trade name of Principal Trust Company ("Principal"), is the sole Trustee of the plan ("the Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Sponsor EIN # 45-2080495  
Plan # 053

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 a) an amount equal to 1% of average monthly earnings multiplied by the number of years of credited service, or b) a benefit rate per month multiplied by their years of credited service.

Participants hired on or before October 17, 1993 accrued a pension benefit for service on and prior to December 31, 2013, at the greater of a) an amount equal to 1% of average monthly earnings multiplied by the number of years of credited service or b) a benefit rate per month multiplied by their years of credited service; plus for service after December 31, 2013, a monthly Pension Benefit payable for the life of the Participants equal to a fixed amount per month per year of service. Participants hired after October 17, 1993, accrued a pension benefit computed as a monthly pension benefit payable for the life of the participants, equal to the applicable annual benefit accrual rate multiplied by years of credited service.

Effective January 1, 2020, pursuant to contract changes approved by the union, the Pension modifier (a factor that determines the amount of a Participant's annuity) was amended to \$51 for tier 1 employees. For tier 2 employees, the Pension modifier amended to \$34 effective January 1, 2020 and further amended to \$35 effective January 1, 2021.

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 their pension benefit shall be nonforfeitable upon the latter of their attainment of age 65 or their fifth anniversary of the date they commenced participation in the Plan. A participant who is eligible for normal retirement or postponed retirement will receive their pension benefit as of the first day of the month coincident with or next following their 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 their 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, (including waiving such benefit after termination of employment) or 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 their pension commencement date, a death benefit will be paid to their surviving spouse in accordance with the Plan's provisions. If a participant becomes totally or permanently disabled before their 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 their pension commencement date, a death benefit will be paid to their surviving spouse in accordance with the Plan's provisions. If a participant becomes totally or permanently disabled before their 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.

Effective August 9, 2020, pursuant to contract changes approved by the union, future benefit accruals shall be frozen with respect to employees of Smith-Blair, Inc., for service on or after October 1, 2020.

**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.

The COVID-19 pandemic has created significant global volatility, uncertainty and economic disruption. The pandemic also has caused increased uncertainty in estimates and assumptions affecting 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. A more detailed description of the individual types of investments can be found in Note 4 Fair Value Measurements.

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. Certified Investments**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (the Trustee of the Plan).

### **Note 4. Fair Value Measurements**

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 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* - Comprised of money market funds valued at the closing price by the fund manager from an actively traded exchange and are classified as Level 1.
- *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.
- *Corporate bonds and U.S. government securities* - Fixed income securities consist primarily of investment grade corporate bonds and United States government securities. Fixed income securities are generally valued using pricing models (e.g. matrix pricing) using observable market inputs. As the significant inputs used to price fixed income securities are observable market inputs, the fair values of fixed income securities are included in the Level 2 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, 2022 and 2021.

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, 2022:

|                                   | Active Markets for<br>Identical Assets<br>(Level 1) | Other Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | NAV Practical<br>Expedient * | Total                |
|-----------------------------------|-----------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------|----------------------|
| <b>Cash and cash equivalents</b>  | <b>310,738</b>                                      | <b>—</b>                             | <b>—</b>                                        | <b>—</b>                     | <b>310,738</b>       |
| <b>Mutual funds</b>               | <b>8,005,127</b>                                    | <b>—</b>                             | <b>—</b>                                        | <b>—</b>                     | <b>8,005,127</b>     |
| <b>Pooled separate accounts</b>   | <b>—</b>                                            | <b>—</b>                             | <b>—</b>                                        | <b>1,395,482</b>             | <b>1,395,482</b>     |
| <b>Collective trusts</b>          | <b>—</b>                                            | <b>—</b>                             | <b>—</b>                                        | <b>8,251,196</b>             | <b>8,251,196</b>     |
| <b>U.S. government securities</b> | <b>—</b>                                            | <b>2,489,380</b>                     | <b>—</b>                                        | <b>—</b>                     | <b>2,489,380</b>     |
| <b>Corporate bonds</b>            | <b>—</b>                                            | <b>58,441,998</b>                    | <b>—</b>                                        | <b>—</b>                     | <b>58,441,998</b>    |
| <b>Totals</b>                     | <b>\$ 8,315,865</b>                                 | <b>\$ 60,931,378</b>                 | <b>\$ —</b>                                     | <b>\$ 9,646,678</b>          | <b>\$ 78,893,921</b> |

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, 2021:

|                            | Active Markets for<br>Identical Assets<br>(Level 1) | Other Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | NAV Practical<br>Expedient * | Total                 |
|----------------------------|-----------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------|-----------------------|
| Cash and cash equivalents  | 1,107,121                                           | —                                    | —                                               | —                            | 1,107,121             |
| Mutual funds               | 10,553,140                                          | —                                    | —                                               | —                            | 10,553,140            |
| Pooled separate accounts   | —                                                   | —                                    | —                                               | 1,189,495                    | 1,189,495             |
| Collective trusts          | —                                                   | —                                    | —                                               | 11,268,282                   | 11,268,282            |
| U.S. government securities | —                                                   | 2,549,784                            | —                                               | —                            | 2,549,784             |
| Corporate bonds            | —                                                   | 80,729,246                           | —                                               | —                            | 80,729,246            |
| <b>Totals</b>              | <b>\$ 11,660,261</b>                                | <b>\$ 83,279,030</b>                 | <b>\$ —</b>                                     | <b>\$ 12,457,777</b>         | <b>\$ 107,397,068</b> |

\* 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.

## 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. The Company did not make any contribution to the plan in 2022 and 2021.

Interest, dividends and cumulative net appreciation 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, 2022 and 2021.

## 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, 2021 is as follows:

Vested accumulated plan benefits:

|                                                                        |                |
|------------------------------------------------------------------------|----------------|
| Retired participants and/or beneficiaries currently receiving benefits | \$ 62,847,457  |
| Other participants                                                     | 37,075,346     |
| Total vested accumulated plan benefits                                 | 99,922,803     |
| Nonvested accumulated plan benefits                                    | 604,903        |
| Total actuarial present value of accumulated plan benefits             | \$ 100,527,706 |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2021 are as follows:

|                                                                          |                |
|--------------------------------------------------------------------------|----------------|
| Actuarial present value of accumulated plan benefits - December 31, 2020 | \$ 80,712,555  |
| Increase (decrease) during the year attributable to:                     |                |
| Benefits paid                                                            | (5,719,178)    |
| Interest                                                                 | 5,048,174      |
| Assumption changes (a)                                                   | 17,607,231     |
| Others                                                                   | 2,878,924      |
| Actuarial present value of accumulated plan benefits - December 31, 2021 | \$ 100,527,706 |

(a) The assumption changes are primarily due to a decrease in expected long-term rate of return from 6.50% to 4.50%

The significant actuarial assumptions used in the December 31, 2021 valuations were:

- Mortality: The mortality assumption for non-annuitants and healthy annuitants from the Pri-2012 Healthy Fully Generational Mortality Table with Blue Collar adjustment reflecting the revised improvement Scale MP-2020 and for disabled annuitants the Pri-2012 Disabled Fully Generational Mortality Table reflecting the revised improvement Scale MP-2020.
- Retirement age: Retirement rates from 2% at age 55 to 100% at age 70 for Auburn, Bell & Gossett, and Standard. Retirement rates from 5% at age 55 to 100% at age 70 for Lubbock and Zelenople. Retirement rate from 25% at age 61 to 100% at age 70 for Uniontown. For Smith-Blair, retirement rate from 75% at age 64 to 100% at age 70.
- Long-term rate of return was 4.5% per annum.

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

Sponsor EIN # 45-2080495  
Plan # 053

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. 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. NISA Investment Advisors, LLC is the investment manager for the Plan. 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 8. 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, 2022 and 2021, 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 2019.

#### **Note 9. Subsequent Events**

The Company has evaluated subsequent events for recognition and disclosure through October 16, 2023, which is the date the financial statements were available to be issued. No significant events were noted except for the matters disclosed below.

Effective January 1, 2023, and as a result of recent collective bargaining negotiations, the Plan has been amended to increase the annual benefit accrual per year of credited service for select collectively bargained participants under Standard Hourly employees of United Steelworkers, AFL-CIO-CLC and its Local Union 897.

Effective July 1, 2023, Fidelity Management Trust Company ("Fidelity") was appointed to act as the sole Trustee and recordkeeper of the Plan. The Plan has also been amended, effective for commencement dates from June 1, 2023, onward, to provide JSA benefits under each subplan be calculated using the "better of" the actuarial factors set forth in the Plan document as applicable to a participant's benefit, and the applicable Internal Revenue Code Section 417(e) interest rates and Section 417(e) mortality tables.

## **SUPPLEMENTAL SCHEDULES**

**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, 2022**

**EIN#: 45-2080495**

**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost         | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
|                                    | United States Treasury                                       | United States Treasury Note/Bond .125%<br>31 Jul 2023                                                                 | \$ 993,970       | \$ 998,012        |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 1.875%<br>15 Feb 2051                                                                | 397,320          | 314,597           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 2.25%<br>15 Feb 2052                                                                 | 1,007,263        | 963,115           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 3% 15<br>Aug 2052                                                                    | 168,238          | 168,902           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 3.875%<br>30 Nov 2027                                                                | 44,888           | 44,754            |
|                                    |                                                              | <b>U.S. government Securities</b>                                                                                     | <b>2,611,679</b> | <b>2,489,380</b>  |
|                                    | Advocate Health & Hospitals Corp                             | Advocate Health & Hospitals Corp 3.829%<br>15 Aug 2028                                                                | 111,922          | 93,238            |
|                                    | Advocate Health & Hospitals Corp                             | Advocate Health & Hospitals Corp 4.272%<br>15 Aug 2048                                                                | 441,242          | 297,140           |
|                                    | AEP Texas Inc                                                | AEP Texas Inc 3.95% 01 Jun 2028                                                                                       | 821,454          | 684,528           |
|                                    | AEP Texas Inc                                                | AEP Texas Inc 4.15% 01 May 2049                                                                                       | 326,478          | 233,970           |
|                                    | Alabama Power Co                                             | Alabama Power Co 3.125% 15 Jul 2051                                                                                   | 159,826          | 136,964           |
|                                    | Amazon.com Inc                                               | Amazon.com Inc 4.25% 22 Aug 2057                                                                                      | 1,567,789        | 1,034,999         |
|                                    | Amazon.com Inc                                               | Amazon.com Inc 4.95% 05 Dec 2044                                                                                      | 72,552           | 49,235            |
|                                    | Ameren Illinois Co                                           | Ameren Illinois Co 4.5% 15 Mar 2049                                                                                   | 106,626          | 82,558            |
|                                    | America Movil SAB de CV                                      | America Movil SAB de CV 6.125% 30 Mar<br>2040                                                                         | 315,361          | 243,657           |
|                                    | Apple Inc                                                    | Apple Inc 4.375% 13 May 2045                                                                                          | 1,090,560        | 887,184           |
|                                    | Apple Inc                                                    | Apple Inc 4.5% 23 Feb 2036                                                                                            | 321,021          | 272,808           |
|                                    | Archer-Daniels-Midland Co                                    | Archer-Daniels-Midland Co 4.5% 15 Mar<br>2049                                                                         | 406,504          | 311,672           |
|                                    | Arizona Public Service Co                                    | Arizona Public Service Co 4.2% 15 Aug<br>2048                                                                         | 541,852          | 380,144           |
|                                    | Baltimore Gas and Electric Co                                | Baltimore Gas and Electric Co 3.75% 15<br>Aug 2047                                                                    | 465,017          | 347,031           |
|                                    | Banco Santander SA                                           | Banco Santander SA 4.379% 12 Apr 2028                                                                                 | 866,920          | 751,940           |
|                                    | Bank of America Corp                                         | Bank of America Corp 5.875% 07 Feb 2042                                                                               | 340,468          | 256,196           |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.078% 23<br>Apr 2040                                                                   | 131,630          | 99,775            |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.244% 24<br>Apr 2038                                                                   | 764,036          | 594,664           |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.33% 15<br>Mar 2050                                                                    | 344,482          | 237,855           |
|                                    | Bank of Montreal Variable                                    | Bank of Montreal Variable 4.338% 05 Oct<br>2028                                                                       | 769,615          | 685,916           |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

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**(HELD AT END OF YEAR) AS OF DECEMBER 31, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party              | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                    | Berkshire Hathaway Finance Corp                                           | Berkshire Hathaway Finance Corp 3.85%<br>15 Mar 2052                                                                  | 173,907  | 153,629           |
|                                    | BP Capital Markets America Inc                                            | BP Capital Markets America Inc 4.234% 06<br>Nov 2028                                                                  | 549,801  | 480,550           |
|                                    | Bristol-Myers Squibb Co                                                   | Bristol-Myers Squibb Co 3.55% 15 Mar<br>2042                                                                          | 58,834   | 48,980            |
|                                    | Brown-Forman Corp                                                         | Brown-Forman Corp 4% 15 Apr 2038                                                                                      | 798,255  | 637,480           |
|                                    | Burlington Northern Santa Fe LLC                                          | Burlington Northern Santa Fe LLC 6.875%<br>01 Dec 2027                                                                | 180,484  | 149,997           |
|                                    | Charles Schwab Corp/The                                                   | Charles Schwab Corp/The 4% 01 Feb 2029                                                                                | 922,975  | 799,055           |
|                                    | Cisco Systems Inc                                                         | Cisco Systems Inc 5.9% 15 Feb 2039                                                                                    | 659,035  | 514,493           |
|                                    | Citigroup Inc                                                             | Citigroup Inc 8.125% 15 Jul 2039                                                                                      | 758,594  | 586,303           |
|                                    | Citigroup Inc Variable                                                    | Citigroup Inc Variable 3.878% 24 Jan 2039                                                                             | 278,530  | 214,895           |
|                                    | Citigroup Inc Variable                                                    | Citigroup Inc Variable 3.98% 20 Mar 2030                                                                              | 416,208  | 351,737           |
|                                    | City of Hope                                                              | City of Hope 5.623% 15 Nov 2043                                                                                       | 221,493  | 155,674           |
|                                    | CME Group Inc                                                             | CME Group Inc 4.15% 15 Jun 2048                                                                                       | 193,521  | 150,136           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.937% 01 Nov 2056                                                                                       | 115,658  | 108,225           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.937% 01 Nov 2056                                                                                       | 823,851  | 556,587           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.987% 01 Nov 2063                                                                                       | 359,092  | 219,492           |
|                                    | Comcast Corp                                                              | Comcast Corp 4.95% 15 Oct 2058                                                                                        | 271,734  | 176,469           |
|                                    | Comerica Inc                                                              | Comerica Inc 4% 01 Feb 2029                                                                                           | 777,584  | 671,161           |
|                                    | Commonwealth Edison Co                                                    | Commonwealth Edison Co 4% 01 Mar<br>2048                                                                              | 360,792  | 246,438           |
|                                    | ConocoPhillips                                                            | ConocoPhillips 6.5% 01 Feb 2039                                                                                       | 787,317  | 626,967           |
|                                    | Consolidated Edison Co of New York Inc                                    | Consolidated Edison Co of New York Inc<br>4% 15 Nov 2057                                                              | 335,511  | 247,682           |
|                                    | Consolidated Edison Co of New York Inc                                    | Consolidated Edison Co of New York Inc<br>4.45% 15 Mar 2044                                                           | 801,227  | 604,082           |
|                                    | Cooperatieve Rabobank UA                                                  | Cooperatieve Rabobank UA 5.25% 24 May<br>2041                                                                         | 249,044  | 190,124           |
|                                    | Curators Of The Univ Of Missou Txbl-Ref-System Facs Rev Bonds 05 May 2020 | Curators Of The Univ Of Missou Txbl-Ref-System Facs Rev Bonds 05 May 2020<br>2 012% 01 Nov 2027                       | 87,182   | 86,923            |
|                                    | Duke Energy Florida LLC                                                   | Duke Energy Florida LLC 3% 15 Dec 2051                                                                                | 782,065  | 533,767           |
|                                    | Duke Energy Florida LLC                                                   | Duke Energy Florida LLC 4.2% 15 Jul 2048                                                                              | 94,293   | 67,050            |
|                                    | Duke Energy Indiana LLC                                                   | Duke Energy Indiana LLC 3.75% 15 May<br>2046                                                                          | 145,981  | 104,686           |
|                                    | Duke Energy Ohio Inc                                                      | Duke Energy Ohio Inc 4.3% 01 Feb 2049                                                                                 | 188,909  | 131,377           |
|                                    | Duke Energy Ohio Inc                                                      | Duke Energy Ohio Inc 5.375% 15 Jun 2033                                                                               | 94,865   | 96,800            |
|                                    | Duke Energy Progress LLC                                                  | Duke Energy Progress LLC 4.1% 15 Mar<br>2043                                                                          | 97,892   | 75,765            |
|                                    | Duke Energy Progress LLC                                                  | Duke Energy Progress LLC 4.15% 01 Dec<br>2044                                                                         | 104,202  | 71,230            |

(Continued)  
Sponsor EIN # 45-2080495  
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| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                    | Duke Energy Progress LLC                                     | Duke Energy Progress LLC 4.2% 15 Aug 2045                                                                             | 173,525  | 126,217           |
|                                    | Ecolab Inc                                                   | Ecolab Inc 2.75% 18 Aug 2055                                                                                          | 31,801   | 190,957           |
|                                    | Eli Lilly & Co                                               | Eli Lilly & Co 2.5% 15 Sep 2060                                                                                       | 131,895  | 111,020           |
|                                    | Eli Lilly & Co                                               | Eli Lilly & Co 4.15% 15 Mar 2059                                                                                      | 45,824   | 30,719            |
|                                    | Entergy Arkansas LLC                                         | Entergy Arkansas LLC 4.2% 01 Apr 2049                                                                                 | 52,222   | 33,123            |
|                                    | Entergy Louisiana LLC                                        | Entergy Louisiana LLC 3.12% 01 Sep 2027                                                                               | 769,988  | 691,749           |
|                                    | Entergy Louisiana LLC                                        | Entergy Louisiana LLC 4% 15 Mar 2033                                                                                  | 660,294  | 516,546           |
|                                    | Entergy Texas Inc                                            | Entergy Texas Inc 1.5% 01 Sep 2026                                                                                    | 64,846   | 56,506            |
|                                    | Estee Lauder Cos Inc/The                                     | Estee Lauder Cos Inc/The 4.15% 15 Mar 2047                                                                            | 286,318  | 214,777           |
|                                    | Evergy Metro Inc                                             | Evergy Metro Inc 4.2% 15 Mar 2048                                                                                     | 261,698  | 191,883           |
|                                    | Exxon Mobil Corp                                             | Exxon Mobil Corp 4.327% 19 Mar 2050                                                                                   | 128,338  | 88,217            |
|                                    | Federal Realty Investment Trust                              | Federal Realty Investment Trust 3.2% 15 Jun 2029                                                                      | 814,683  | 685,278           |
|                                    | FedEx Corp 2020-1 Class AA Pass Through Trust                | FedEx Corp 2020-1 Class AA Pass Through Trust 1.875% 20 Feb 2034                                                      | 214,333  | 175,661           |
|                                    | Florida Power & Light Co                                     | Florida Power & Light Co 3.15% 01 Oct 2049                                                                            | 114,572  | 79,853            |
|                                    | Georgetown University/The                                    | Georgetown University/The 5.215% 01 Oct 2118                                                                          | 655,520  | 393,269           |
|                                    | George Washington University/The                             | George Washington University/The 4.126% 15 Sep 2048                                                                   | 349,440  | 248,601           |
|                                    | George Washington University/The                             | George Washington University/The 4.3% 15 Sep 2044                                                                     | 186,791  | 125,951           |
|                                    | Gilead Sciences Inc                                          | Gilead Sciences Inc 4% 01 Sep 2036                                                                                    | 557,671  | 462,767           |
|                                    | Gilead Sciences Inc                                          | Gilead Sciences Inc 4.5% 01 Feb 2045                                                                                  | 828,563  | 659,828           |
|                                    | GlaxoSmithKline Capital Inc                                  | GlaxoSmithKline Capital Inc 6.375% 15 May 2038                                                                        | 786,537  | 633,543           |
|                                    | Goldman Sachs Group Inc/The                                  | Goldman Sachs Group Inc/The 4.75% 21 Oct 2045                                                                         | 264,850  | 189,634           |
|                                    | Goldman Sachs Group Inc/The                                  | Goldman Sachs Group Inc/The 6.25% 01 Feb 2041                                                                         | 602,811  | 472,244           |
|                                    | Goldman Sachs Group Inc/The Variable                         | Goldman Sachs Group Inc/The Variable 4.017% 31 Oct 2038                                                               | 710,417  | 554,965           |
|                                    | Gulf Power Co                                                | Gulf Power Co 3.3% 30 May 2027                                                                                        | 124,727  | 112,972           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 3.625% 15 Apr 2052                                                                                 | 162,236  | 139,952           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 4.875% 15 Feb 2044                                                                                 | 384,453  | 293,335           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 5.875% 16 Dec 2036                                                                                 | 740,323  | 585,734           |
|                                    | HSBC Holdings PLC                                            | HSBC Holdings PLC 5.25% 14 Mar 2044                                                                                   | 586,570  | 423,615           |
|                                    | HSBC Holdings PLC Variable                                   | HSBC Holdings PLC Variable 3.973% 22 May 2030                                                                         | 414,161  | 346,730           |
|                                    | Indiana Michigan Power Co                                    | Indiana Michigan Power Co 4.25% 15 Aug 2048                                                                           | 234,968  | 162,168           |

(Continued)  
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Plan # 053

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|------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|                                    | ING Groep NV                                                   | ING Groep NV 3.95% 29 Mar 2027                                                                                        | 1,717,284 | 1,541,299         |
|                                    | Intel Corp                                                     | Intel Corp 4.1% 19 May 2046                                                                                           | 508,254   | 370,162           |
|                                    | Intel Corp                                                     | Intel Corp 4.95% 25 Mar 2060                                                                                          | 383,079   | 239,647           |
|                                    | JPMorgan Chase & Co                                            | JPMorgan Chase & Co 5.6% 15 Jul 2041                                                                                  | 195,915   | 150,760           |
|                                    | JPMorgan Chase & Co                                            | JPMorgan Chase & Co 6.4% 15 May 2038                                                                                  | 794,407   | 613,649           |
|                                    | JPMorgan Chase & Co<br>Variable                                | JPMorgan Chase & Co Variable 3.882% 24<br>Jul 2038                                                                    | 602,928   | 477,250           |
|                                    | Kimberly-Clark Corp                                            | Kimberly-Clark Corp 3.9% 04 May 2047                                                                                  | 217,022   | 164,797           |
|                                    | Lloyds Banking Group PLC<br>Variable                           | Lloyds Banking Group PLC Variable<br>3.574% 07 Nov 2028                                                               | 130,517   | 117,261           |
|                                    | Lockheed Martin Corp                                           | Lockheed Martin Corp 4.7% 15 May 2046                                                                                 | 256,465   | 195,362           |
|                                    | Louisville Gas and Electric Co                                 | Louisville Gas and Electric Co 4.25% 01<br>Apr 2049                                                                   | 135,218   | 100,228           |
|                                    | Marsh & McLennan Cos Inc                                       | Marsh & McLennan Cos Inc 2.9% 15 Dec<br>2051                                                                          | 166,338   | 142,082           |
|                                    | Medtronic Inc                                                  | Medtronic Inc 4.375% 15 Mar 2035                                                                                      | 643,833   | 526,594           |
|                                    | MetLife Inc                                                    | MetLife Inc 4.875% 13 Nov 2043                                                                                        | 361,602   | 281,146           |
|                                    | Microsoft Corp                                                 | Microsoft Corp 2.525% 01 Jun 2050                                                                                     | 284,115   | 184,254           |
|                                    | Microsoft Corp                                                 | Microsoft Corp 4.2% 03 Nov 2035                                                                                       | 989,645   | 833,727           |
|                                    | Mitsubishi UFJ Financial<br>Group Inc                          | Mitsubishi UFJ Financial Group Inc 3.85%<br>01 Mar 2026                                                               | 415,697   | 373,515           |
|                                    | Mitsubishi UFJ Financial<br>Group Inc                          | Mitsubishi UFJ Financial Group Inc 4.153%<br>07 Mar 2039                                                              | 997,712   | 780,678           |
|                                    | Mizuho Financial Group Inc                                     | Mizuho Financial Group Inc 2.839% 13 Sep<br>2026                                                                      | 645,347   | 574,329           |
|                                    | Mizuho Financial Group Inc<br>Variable                         | Mizuho Financial Group Inc Variable<br>4.254% 11 Sep 2029                                                             | 800,564   | 659,302           |
|                                    | Morgan Stanley                                                 | Morgan Stanley 6.375% 24 Jul 2042                                                                                     | 417,666   | 324,399           |
|                                    | Morgan Stanley Variable                                        | Morgan Stanley Variable 4.431% 23 Jan<br>2030                                                                         | 137,233   | 116,338           |
|                                    | Morgan Stanley Variable                                        | Morgan Stanley Variable 4.457% 22 Apr<br>2039                                                                         | 1,027,053 | 798,871           |
|                                    | Mount Sinai Hospitals Group<br>Inc                             | Mount Sinai Hospitals Group Inc 3.981%<br>01 Jul 2048                                                                 | 503,526   | 359,608           |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 3.05% 25 Apr 2027                                                | 833,818   | 755,448           |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 4.3% 15 Mar 2049                                                 | 96,302    | 66,624            |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 4.4% 01 Nov 2048                                                 | 304,024   | 212,318           |
|                                    | NIKE Inc                                                       | NIKE Inc 3.375% 27 Mar 2050                                                                                           | 160,393   | 141,745           |
|                                    | NYU Langone Hospitals                                          | NYU Langone Hospitals 5.75% 01 Jul 2043                                                                               | 262,742   | 201,054           |
|                                    | Oklahoma Development<br>Finance Authority ODFA 2022-<br>OGF A1 | Oklahoma Development Finance Authority<br>ODFA 2022-OGF A1 4.285% 01 Feb 2034                                         | 65,000    | 63,049            |

(Continued)

Sponsor EIN # 45-2080495

Plan # 053

**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, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost  | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|                                    | Oklahoma Development Finance Authority ODFA 2022-PSO A1      | Oklahoma Development Finance Authority ODFA 2022-PSO A1 4.135% 01 Dec 2033                                            | 125,000   | 120,431           |
|                                    | Oklahoma Gas and Electric Co                                 | Oklahoma Gas and Electric Co 3.3% 15 Mar 2030                                                                         | 1,426,734 | 1,198,656         |
|                                    | Oncor Electric Delivery Co LLC                               | Oncor Electric Delivery Co LLC 5.75% 15 Mar 2029                                                                      | 808,427   | 662,726           |
|                                    | ONE Gas Inc                                                  | ONE Gas Inc 4.5% 01 Nov 2048                                                                                          | 209,034   | 148,339           |
|                                    | Oracle Corp                                                  | Oracle Corp 3.85% 15 Jul 2036                                                                                         | 424,204   | 328,816           |
|                                    | Oracle Corp                                                  | Oracle Corp 3.9% 15 May 2035                                                                                          | 561,566   | 441,132           |
|                                    | Oracle Corp                                                  | Oracle Corp 5.375% 15 Jul 2040                                                                                        | 687,930   | 495,259           |
|                                    | Orlando Health Obligated Group                               | Orlando Health Obligated Group 4.089% 01 Oct 2048                                                                     | 105,362   | 78,691            |
|                                    | PeaceHealth Obligated Group                                  | PeaceHealth Obligated Group 4.787% 15 Nov 2048                                                                        | 47,986    | 34,593            |
|                                    | PepsiCo Inc                                                  | PepsiCo Inc 2.625% 29 Jul 2029                                                                                        | 690,463   | 586,483           |
|                                    | PepsiCo Inc                                                  | PepsiCo Inc 4.45% 14 Apr 2046                                                                                         | 46,167    | 32,945            |
|                                    | Pfizer Inc                                                   | Pfizer Inc 4% 15 Dec 2036                                                                                             | 791,751   | 664,204           |
|                                    | Pfizer Inc                                                   | Pfizer Inc 7.2% 15 Mar 2039                                                                                           | 567,129   | 449,749           |
|                                    | PG&E Energy Recovery Funding LLC                             | PG&E Energy Recovery Funding LLC 2.28% 15 Jan 2036                                                                    | 20,730    | 18,858            |
|                                    | PG&E Recovery Funding LLC                                    | PG&E Recovery Funding LLC 5.256% 15 Jan 2038                                                                          | 149,998   | 148,422           |
|                                    | PG&E Wildfire Recovery Funding LLC                           | PG&E Wildfire Recovery Funding LLC 4.022% 01 Jun 2031                                                                 | 109,997   | 104,579           |
|                                    | PG&E Wildfire Recovery Funding LLC                           | PG&E Wildfire Recovery Funding LLC 4.451% 01 Dec 2047                                                                 | 109,997   | 95,370            |
|                                    | Philip Morris International Inc                              | Philip Morris International Inc 3.375% 15 Aug 2029                                                                    | 786,591   | 681,841           |
|                                    | Philip Morris International Inc                              | Philip Morris International Inc 4.25% 10 Nov 2044                                                                     | 816,936   | 617,592           |
|                                    | Providence St Joseph Health Obligated Group                  | Providence St Joseph Health Obligated Group 3.93% 01 Oct 2048                                                         | 234,886   | 155,494           |
|                                    | QUALCOMM Inc                                                 | QUALCOMM Inc 4.65% 20 May 2035                                                                                        | 694,549   | 602,020           |
|                                    | QUALCOMM Inc                                                 | QUALCOMM Inc 4.8% 20 May 2045                                                                                         | 713,694   | 585,713           |
|                                    | Realty Income Corp                                           | Realty Income Corp 3.25% 15 Jun 2029                                                                                  | 1,026,557 | 897,413           |
|                                    | Royal Bank of Canada                                         | Royal Bank of Canada 4.65% 27 Jan 2026                                                                                | 769,641   | 696,313           |
|                                    | RWJ Barnabas Health Inc                                      | RWJ Barnabas Health Inc 3.949% 01 Jul 2046                                                                            | 20,952    | 16,338            |
|                                    | Shell International Finance BV                               | Shell International Finance BV 4.125% 11 May 2035                                                                     | 610,022   | 512,190           |
|                                    | Shell International Finance BV                               | Shell International Finance BV 4.55% 12 Aug 2043                                                                      | 60,058    | 45,311            |
|                                    | Shell International Finance BV                               | Shell International Finance BV 5.5% 25 Mar 2040                                                                       | 750,097   | 584,195           |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**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, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost  | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|                                    | Southwestern Public Service Co                               | Southwestern Public Service Co 4.4% 15 Nov 2048                                                                       | 563,939   | 414,617           |
|                                    | Sumitomo Mitsui Financial Group Inc                          | Sumitomo Mitsui Financial Group Inc 3.544% 17 Jan 2028                                                                | 970,732   | 854,476           |
|                                    | Tampa Elec Co                                                | Tampa Elec Co 3.45% 15 Mar 2051                                                                                       | 157,433   | 129,154           |
|                                    | Tampa Electric Co                                            | Tampa Electric Co 4.3% 15 Jun 2048                                                                                    | 608,240   | 444,824           |
|                                    | Texas Electric Market Stabilization Funding N LLC            | Texas Electric Market Stabilization Funding N LLC 4.265% 01 Aug 2034                                                  | 99,999    | 94,917            |
|                                    | Texas Electric Market Stabilization Funding N LLC            | Texas Electric Market Stabilization Funding N LLC 4.966% 01 Feb 2042                                                  | 99,990    | 94,567            |
|                                    | Toronto-Dominion Bank/The Variable                           | Toronto-Dominion Bank/The Variable 3.625% 15 Sep 2031                                                                 | 771,127   | 695,393           |
|                                    | UnitedHealth Group Inc                                       | UnitedHealth Group Inc 4.625% 15 Jul 2035                                                                             | 781,616   | 656,832           |
|                                    | UnitedHealth Group Inc                                       | UnitedHealth Group Inc 4.75% 15 Jul 2045                                                                              | 516,019   | 411,168           |
|                                    | United Parcel Service Inc                                    | United Parcel Service Inc 3.75% 15 Nov 2047                                                                           | 394,571   | 309,014           |
|                                    | United Parcel Service Inc                                    | United Parcel Service Inc 4.25% 15 Mar 2049                                                                           | 739,955   | 597,459           |
|                                    | University of Chicago/The                                    | University of Chicago/The 4.003% 01 Oct 2053                                                                          | 534,528   | 350,279           |
|                                    | University of Southern California                            | University of Southern California 3.028% 01 Oct 2039                                                                  | 425,558   | 323,084           |
|                                    | University of Southern California                            | University of Southern California 3.841% 01 Oct 2047                                                                  | 310,723   | 235,210           |
|                                    | Virginia Electric and Power Co                               | Virginia Electric and Power Co 4% 15 Nov 2046                                                                         | 160,307   | 118,460           |
|                                    | Virginia Electric and Power Co                               | Virginia Electric and Power Co 4.2% 15 May 2045                                                                       | 352,854   | 257,675           |
|                                    | Virginia Electric & Power Co                                 | Virginia Electric & Power Co 3.8% 01 Apr 2028                                                                         | 96,818    | 84,788            |
|                                    | Walmart Inc                                                  | Walmart Inc 2.5% 22 Sep 2041                                                                                          | 810,306   | 597,375           |
|                                    | Walt Disney Co/The                                           | Walt Disney Co/The 5.4% 01 Oct 2043                                                                                   | 627,777   | 449,037           |
|                                    | Walt Disney Co/The                                           | Walt Disney Co/The 6.4% 15 Dec 2035                                                                                   | 1,003,926 | 776,690           |
|                                    | Washington Gas Light Co                                      | Washington Gas Light Co 3.796% 15 Sep 2046                                                                            | 335,894   | 244,721           |
|                                    | Wells Fargo & Co                                             | Wells Fargo & Co 4.1% 03 Jun 2026                                                                                     | 550,617   | 499,054           |
|                                    | Wells Fargo & Co                                             | Wells Fargo & Co 4.15% 24 Jan 2029                                                                                    | 735,642   | 635,989           |
|                                    | William Marsh Rice University                                | William Marsh Rice University 3.774% 15 May 2055                                                                      | 101,030   | 68,891            |
|                                    | Willis-Knighton Medical Center                               | Willis-Knighton Medical Center 4.813% 01 Sep 2048                                                                     | 214,240   | 158,575           |
|                                    | Wisconsin Electric Power Co                                  | Wisconsin Electric Power Co 4.3% 15 Dec 2045                                                                          | 483,398   | 330,001           |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**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, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost             | (e) Current Value    |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|                                    | Wisconsin Power and Light Co                                 | Wisconsin Power and Light Co 3.05% 15<br>Oct 2027                                                                     | 558,778              | 503,537              |
|                                    |                                                              | <b>Corporate Bonds</b>                                                                                                | <b>73,420,740</b>    | <b>58,441,998</b>    |
|                                    | Capital Research & Mgmt Co.                                  | American Funds EuroPacific Growth R6                                                                                  | 2,277,199            | 1,979,434            |
|                                    | Baron Capital                                                | Baron Small Cap Instl Fund                                                                                            | 689,910              | 586,716              |
|                                    | Allspring                                                    | Allspring Special Small Cap Value Fund                                                                                | 866,942              | 701,369              |
|                                    | Jp Morgan Investment Mgmt<br>Inc.                            | Jp Morgan Mid Cap Value R6 Fd                                                                                         | 1,800,625            | 1,624,117            |
|                                    | Mainstay                                                     | Mainstay - Mainstay Mackay High Yield<br>Corporate Bond R6 Fund                                                       | 777,572              | 673,441              |
|                                    | T. Rowe Price Associates, Inc.                               | T. Rowe Price Md-Cp Gr I Fd                                                                                           | 1,507,623            | 1,456,123            |
|                                    | Vanguard Group                                               | Vanguard Real Estate Index Admiral Fund                                                                               | 985,604              | 983,927              |
|                                    |                                                              | <b>Mutual Funds</b>                                                                                                   | <b>8,905,475</b>     | <b>8,005,127</b>     |
|                                    | Northern Trust                                               | NT Collective ACWI ExUS Invst Mkt Idx NL                                                                              | 1,922,881            | 2,010,631            |
|                                    | Northern Trust                                               | NT Collective S&P 500 Index NL                                                                                        | 4,089,566            | 6,240,565            |
|                                    |                                                              | <b>Collective trusts</b>                                                                                              | <b>6,012,447</b>     | <b>8,251,196</b>     |
|                                    | Goldman Sachs                                                | Goldman Sachs Financial Square Funds -<br>Treasury Instruments Fund                                                   | 311,344              | 310,738              |
|                                    |                                                              | <b>Cash and cash equivalents</b>                                                                                      | <b>311,344</b>       | <b>310,738</b>       |
| *                                  | Principal Global Investors                                   | Liquid Assets Separate Account-R6                                                                                     | 1,388,011            | 1,395,482            |
|                                    |                                                              | <b>Pooled separate accounts</b>                                                                                       | <b>\$ 1,388,011</b>  | <b>\$ 1,395,482</b>  |
|                                    |                                                              | <b>Total Investments</b>                                                                                              | <b>\$ 92,649,696</b> | <b>\$ 78,893,921</b> |

\* Represents a party-in-interest

See accompanying Independent Auditor's Report.

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES**  
**FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

**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) |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| <b>Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:</b> |                                                                                 |                    |                   |                  |                                       |                   |                                                |                        |
| Goldman Sachs                                                                                                               | Goldman Sachs Financial Square Funds – Treasurv Instruments Fund                | 9,519,669          |                   |                  |                                       | 9,519,669         | 9,519,669                                      | —                      |
| Goldman Sachs                                                                                                               | Goldman Sachs Financial Square Funds – Treasurv Instruments Fund                |                    | 10,316,052        |                  |                                       | 10,316,052        | 10,316,052                                     | —                      |
| Principal Global                                                                                                            | Principal Liquid Assets Sep Acct                                                | 7,500,982          |                   |                  |                                       | 7,500,982         | 7,500,982                                      | —                      |
| Principal Global                                                                                                            | Principal Liquid Assets Sep Acct                                                |                    | 7,313,241         |                  |                                       | 7,302,573         | 7,313,241                                      | 10,668                 |

See accompanying Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

| 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          |                           |     |     |       |       |       |       |       |       |     |
| 25-29        |                           | 1   | 2   | 1     |       |       |       |       |       |     |
| 30-34        |                           |     | 6   | 8     |       |       |       |       |       |     |
| 35-39        |                           |     | 15  | 12    | 7     |       |       |       |       |     |
| 40-44        |                           | 2   | 10  | 9     | 4     | 2     |       |       |       |     |
| 45-49        |                           | 3   | 9   | 10    | 6     | 8     | 4     |       |       |     |
| 50-54        | 3                         |     | 10  | 11    | 9     | 16    | 8     | 4     |       |     |
| 55-59        |                           | 2   | 14  | 10    | 9     | 16    | 18    | 30    | 4     |     |
| 60-64        | 1                         | 6   | 16  | 17    | 23    | 22    | 12    | 14    | 13    | 13  |
| 65-69        |                           |     | 4   | 6     | 15    | 17    | 7     | 2     | 2     | 5   |
| 70+          |                           |     |     | 1     | 2     | 9     |       | 1     | 2     | 2   |

N-495

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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 2021), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA. |
| 1st Segment Rate                                           | 4.75%                                                                                                                                                                         |
| 2nd Segment Rate                                           | 5.18%                                                                                                                                                                         |
| 3rd Segment Rate                                           | 5.92%                                                                                                                                                                         |
| Interest Rates for Maximum Tax Purposes                    | Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.                                                      |
| 1st Segment Rate                                           | 1.07%                                                                                                                                                                         |
| 2nd Segment Rate                                           | 2.68%                                                                                                                                                                         |
| 3rd Segment Rate                                           | 3.36%                                                                                                                                                                         |
| Withdrawal Rates                                           | Zelienople—Not applicable.<br>Others—See Table 2.                                                                                                                             |
| Retirement Rates or Age                                    |                                                                                                                                                                               |
| Active Participants                                        | See Table 1.                                                                                                                                                                  |
| Terminated Vested Participants                             | Later of age 60 and current age.                                                                                                                                              |
| Disability Rates for Active Participants                   | Zelienople—Not applicable.<br>Others—See Table 3.                                                                                                                             |
| Mortality Rates                                            |                                                                                                                                                                               |
| Healthy                                                    | 2022 static mortality table for annuitants and non-annuitants (based on RP-2014 and Scale MP-2020).                                                                           |
| Disabled                                                   | Revenue Ruling 96-7 mortality table for disability after December 31, 1994.                                                                                                   |
| Timing of Status Changes During the Year                   | Middle of year (except that retirement is assumed to occur at the beginning of the year for ages at which the assumed retirement rate is 100%).                               |
| Spousal Demographics at Retirement or Pre-Retirement Death | 70% participants have an opposite-gender spouse at death, with the husband two years older (on average) than the wife.                                                        |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Payment Form Elections for Future Commencements                | Single participants are assumed to elect single life annuities. Married participants are assumed (on average) to elect a joint and 75% survivor annuities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Salary Increases for the Standard Location's Special Conditions Pension | 3.5% per year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Benefit and Compensation Limits                                         | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the IRC section 401(a)(17) compensation limit of \$305,000.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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                                               | Set as the Enrolled Actuary's best estimate on a geometric basis, net of anticipated investment trust expenses, but gross of anticipated noninvestment trust expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2020 Plan Year                                                          | 4.51% before and after third segment rate limit of 5.94%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2021 Plan Year                                                          | 3.67% before and after third segment rate limit of 6.11%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2022 Plan Year                                                          | 3.99% before and after third segment rate limit of 5.92%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Noninvestment 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, 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Table 1  
Retirement Rates for Active Participants

| Age   | Auburn  | Bell & Gossett | Lubbock and<br>Zelienople | Sensus    |           | Standard |           |
|-------|---------|----------------|---------------------------|-----------|-----------|----------|-----------|
|       |         |                |                           | Uniontown | Texarkana | Reduced  | Unreduced |
| 55    | 2.03%   | 2.03%          | 5.00%                     | 0.00%     | 0.00%     | 2.03%    | 0.00%     |
| 56    | 2.05%   | 2.05%          | 5.00%                     | 0.00%     | 0.00%     | 2.05%    | 0.00%     |
| 57    | 2.07%   | 2.07%          | 5.00%                     | 0.00%     | 0.00%     | 2.07%    | 0.00%     |
| 58    | 2.14%   | 2.14%          | 5.00%                     | 0.00%     | 0.00%     | 2.14%    | 0.00%     |
| 59    | 2.19%   | 2.19%          | 6.00%                     | 0.00%     | 0.00%     | 2.19%    | 0.00%     |
| 60    | 2.30%   | 2.30%          | 7.00%                     | 0.00%     | 0.00%     | 2.30%    | 0.00%     |
| 61    | 2.37%   | 2.37%          | 10.00%                    | 25.00%    | 0.00%     | 2.37%    | 0.00%     |
| 62    | 70.00%  | 2.59%          | 20.00%                    | 25.00%    | 0.00%     | 2.59%    | 20.00%    |
| 63    | 30.00%  | 2.83%          | 10.00%                    | 25.00%    | 0.00%     | 2.83%    | 10.00%    |
| 64    | 30.00%  | 3.07%          | 15.00%                    | 25.00%    | 75.00%    | 3.07%    | 10.00%    |
| 65    | 30.00%  | 50.00%         | 70.00%                    | 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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Table 2—Page 1 of 2

**Withdrawal Rates—Non-Sensus**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 25         | 8.36%       | 55         | 2.03%       |
| 26         | 7.90%       | 56         | 2.05%       |
| 27         | 7.47%       | 57         | 2.07%       |
| 28         | 7.06%       | 58         | 2.14%       |
| 29         | 6.67%       | 59         | 2.19%       |
| 30         | 6.30%       | 60         | 2.30%       |
| 31         | 5.94%       | 61         | 2.37%       |
| 32         | 5.61%       | 62         | 2.59%       |
| 33         | 5.30%       | 63         | 2.83%       |
| 34         | 5.03%       | 64         | 3.07%       |
| 35         | 4.77%       | 65+        | 0.00%       |
| 36         | 4.52%       |            |             |
| 37         | 4.30%       |            |             |
| 38         | 4.10%       |            |             |
| 39         | 3.92%       |            |             |
| 40         | 3.76%       |            |             |
| 41         | 3.62%       |            |             |
| 42         | 3.46%       |            |             |
| 43         | 3.30%       |            |             |
| 44         | 3.15%       |            |             |
| 45         | 3.00%       |            |             |
| 46         | 2.85%       |            |             |
| 47         | 2.72%       |            |             |
| 48         | 2.59%       |            |             |
| 49         | 2.47%       |            |             |
| 50         | 2.35%       |            |             |
| 51         | 2.25%       |            |             |
| 52         | 2.18%       |            |             |
| 53         | 2.12%       |            |             |
| 54         | 2.07%       |            |             |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Table 2—Page 2 of 2

**Withdrawal Rates—Sensus**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Table 3  
**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 25         | 0.03%       | 0.03%         | 55         | 0.69%       | 0.64%         |
| 26         | 0.03%       | 0.03%         | 56         | 0.77%       | 0.69%         |
| 27         | 0.03%       | 0.03%         | 57         | 0.86%       | 0.74%         |
| 28         | 0.03%       | 0.04%         | 58         | 0.95%       | 0.80%         |
| 29         | 0.03%       | 0.04%         | 59         | 1.05%       | 0.85%         |
| 30         | 0.03%       | 0.04%         | 60         | 1.15%       | 0.90%         |
| 31         | 0.03%       | 0.05%         | 61         | 1.26%       | 0.96%         |
| 32         | 0.03%       | 0.05%         | 62         | 1.38%       | 1.01%         |
| 33         | 0.03%       | 0.06%         | 63         | 1.51%       | 1.05%         |
| 34         | 0.03%       | 0.06%         | 64         | 1.64%       | 1.09%         |
| 35         | 0.04%       | 0.07%         | 65+        | 0.00%       | 0.00%         |
| 36         | 0.04%       | 0.08%         |            |             |               |
| 37         | 0.05%       | 0.09%         |            |             |               |
| 38         | 0.06%       | 0.10%         |            |             |               |
| 39         | 0.07%       | 0.12%         |            |             |               |
| 40         | 0.08%       | 0.13%         |            |             |               |
| 41         | 0.09%       | 0.15%         |            |             |               |
| 42         | 0.10%       | 0.17%         |            |             |               |
| 43         | 0.12%       | 0.19%         |            |             |               |
| 44         | 0.14%       | 0.22%         |            |             |               |
| 45         | 0.16%       | 0.24%         |            |             |               |
| 46         | 0.18%       | 0.27%         |            |             |               |
| 47         | 0.21%       | 0.30%         |            |             |               |
| 48         | 0.25%       | 0.33%         |            |             |               |
| 49         | 0.28%       | 0.36%         |            |             |               |
| 50         | 0.33%       | 0.40%         |            |             |               |
| 51         | 0.39%       | 0.44%         |            |             |               |
| 52         | 0.46%       | 0.49%         |            |             |               |
| 53         | 0.53%       | 0.54%         |            |             |               |
| 54         | 0.61%       | 0.59%         |            |             |               |

**XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES**  
**FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

**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) |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| <b>Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:</b> |                                                                                 |                    |                   |                  |                                       |                   |                                                |                        |
| Goldman Sachs                                                                                                               | Goldman Sachs Financial Square Funds – Treasurv Instruments Fund                | 9,519,669          |                   |                  |                                       | 9,519,669         | 9,519,669                                      | —                      |
| Goldman Sachs                                                                                                               | Goldman Sachs Financial Square Funds – Treasurv Instruments Fund                |                    | 10,316,052        |                  |                                       | 10,316,052        | 10,316,052                                     | —                      |
| Principal Global                                                                                                            | Principal Liquid Assets Sep Acct                                                | 7,500,982          |                   |                  |                                       | 7,500,982         | 7,500,982                                      | —                      |
| Principal Global                                                                                                            | Principal Liquid Assets Sep Acct                                                |                    | 7,313,241         |                  |                                       | 7,302,573         | 7,313,241                                      | 10,668                 |

See accompanying Independent Auditor's Report.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES</u>                                                              | <b>B</b> Three-digit plan number (PN) ▶ <u>053</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>XYLEM INC.</u>                                             | <b>D</b> Employer Identification Number (EIN)<br><u>45-2080495</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                       |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                                                                                |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                                |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>108,072,274</u>                                                                                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>106,041,260</u>                                                                                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                                |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>1,061</u> (2) Vested Funding Target <u>61,167,249</u> (3) Total Funding Target <u>61,167,249</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>237</u> <u>5,302,655</u> <u>5,302,655</u>                                                                                   |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>495</u> <u>27,155,710</u> <u>27,504,959</u>                                                                                 |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>1,793</u> <u>93,625,614</u> <u>93,974,863</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                                |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                      |
| <b>b</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 ..... | <b>4b</b>                                                                                                                      |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.39%</u>                                                                                                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                                                                                |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b> <u>1,056,612</u>                                                                                                     |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>1,216,000</u>                                                                                                     |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>2,272,612</u>                                                                                                     |

**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.

|                                                                                     |                                                           |                                                               |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                    | <u>Matthew L. Bond</u> <u>MLB</u><br>Signature of actuary | <u>09/14/2023</u><br>Date                                     |
| <u>Matthew L. Bond</u><br>Type or print name of actuary                             |                                                           | <u>2307596</u><br>Most recent enrollment number               |
| <u>Aon Consulting, Inc.</u><br>Firm name                                            |                                                           | <u>203-505-5609</u><br>Telephone number (including area code) |
| <u>MSC# 17818 P.O. Box 549294</u><br><u>Waltham MA 02454</u><br>Address of the firm |                                                           |                                                               |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                          | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>1.98</u> % .....                                                                                           | 0                                                          | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> 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>5.55</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 112.84 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 112.84 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 113.43 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/05/2023                                                                               | 5,000,000                         | 0                                             |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 5,000,000                         | <b>18(c)</b> 0                  |

|                                                                                                                                                                                  |            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |           |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                             | <b>19a</b> | 0         |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0         |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 4,578,698 |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |           |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |           |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |           |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                  |            |           |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                       |            |           |         |
| (1) 1st                                                                                                                                                                          | (2) 2nd    | (3) 3rd   | (4) 4th |
|                                                                                                                                                                                  |            |           |         |

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

|                                                 |                                                |                                                           |                                     |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>5.18 %                                    | 3rd segment:<br>5.92 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                |                                                           |                                     | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           |                                     | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 2,272,612          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 2,272,612          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 4,578,698          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 4,578,698          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500)—2022 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 weighted-average retirement age shown in line 22 has been calculated by our valuation system by assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously with retirement. The resulting age is then rounded to the nearest year in line 22.

| (a)<br>Age       | (b)<br>Retirement<br>Probability                                                            | (c)<br>Expected<br>Retirements                                                            | (d)<br>Product<br>(a) × (c) |
|------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------|
| 55               | 1.89%                                                                                       | 2.68                                                                                      | 147.28                      |
| 56               | 1.94%                                                                                       | 2.99                                                                                      | 167.44                      |
| 57               | 1.96%                                                                                       | 3.50                                                                                      | 199.76                      |
| 58               | 1.94%                                                                                       | 3.61                                                                                      | 209.35                      |
| 59               | 2.00%                                                                                       | 3.95                                                                                      | 233.00                      |
| 60               | 2.11%                                                                                       | 4.65                                                                                      | 278.77                      |
| 61               | 4.03%                                                                                       | 9.61                                                                                      | 586.51                      |
| 62               | 20.97%                                                                                      | 52.09                                                                                     | 3229.30                     |
| 63               | 7.49%                                                                                       | 15.74                                                                                     | 991.66                      |
| 64               | 7.76%                                                                                       | 17.97                                                                                     | 1150.01                     |
| 65               | 53.19%                                                                                      | 124.86                                                                                    | 8115.69                     |
| 66               | 30.53%                                                                                      | 38.09                                                                                     | 2514.18                     |
| 67               | 30.48%                                                                                      | 30.15                                                                                     | 2020.04                     |
| 68               | 30.47%                                                                                      | 24.41                                                                                     | 1659.91                     |
| 69               | 30.47%                                                                                      | 17.40                                                                                     | 1200.52                     |
| 70               | 100.00%  | 60.24  | 4282.60                     |
| Total            |                                                                                             | 411.93                                                                                    | 26986.03                    |
| Weighted Average |                                                                                             |                                                                                           | 65.51                       |

Schedule SB Attachment (Form 5500)—2022 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: 2022

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2022 at<br/>5.39%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| September 5, 2023  | \$ 5,000,000  | 612                                                      | \$ 4,578,698                                  |
| Total Contribution | \$ 5,000,000  |                                                          | \$ 4,578,698                                  |

Schedule SB Attachment (Form 5500)—2022 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 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)

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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Auburn

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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. If all other bargaining units participating in the plan approve an increase in this limit to \$5,000, that increase will then take effect for the Auburn location.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

**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.

| <b>Termination Date</b> | <b>Benefit Unit</b> |
|-------------------------|---------------------|
| 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:

| <b>Termination Date</b> | <b>Max Service</b> |
|-------------------------|--------------------|
| 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                 |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Charges for terminated vested participants:

| Age          | Reduction<br>(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.

For commencements prior to June 30, 2023, participants are/were also offered a Social Security leveling 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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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.                                                                           |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Lubbock

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability<br>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<br>Eligibility          | Five years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefit                                  | <p><b>For deaths occurring while actively employed:</b><br/>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><b>For deaths occurring after termination of employment:</b><br/>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<br>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.<br>10-year certain and life annuity.<br>100% joint and survivor annuity.<br>75% joint and survivor annuity.<br>66⅔% joint and survivor annuity.<br>50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Schedule SB Attachment (Form 5500)—2022 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 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<br>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<br>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.                                                                                                                                                             |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Sensus

Effective Date

Last amended and restated, effective April 9, 2018, to reflect the benefit accrual rate increase for Uniontown.

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 16, 2003 and prior to February 25, 2013.

For other employees in the plan, accrued benefit is the sum of (1) through (4) below:

- (1) \$30.00 multiplied by accrual service earned from December 17, 2003 through February 24, 2013.
- (2) \$32.00 multiplied by accrual service earned from February 25, 2013 through April 8, 2018.
- (3) \$34.00 multiplied by accrual service earned from April 9, 2018 through April 8, 2020.
- (4) \$35.00 multiplied by accrual service earned from April 9, 2020 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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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

**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.

Effective October 1, 2020, accrued benefit is frozen.

**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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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 70½.

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br>100% joint and survivor annuity.<br>75% joint and survivor annuity.<br>50% joint and survivor annuity.<br>10-year certain and life annuity.<br>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<br>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<br>Accrual Service    | <p><b>Uniontown, Pennsylvania Employees</b><br/>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><b>Texarkana, Arkansas Employees</b><br/>The period measured from the date employment commences to the date employment terminates. Certain military service is also considered.</p> <p>Effective October 1, 2020, accrual service is frozen.</p>                                                         |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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 reached 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.

Schedule SB Attachment (Form 5500)—2022 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

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.

Employees hired or rehired on or after October 17, 2016 are not eligible to participate.

Normal Retirement

Eligibility

Age 65.

Gross Benefit

**For participants hired on or before October 17, 1993:**

A monthly amount equal to (1) plus (2):

- (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.
- (2) For service after December 31, 2013, \$50.00 multiplied by years of credited service if terminating by 2019 and \$51.00 per year of credited service if terminating after 2019.

**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:

| 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      |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

| Termination Date      | Benefit Unit |
|-----------------------|--------------|
| 10/14/2013–12/31/2016 | \$30.00      |
| 1/1/2017–12/31/2017   | \$31.00      |
| 1/1/2018–12/31/2018   | \$32.00      |
| 1/1/2019–12/31/2019   | \$33.00      |
| 1/1/2020–12/31/2020   | \$34.00      |
| On or after 1/1/2021  | \$35.00      |

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

The normal retirement benefit is payable immediately, without reduction, if the participant meets any of the following conditions:

- **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.

Otherwise, the normal retirement benefit is reduced by  $\frac{1}{4}$  of 1% for each month early retirement precedes the normal retirement.

For all retirements, for the first three months after retirement, the Special Conditions Pension is paid in lieu of the early retirement benefit.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Special Conditions Pension

Eligibility

Active employees retiring under the plan.

Benefit

A lump sum of 13 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.

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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.

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.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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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 |
|----------------------------------|--------------|
| <b>Prior to January 1, 1998:</b> |              |
| \$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)—2022 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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability<br>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<br>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<br>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<br>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.<br>100% joint and survivor annuity.<br>75% joint and survivor annuity.<br>50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                             |

Schedule SB Attachment (Form 5500)—2022 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<br>Lump-Sum | IRS applicable 417(e) segment rates and IRS applicable 417(e) mortality table.                                                                                                                                                                                                 |
| Others                            | Factors as per the plan document.                                                                                                                                                                                                                                              |
| Definitions<br>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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

Plan Changes in the Prior Five Years

The 2022 valuation does not reflect any plan changes. However, the plan was amended on January 17, 2023 to remove the Social Security leveling option for Bell & Gossett, for commencements on or after June 30, 2023. For completeness, we have documented that post-2022 amendment in this report.

The 2021 valuation reflected the following plan change for the Sensus Smith-Blair location since the 2020 valuation, adopted and effective in 2020:

- The pension benefit accruals ceased, effective October 1, 2020.

The 2020 valuation reflected the following plan change for the Standard location since the 2019 valuation, adopted and effective in 2019:

- For participants hired after October 17, 1993 and terminating after 2019, the benefit increased from \$33.00 per month per year of credited service. The new rates are \$34.00 per month (for terminations during 2020) and \$35.00 per month (for terminations during 2021).
- For participants hired on or before October 17, 1993 and terminating after 2019, the benefit for service after 2013 increased from \$50.00 per month per year of credited service to \$51.00 per month.

The 2019 valuation reflected the following plan change for the Sensus Uniontown location since the 2018 valuation, adopted and effective in 2018:

- The benefit accrual rate increased from the prior \$32.00 per month to \$34.00 for service credited from April 9, 2018 through April 8, 2020 and \$35.00 for service credited after April 8, 2020.

The 2018 valuation reflected the following plan change for the Auburn location since the 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).

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 between 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, 2022**

**EIN#: 45-2080495**

**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost         | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
|                                    | United States Treasury                                       | United States Treasury Note/Bond .125%<br>31 Jul 2023                                                                 | \$ 993,970       | \$ 998,012        |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 1.875%<br>15 Feb 2051                                                                | 397,320          | 314,597           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 2.25%<br>15 Feb 2052                                                                 | 1,007,263        | 963,115           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 3% 15<br>Aug 2052                                                                    | 168,238          | 168,902           |
|                                    | United States Treasury                                       | United States Treasury Note/Bond 3.875%<br>30 Nov 2027                                                                | 44,888           | 44,754            |
|                                    |                                                              | <b>U.S. government Securities</b>                                                                                     | <b>2,611,679</b> | <b>2,489,380</b>  |
|                                    | Advocate Health & Hospitals Corp                             | Advocate Health & Hospitals Corp 3.829%<br>15 Aug 2028                                                                | 111,922          | 93,238            |
|                                    | Advocate Health & Hospitals Corp                             | Advocate Health & Hospitals Corp 4.272%<br>15 Aug 2048                                                                | 441,242          | 297,140           |
|                                    | AEP Texas Inc                                                | AEP Texas Inc 3.95% 01 Jun 2028                                                                                       | 821,454          | 684,528           |
|                                    | AEP Texas Inc                                                | AEP Texas Inc 4.15% 01 May 2049                                                                                       | 326,478          | 233,970           |
|                                    | Alabama Power Co                                             | Alabama Power Co 3.125% 15 Jul 2051                                                                                   | 159,826          | 136,964           |
|                                    | Amazon.com Inc                                               | Amazon.com Inc 4.25% 22 Aug 2057                                                                                      | 1,567,789        | 1,034,999         |
|                                    | Amazon.com Inc                                               | Amazon.com Inc 4.95% 05 Dec 2044                                                                                      | 72,552           | 49,235            |
|                                    | Ameren Illinois Co                                           | Ameren Illinois Co 4.5% 15 Mar 2049                                                                                   | 106,626          | 82,558            |
|                                    | America Movil SAB de CV                                      | America Movil SAB de CV 6.125% 30 Mar<br>2040                                                                         | 315,361          | 243,657           |
|                                    | Apple Inc                                                    | Apple Inc 4.375% 13 May 2045                                                                                          | 1,090,560        | 887,184           |
|                                    | Apple Inc                                                    | Apple Inc 4.5% 23 Feb 2036                                                                                            | 321,021          | 272,808           |
|                                    | Archer-Daniels-Midland Co                                    | Archer-Daniels-Midland Co 4.5% 15 Mar<br>2049                                                                         | 406,504          | 311,672           |
|                                    | Arizona Public Service Co                                    | Arizona Public Service Co 4.2% 15 Aug<br>2048                                                                         | 541,852          | 380,144           |
|                                    | Baltimore Gas and Electric Co                                | Baltimore Gas and Electric Co 3.75% 15<br>Aug 2047                                                                    | 465,017          | 347,031           |
|                                    | Banco Santander SA                                           | Banco Santander SA 4.379% 12 Apr 2028                                                                                 | 866,920          | 751,940           |
|                                    | Bank of America Corp                                         | Bank of America Corp 5.875% 07 Feb 2042                                                                               | 340,468          | 256,196           |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.078% 23<br>Apr 2040                                                                   | 131,630          | 99,775            |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.244% 24<br>Apr 2038                                                                   | 764,036          | 594,664           |
|                                    | Bank of America Corp Variable                                | Bank of America Corp Variable 4.33% 15<br>Mar 2050                                                                    | 344,482          | 237,855           |
|                                    | Bank of Montreal Variable                                    | Bank of Montreal Variable 4.338% 05 Oct<br>2028                                                                       | 769,615          | 685,916           |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**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, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party              | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                    | Berkshire Hathaway Finance Corp                                           | Berkshire Hathaway Finance Corp 3.85% 15 Mar 2052                                                                     | 173,907  | 153,629           |
|                                    | BP Capital Markets America Inc                                            | BP Capital Markets America Inc 4.234% 06 Nov 2028                                                                     | 549,801  | 480,550           |
|                                    | Bristol-Myers Squibb Co                                                   | Bristol-Myers Squibb Co 3.55% 15 Mar 2042                                                                             | 58,834   | 48,980            |
|                                    | Brown-Forman Corp                                                         | Brown-Forman Corp 4% 15 Apr 2038                                                                                      | 798,255  | 637,480           |
|                                    | Burlington Northern Santa Fe LLC                                          | Burlington Northern Santa Fe LLC 6.875% 01 Dec 2027                                                                   | 180,484  | 149,997           |
|                                    | Charles Schwab Corp/The                                                   | Charles Schwab Corp/The 4% 01 Feb 2029                                                                                | 922,975  | 799,055           |
|                                    | Cisco Systems Inc                                                         | Cisco Systems Inc 5.9% 15 Feb 2039                                                                                    | 659,035  | 514,493           |
|                                    | Citigroup Inc                                                             | Citigroup Inc 8.125% 15 Jul 2039                                                                                      | 758,594  | 586,303           |
|                                    | Citigroup Inc Variable                                                    | Citigroup Inc Variable 3.878% 24 Jan 2039                                                                             | 278,530  | 214,895           |
|                                    | Citigroup Inc Variable                                                    | Citigroup Inc Variable 3.98% 20 Mar 2030                                                                              | 416,208  | 351,737           |
|                                    | City of Hope                                                              | City of Hope 5.623% 15 Nov 2043                                                                                       | 221,493  | 155,674           |
|                                    | CME Group Inc                                                             | CME Group Inc 4.15% 15 Jun 2048                                                                                       | 193,521  | 150,136           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.937% 01 Nov 2056                                                                                       | 115,658  | 108,225           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.937% 01 Nov 2056                                                                                       | 823,851  | 556,587           |
|                                    | Comcast Corp                                                              | Comcast Corp 2.987% 01 Nov 2063                                                                                       | 359,092  | 219,492           |
|                                    | Comcast Corp                                                              | Comcast Corp 4.95% 15 Oct 2058                                                                                        | 271,734  | 176,469           |
|                                    | Comerica Inc                                                              | Comerica Inc 4% 01 Feb 2029                                                                                           | 777,584  | 671,161           |
|                                    | Commonwealth Edison Co                                                    | Commonwealth Edison Co 4% 01 Mar 2048                                                                                 | 360,792  | 246,438           |
|                                    | ConocoPhillips                                                            | ConocoPhillips 6.5% 01 Feb 2039                                                                                       | 787,317  | 626,967           |
|                                    | Consolidated Edison Co of New York Inc                                    | Consolidated Edison Co of New York Inc 4% 15 Nov 2057                                                                 | 335,511  | 247,682           |
|                                    | Consolidated Edison Co of New York Inc                                    | Consolidated Edison Co of New York Inc 4.45% 15 Mar 2044                                                              | 801,227  | 604,082           |
|                                    | Cooperatieve Rabobank UA                                                  | Cooperatieve Rabobank UA 5.25% 24 May 2041                                                                            | 249,044  | 190,124           |
|                                    | Curators Of The Univ Of Missou Txbl-Ref-System Facs Rev Bonds 05 May 2020 | Curators Of The Univ Of Missou Txbl-Ref-System Facs Rev Bonds 05 May 2020 2.012% 01 Nov 2027                          | 87,182   | 86,923            |
|                                    | Duke Energy Florida LLC                                                   | Duke Energy Florida LLC 3% 15 Dec 2051                                                                                | 782,065  | 533,767           |
|                                    | Duke Energy Florida LLC                                                   | Duke Energy Florida LLC 4.2% 15 Jul 2048                                                                              | 94,293   | 67,050            |
|                                    | Duke Energy Indiana LLC                                                   | Duke Energy Indiana LLC 3.75% 15 May 2046                                                                             | 145,981  | 104,686           |
|                                    | Duke Energy Ohio Inc                                                      | Duke Energy Ohio Inc 4.3% 01 Feb 2049                                                                                 | 188,909  | 131,377           |
|                                    | Duke Energy Ohio Inc                                                      | Duke Energy Ohio Inc 5.375% 15 Jun 2033                                                                               | 94,865   | 96,800            |
|                                    | Duke Energy Progress LLC                                                  | Duke Energy Progress LLC 4.1% 15 Mar 2043                                                                             | 97,892   | 75,765            |
|                                    | Duke Energy Progress LLC                                                  | Duke Energy Progress LLC 4.15% 01 Dec 2044                                                                            | 104,202  | 71,230            |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**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, 2022**

**EIN#: 45-2080495**  
**PN: 053**

| (a)<br>(party-<br>in-<br>interest) | (b) Identity of Issuer, Borrower,<br>Lesser or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral,<br>and Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                    | Duke Energy Progress LLC                                     | Duke Energy Progress LLC 4.2% 15 Aug 2045                                                                             | 173,525  | 126,217           |
|                                    | Ecolab Inc                                                   | Ecolab Inc 2.75% 18 Aug 2055                                                                                          | 31,801   | 190,957           |
|                                    | Eli Lilly & Co                                               | Eli Lilly & Co 2.5% 15 Sep 2060                                                                                       | 131,895  | 111,020           |
|                                    | Eli Lilly & Co                                               | Eli Lilly & Co 4.15% 15 Mar 2059                                                                                      | 45,824   | 30,719            |
|                                    | Entergy Arkansas LLC                                         | Entergy Arkansas LLC 4.2% 01 Apr 2049                                                                                 | 52,222   | 33,123            |
|                                    | Entergy Louisiana LLC                                        | Entergy Louisiana LLC 3.12% 01 Sep 2027                                                                               | 769,988  | 691,749           |
|                                    | Entergy Louisiana LLC                                        | Entergy Louisiana LLC 4% 15 Mar 2033                                                                                  | 660,294  | 516,546           |
|                                    | Entergy Texas Inc                                            | Entergy Texas Inc 1.5% 01 Sep 2026                                                                                    | 64,846   | 56,506            |
|                                    | Estee Lauder Cos Inc/The                                     | Estee Lauder Cos Inc/The 4.15% 15 Mar 2047                                                                            | 286,318  | 214,777           |
|                                    | Evergy Metro Inc                                             | Evergy Metro Inc 4.2% 15 Mar 2048                                                                                     | 261,698  | 191,883           |
|                                    | Exxon Mobil Corp                                             | Exxon Mobil Corp 4.327% 19 Mar 2050                                                                                   | 128,338  | 88,217            |
|                                    | Federal Realty Investment Trust                              | Federal Realty Investment Trust 3.2% 15 Jun 2029                                                                      | 814,683  | 685,278           |
|                                    | FedEx Corp 2020-1 Class AA Pass Through Trust                | FedEx Corp 2020-1 Class AA Pass Through Trust 1.875% 20 Feb 2034                                                      | 214,333  | 175,661           |
|                                    | Florida Power & Light Co                                     | Florida Power & Light Co 3.15% 01 Oct 2049                                                                            | 114,572  | 79,853            |
|                                    | Georgetown University/The                                    | Georgetown University/The 5.215% 01 Oct 2118                                                                          | 655,520  | 393,269           |
|                                    | George Washington University/The                             | George Washington University/The 4.126% 15 Sep 2048                                                                   | 349,440  | 248,601           |
|                                    | George Washington University/The                             | George Washington University/The 4.3% 15 Sep 2044                                                                     | 186,791  | 125,951           |
|                                    | Gilead Sciences Inc                                          | Gilead Sciences Inc 4% 01 Sep 2036                                                                                    | 557,671  | 462,767           |
|                                    | Gilead Sciences Inc                                          | Gilead Sciences Inc 4.5% 01 Feb 2045                                                                                  | 828,563  | 659,828           |
|                                    | GlaxoSmithKline Capital Inc                                  | GlaxoSmithKline Capital Inc 6.375% 15 May 2038                                                                        | 786,537  | 633,543           |
|                                    | Goldman Sachs Group Inc/The                                  | Goldman Sachs Group Inc/The 4.75% 21 Oct 2045                                                                         | 264,850  | 189,634           |
|                                    | Goldman Sachs Group Inc/The                                  | Goldman Sachs Group Inc/The 6.25% 01 Feb 2041                                                                         | 602,811  | 472,244           |
|                                    | Goldman Sachs Group Inc/The Variable                         | Goldman Sachs Group Inc/The Variable 4.017% 31 Oct 2038                                                               | 710,417  | 554,965           |
|                                    | Gulf Power Co                                                | Gulf Power Co 3.3% 30 May 2027                                                                                        | 124,727  | 112,972           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 3.625% 15 Apr 2052                                                                                 | 162,236  | 139,952           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 4.875% 15 Feb 2044                                                                                 | 384,453  | 293,335           |
|                                    | Home Depot Inc/The                                           | Home Depot Inc/The 5.875% 16 Dec 2036                                                                                 | 740,323  | 585,734           |
|                                    | HSBC Holdings PLC                                            | HSBC Holdings PLC 5.25% 14 Mar 2044                                                                                   | 586,570  | 423,615           |
|                                    | HSBC Holdings PLC Variable                                   | HSBC Holdings PLC Variable 3.973% 22 May 2030                                                                         | 414,161  | 346,730           |
|                                    | Indiana Michigan Power Co                                    | Indiana Michigan Power Co 4.25% 15 Aug 2048                                                                           | 234,968  | 162,168           |

(Continued)  
Sponsor EIN # 45-2080495  
Plan # 053

**XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES**  
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**EIN#: 45-2080495**  
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|------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|                                    | ING Groep NV                                                   | ING Groep NV 3.95% 29 Mar 2027                                                                                        | 1,717,284 | 1,541,299         |
|                                    | Intel Corp                                                     | Intel Corp 4.1% 19 May 2046                                                                                           | 508,254   | 370,162           |
|                                    | Intel Corp                                                     | Intel Corp 4.95% 25 Mar 2060                                                                                          | 383,079   | 239,647           |
|                                    | JPMorgan Chase & Co                                            | JPMorgan Chase & Co 5.6% 15 Jul 2041                                                                                  | 195,915   | 150,760           |
|                                    | JPMorgan Chase & Co                                            | JPMorgan Chase & Co 6.4% 15 May 2038                                                                                  | 794,407   | 613,649           |
|                                    | JPMorgan Chase & Co<br>Variable                                | JPMorgan Chase & Co Variable 3.882% 24<br>Jul 2038                                                                    | 602,928   | 477,250           |
|                                    | Kimberly-Clark Corp                                            | Kimberly-Clark Corp 3.9% 04 May 2047                                                                                  | 217,022   | 164,797           |
|                                    | Lloyds Banking Group PLC<br>Variable                           | Lloyds Banking Group PLC Variable<br>3.574% 07 Nov 2028                                                               | 130,517   | 117,261           |
|                                    | Lockheed Martin Corp                                           | Lockheed Martin Corp 4.7% 15 May 2046                                                                                 | 256,465   | 195,362           |
|                                    | Louisville Gas and Electric Co                                 | Louisville Gas and Electric Co 4.25% 01<br>Apr 2049                                                                   | 135,218   | 100,228           |
|                                    | Marsh & McLennan Cos Inc                                       | Marsh & McLennan Cos Inc 2.9% 15 Dec<br>2051                                                                          | 166,338   | 142,082           |
|                                    | Medtronic Inc                                                  | Medtronic Inc 4.375% 15 Mar 2035                                                                                      | 643,833   | 526,594           |
|                                    | MetLife Inc                                                    | MetLife Inc 4.875% 13 Nov 2043                                                                                        | 361,602   | 281,146           |
|                                    | Microsoft Corp                                                 | Microsoft Corp 2.525% 01 Jun 2050                                                                                     | 284,115   | 184,254           |
|                                    | Microsoft Corp                                                 | Microsoft Corp 4.2% 03 Nov 2035                                                                                       | 989,645   | 833,727           |
|                                    | Mitsubishi UFJ Financial<br>Group Inc                          | Mitsubishi UFJ Financial Group Inc 3.85%<br>01 Mar 2026                                                               | 415,697   | 373,515           |
|                                    | Mitsubishi UFJ Financial<br>Group Inc                          | Mitsubishi UFJ Financial Group Inc 4.153%<br>07 Mar 2039                                                              | 997,712   | 780,678           |
|                                    | Mizuho Financial Group Inc                                     | Mizuho Financial Group Inc 2.839% 13 Sep<br>2026                                                                      | 645,347   | 574,329           |
|                                    | Mizuho Financial Group Inc<br>Variable                         | Mizuho Financial Group Inc Variable<br>4.254% 11 Sep 2029                                                             | 800,564   | 659,302           |
|                                    | Morgan Stanley                                                 | Morgan Stanley 6.375% 24 Jul 2042                                                                                     | 417,666   | 324,399           |
|                                    | Morgan Stanley Variable                                        | Morgan Stanley Variable 4.431% 23 Jan<br>2030                                                                         | 137,233   | 116,338           |
|                                    | Morgan Stanley Variable                                        | Morgan Stanley Variable 4.457% 22 Apr<br>2039                                                                         | 1,027,053 | 798,871           |
|                                    | Mount Sinai Hospitals Group<br>Inc                             | Mount Sinai Hospitals Group Inc 3.981%<br>01 Jul 2048                                                                 | 503,526   | 359,608           |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 3.05% 25 Apr 2027                                                | 833,818   | 755,448           |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 4.3% 15 Mar 2049                                                 | 96,302    | 66,624            |
|                                    | National Rural Utilities<br>Cooperative Finance Corp           | National Rural Utilities Cooperative Finance<br>Corp 4.4% 01 Nov 2048                                                 | 304,024   | 212,318           |
|                                    | NIKE Inc                                                       | NIKE Inc 3.375% 27 Mar 2050                                                                                           | 160,393   | 141,745           |
|                                    | NYU Langone Hospitals                                          | NYU Langone Hospitals 5.75% 01 Jul 2043                                                                               | 262,742   | 201,054           |
|                                    | Oklahoma Development<br>Finance Authority ODFA 2022-<br>OGF A1 | Oklahoma Development Finance Authority<br>ODFA 2022-OGF A1 4.285% 01 Feb 2034                                         | 65,000    | 63,049            |

(Continued)

Sponsor EIN # 45-2080495

Plan # 053

**XYLEM PENSION PLAN FOR U.S. HOURLY EMPLOYEES**  
**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
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|                                    | Oklahoma Development Finance Authority ODFA 2022-PSO A1      | Oklahoma Development Finance Authority ODFA 2022-PSO A1 4.135% 01 Dec 2033                                            | 125,000   | 120,431           |
|                                    | Oklahoma Gas and Electric Co                                 | Oklahoma Gas and Electric Co 3.3% 15 Mar 2030                                                                         | 1,426,734 | 1,198,656         |
|                                    | Oncor Electric Delivery Co LLC                               | Oncor Electric Delivery Co LLC 5.75% 15 Mar 2029                                                                      | 808,427   | 662,726           |
|                                    | ONE Gas Inc                                                  | ONE Gas Inc 4.5% 01 Nov 2048                                                                                          | 209,034   | 148,339           |
|                                    | Oracle Corp                                                  | Oracle Corp 3.85% 15 Jul 2036                                                                                         | 424,204   | 328,816           |
|                                    | Oracle Corp                                                  | Oracle Corp 3.9% 15 May 2035                                                                                          | 561,566   | 441,132           |
|                                    | Oracle Corp                                                  | Oracle Corp 5.375% 15 Jul 2040                                                                                        | 687,930   | 495,259           |
|                                    | Orlando Health Obligated Group                               | Orlando Health Obligated Group 4.089% 01 Oct 2048                                                                     | 105,362   | 78,691            |
|                                    | PeaceHealth Obligated Group                                  | PeaceHealth Obligated Group 4.787% 15 Nov 2048                                                                        | 47,986    | 34,593            |
|                                    | PepsiCo Inc                                                  | PepsiCo Inc 2.625% 29 Jul 2029                                                                                        | 690,463   | 586,483           |
|                                    | PepsiCo Inc                                                  | PepsiCo Inc 4.45% 14 Apr 2046                                                                                         | 46,167    | 32,945            |
|                                    | Pfizer Inc                                                   | Pfizer Inc 4% 15 Dec 2036                                                                                             | 791,751   | 664,204           |
|                                    | Pfizer Inc                                                   | Pfizer Inc 7.2% 15 Mar 2039                                                                                           | 567,129   | 449,749           |
|                                    | PG&E Energy Recovery Funding LLC                             | PG&E Energy Recovery Funding LLC 2.28% 15 Jan 2036                                                                    | 20,730    | 18,858            |
|                                    | PG&E Recovery Funding LLC                                    | PG&E Recovery Funding LLC 5.256% 15 Jan 2038                                                                          | 149,998   | 148,422           |
|                                    | PG&E Wildfire Recovery Funding LLC                           | PG&E Wildfire Recovery Funding LLC 4.022% 01 Jun 2031                                                                 | 109,997   | 104,579           |
|                                    | PG&E Wildfire Recovery Funding LLC                           | PG&E Wildfire Recovery Funding LLC 4.451% 01 Dec 2047                                                                 | 109,997   | 95,370            |
|                                    | Philip Morris International Inc                              | Philip Morris International Inc 3.375% 15 Aug 2029                                                                    | 786,591   | 681,841           |
|                                    | Philip Morris International Inc                              | Philip Morris International Inc 4.25% 10 Nov 2044                                                                     | 816,936   | 617,592           |
|                                    | Providence St Joseph Health Obligated Group                  | Providence St Joseph Health Obligated Group 3.93% 01 Oct 2048                                                         | 234,886   | 155,494           |
|                                    | QUALCOMM Inc                                                 | QUALCOMM Inc 4.65% 20 May 2035                                                                                        | 694,549   | 602,020           |
|                                    | QUALCOMM Inc                                                 | QUALCOMM Inc 4.8% 20 May 2045                                                                                         | 713,694   | 585,713           |
|                                    | Realty Income Corp                                           | Realty Income Corp 3.25% 15 Jun 2029                                                                                  | 1,026,557 | 897,413           |
|                                    | Royal Bank of Canada                                         | Royal Bank of Canada 4.65% 27 Jan 2026                                                                                | 769,641   | 696,313           |
|                                    | RWJ Barnabas Health Inc                                      | RWJ Barnabas Health Inc 3.949% 01 Jul 2046                                                                            | 20,952    | 16,338            |
|                                    | Shell International Finance BV                               | Shell International Finance BV 4.125% 11 May 2035                                                                     | 610,022   | 512,190           |
|                                    | Shell International Finance BV                               | Shell International Finance BV 4.55% 12 Aug 2043                                                                      | 60,058    | 45,311            |
|                                    | Shell International Finance BV                               | Shell International Finance BV 5.5% 25 Mar 2040                                                                       | 750,097   | 584,195           |

(Continued)  
Sponsor EIN # 45-2080495  
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|                                    | Southwestern Public Service Co                               | Southwestern Public Service Co 4.4% 15 Nov 2048                                                                       | 563,939   | 414,617           |
|                                    | Sumitomo Mitsui Financial Group Inc                          | Sumitomo Mitsui Financial Group Inc 3.544% 17 Jan 2028                                                                | 970,732   | 854,476           |
|                                    | Tampa Elec Co                                                | Tampa Elec Co 3.45% 15 Mar 2051                                                                                       | 157,433   | 129,154           |
|                                    | Tampa Electric Co                                            | Tampa Electric Co 4.3% 15 Jun 2048                                                                                    | 608,240   | 444,824           |
|                                    | Texas Electric Market Stabilization Fundinq N LLC            | Texas Electric Market Stabilization Funding N LLC 4.265% 01 Aug 2034                                                  | 99,999    | 94,917            |
|                                    | Texas Electric Market Stabilization Fundinq N LLC            | Texas Electric Market Stabilization Funding N LLC 4.966% 01 Feb 2042                                                  | 99,990    | 94,567            |
|                                    | Toronto-Dominion Bank/The Variable                           | Toronto-Dominion Bank/The Variable 3.625% 15 Sep 2031                                                                 | 771,127   | 695,393           |
|                                    | UnitedHealth Group Inc                                       | UnitedHealth Group Inc 4.625% 15 Jul 2035                                                                             | 781,616   | 656,832           |
|                                    | UnitedHealth Group Inc                                       | UnitedHealth Group Inc 4.75% 15 Jul 2045                                                                              | 516,019   | 411,168           |
|                                    | United Parcel Service Inc                                    | United Parcel Service Inc 3.75% 15 Nov 2047                                                                           | 394,571   | 309,014           |
|                                    | United Parcel Service Inc                                    | United Parcel Service Inc 4.25% 15 Mar 2049                                                                           | 739,955   | 597,459           |
|                                    | University of Chicago/The                                    | University of Chicago/The 4.003% 01 Oct 2053                                                                          | 534,528   | 350,279           |
|                                    | University of Southern California                            | University of Southern California 3.028% 01 Oct 2039                                                                  | 425,558   | 323,084           |
|                                    | University of Southern California                            | University of Southern California 3.841% 01 Oct 2047                                                                  | 310,723   | 235,210           |
|                                    | Virginia Electric and Power Co                               | Virginia Electric and Power Co 4% 15 Nov 2046                                                                         | 160,307   | 118,460           |
|                                    | Virginia Electric and Power Co                               | Virginia Electric and Power Co 4.2% 15 May 2045                                                                       | 352,854   | 257,675           |
|                                    | Virginia Electric & Power Co                                 | Virginia Electric & Power Co 3.8% 01 Apr 2028                                                                         | 96,818    | 84,788            |
|                                    | Walmart Inc                                                  | Walmart Inc 2.5% 22 Sep 2041                                                                                          | 810,306   | 597,375           |
|                                    | Walt Disney Co/The                                           | Walt Disney Co/The 5.4% 01 Oct 2043                                                                                   | 627,777   | 449,037           |
|                                    | Walt Disney Co/The                                           | Walt Disney Co/The 6.4% 15 Dec 2035                                                                                   | 1,003,926 | 776,690           |
|                                    | Washington Gas Light Co                                      | Washington Gas Light Co 3.796% 15 Sep 2046                                                                            | 335,894   | 244,721           |
|                                    | Wells Fargo & Co                                             | Wells Fargo & Co 4.1% 03 Jun 2026                                                                                     | 550,617   | 499,054           |
|                                    | Wells Fargo & Co                                             | Wells Fargo & Co 4.15% 24 Jan 2029                                                                                    | 735,642   | 635,989           |
|                                    | William Marsh Rice University                                | William Marsh Rice University 3.774% 15 May 2055                                                                      | 101,030   | 68,891            |
|                                    | Willis-Knighton Medical Center                               | Willis-Knighton Medical Center 4.813% 01 Sep 2048                                                                     | 214,240   | 158,575           |
|                                    | Wisconsin Electric Power Co                                  | Wisconsin Electric Power Co 4.3% 15 Dec 2045                                                                          | 483,398   | 330,001           |

(Continued)  
Sponsor EIN # 45-2080495  
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|                                    | Wisconsin Power and Light Co                                 | Wisconsin Power and Light Co 3.05% 15<br>Oct 2027                                                                     | 558,778              | 503,537              |
|                                    |                                                              | <b>Corporate Bonds</b>                                                                                                | <b>73,420,740</b>    | <b>58,441,998</b>    |
|                                    | Capital Research & Mgmt Co.                                  | American Funds EuroPacific Growth R6                                                                                  | 2,277,199            | 1,979,434            |
|                                    | Baron Capital                                                | Baron Small Cap Instl Fund                                                                                            | 689,910              | 586,716              |
|                                    | Allspring                                                    | Allspring Special Small Cap Value Fund                                                                                | 866,942              | 701,369              |
|                                    | Jp Morgan Investment Mgmt<br>Inc.                            | Jp Morgan Mid Cap Value R6 Fd                                                                                         | 1,800,625            | 1,624,117            |
|                                    | Mainstay                                                     | Mainstay - Mainstay Mackay High Yield<br>Corporate Bond R6 Fund                                                       | 777,572              | 673,441              |
|                                    | T. Rowe Price Associates, Inc.                               | T. Rowe Price Md-Cp Gr I Fd                                                                                           | 1,507,623            | 1,456,123            |
|                                    | Vanguard Group                                               | Vanguard Real Estate Index Admiral Fund                                                                               | 985,604              | 983,927              |
|                                    |                                                              | <b>Mutual Funds</b>                                                                                                   | <b>8,905,475</b>     | <b>8,005,127</b>     |
|                                    | Northern Trust                                               | NT Collective ACWI ExUS Invst Mkt Idx NL                                                                              | 1,922,881            | 2,010,631            |
|                                    | Northern Trust                                               | NT Collective S&P 500 Index NL                                                                                        | 4,089,566            | 6,240,565            |
|                                    |                                                              | <b>Collective trusts</b>                                                                                              | <b>6,012,447</b>     | <b>8,251,196</b>     |
|                                    | Goldman Sachs                                                | Goldman Sachs Financial Square Funds -<br>Treasury Instruments Fund                                                   | 311,344              | 310,738              |
|                                    |                                                              | <b>Cash and cash equivalents</b>                                                                                      | <b>311,344</b>       | <b>310,738</b>       |
| *                                  | Principal Global Investors                                   | Liquid Assets Separate Account-R6                                                                                     | 1,388,011            | 1,395,482            |
|                                    |                                                              | <b>Pooled separate accounts</b>                                                                                       | <b>\$ 1,388,011</b>  | <b>\$ 1,395,482</b>  |
|                                    |                                                              | <b>Total Investments</b>                                                                                              | <b>\$ 92,649,696</b> | <b>\$ 78,893,921</b> |

\* Represents a party-in-interest

See accompanying Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—2022 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 funding expected rate of return on assets from 3.67% to 3.99%.
- A change in the assumed spousal age difference from husbands being three years older to husbands being two years older than their wives.
- A change in the retirement age assumption for terminated vested participants from age 65 to age 60 for Zelianople and Sensus.
- Changes in the assumed mix of optional form elections at retirement.

The above assumption changes were made to better reflect anticipated plan experience. These 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)—2022 Plan Year  
Xylem Pension Plan for U.S. Hourly Employees  
EIN: 45-2080495 PN: 053

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

The Revenue Ruling 96-7 Mortality Table for Disability after December 31, 1994 is used for disabled participants. As of January 1, 2022, 11 participants were reported as disabled. This table is being used for those disabled as of January 1, 2022 and those assumed to become disabled in the future.