**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	For t	ne 2012 calendar year, or tax year beginning and endir	<u>ıg</u>		
В	Check applica	C Name of organization	D Employer	identification	number
Γ	Add	ress ITT INDUSTRIES, INC. (C) (9)			
Ē	Nar Cha	ne D D		13-36646	515
	Initi	al Downstrand of the state of t	/suite E Telephone		
	X Terr			914-641-	-2124
		inded O	G Gross receipts	s \$	0.
	tiòn	WHITE PLAINS, NY 10604	H(a) Is this a	group return	
	pen	F Name and address of principal officer.MICHAEL SAVINELLI	for affilia	ıtes?	Yes X No
_		1133 WESTCHESTER AVENUE, WHITE PLAINS, NY	<b>1 H(b)</b> Are all aff	filiates included? [	Yes No
1	Tax-e	xempt status $\bigcirc$ 501(c)(3) $\bigcirc$ 501(c)( $\bigcirc$ 9 ) $\bigcirc$ (insert no.) $\bigcirc$ 4947(a)(1) or $\bigcirc$	527 If "No," a	attach a list (se	e instructions)
J	Web	site:	H(c) Group e	xemption numb	er <b>&gt;</b>
	Form art l		. Year of formation:	M State of	of legal domicile;
a	1	Briefly describe the organization's mission or most significant activities: TRUST I	S ESTABLIS	HED TO F	RECEIVE,
Governance		HOLD, INVEST AND REMIT EMPLOYER AND EMPLOYE	E_CONTRIBU	TIONS FO	)R
r	2	Check this box   If the organization discontinued its operations or disposed of	more than 25% of r	ts net assets	
o ve	3	Number of voting members of the governing body (Part VI, line 1a)	اريكا	3	0
დ ჯად	- Д	Number of independent voting members of the governing body (Part VI, line 1b)	2012	4	0
	.	Total number of individuals employed in calendar year 2012 (Part Vane 2a)	2013	5	0
ZU1	6	Total number of volunteers (estimate if necessary)	<u></u>	6	0
U o ZUI Activities	7	Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN	, UT ~	7a	0.
		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
CANNED NOV			Prior Year		Current Year
<b>2</b> 9	8	Contributions and grants (Part VIII, line 1h)		0.	0.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
Źè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,972,		0.
Ζ-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,972,		0.
Š	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10.501	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,531,	-	0.
ëes	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	·	Total fundraising expenses (Part IX, column (D), line 25)		F40	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,		0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,674,		0.
	2 19	Revenue less expenses. Subtract line 18 from line 12	-4,701,		0.
Assets or	<u> </u>	Total assets (Part X, line 16)	Beginning of Curre		End of Year
SSE	20		25,310,	0.	0.
Net/	21	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	25,310,		0.
	<u>22</u> art l		23,310,	003.	0.
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and	etatemente and to the h	neet of my knowle	adde and belief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which pr		-	age and belief, it is
	.,		The state of the s		
Sig	an	Signature of officer			
He		MICHAEL SAVINELLI, VP & CHIEF			
		Type or print name and title			
		Print/Type preparer's name Preparer's sign			
Pai	d	HANK MURATOVIC			
Pre	parer	Firm's name MCGLADREY LLP			
Use	Only	Firm's address 850 CANAL STREET, 4TH F			
		STAMFORD, CT 06902			
Ма	y the	IRS discuss this return with the preparer shown above? (see instri			
	001 12				

SEE SCHEDULE O FOR ORGANIZATION M

	1990 (2012) ' ITT INDUSTRIES, INC. (C) (9)	13-3664615	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	TRUST IS ESTABLISHED TO RECEIVE, HOLD, INVEST AND REMIT	EMPLOYER AN	D
	EMPLOYEE CONTRIBUTIONS FOR EMPLOYEE BENEFITS		
	Did the organization undertake any significant program services during the year which were not listed on		
2		<b>□</b> v	X No
	the prior Form 990 or 990-EZ?	Yes	NO LA
	If "Yes," describe these new services on Schedule O.		[ <b>70</b> ]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Revenue	e \$	)
	PROVISION OF RETIREE HEALTH BENEFITS AND/OR THEIR SPOUSE		
		<u> </u>	
	<del></del>		
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
	/ / / / / / / / / / / / / / / / / / /		
		<del></del>	
40	/c-t- \/c		
4¢	(Code) (Expenses \$) (Revenue)	e\$	<i>'</i>
		<del></del>	<del></del>
		<del></del>	
4d	,		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e_	Total program service expenses ▶		

		_		
	1. II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
^	If "Yes," complete Schedule A	1	_	X
2	is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			A
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 42
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		_	
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			==-
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b.	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<b>.</b>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٦,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b></b>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		<b>.</b>
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
D	in 199 to mile 20a, uiu the organization attach a copy of its audited illiancial statements to this return?		990	(2012)

Form 990 (2012) ITT INDUSTRIES, INC. (C) (9)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		Ì	
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			**
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			37
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1 93U	(2012)

	990 (2012) ITT INDUSTRIES, INC. (C) (9)	<u> </u>	615	Pa	age 5
Pa				_	
	Check if Schedule O contains a response to any question in this Part V	<u> </u>			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to prize winners?	1 1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transitions.	action?	_5b	•	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		_	-	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?		9a		
ь 10	Section 501(c)(7) organizations. Enter.		9b		-
	Initiation fees and capital contributions included on Part VIII, line 12	100			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
11	Section 501(c)(12) organizations. Enter:	10b			
	Gross income from members or shareholders	1440			
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
	amounts due or received from them)	446			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			
	•		100		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	•	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
J	organization is licensed to issue qualified health plans	125			
_	Enter the amount of reserves on hand	13b			
	Did the organization receive any payments for indoor tanning services during the tax year?	136	14a		X
			140		-

14b

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) ITT INDUSTRIES, INC. (C) (9) 13-3664615 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	O. See i	nstructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>[</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-				
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	(	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other			
	officer, director, trustee, or key employee?			2		_X
3	Did the organization delegate control over management duties customarily performed by or under to	he direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_ X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		<u> </u>
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	val by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
þ	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (Sect	ion 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n ın Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd finar	ncıal	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ation. 🕨		
	WELLS FARGO BANK N.A 612-316-0629			_		

Form 990 (20 <sup>-</sup>	12) ' I <b>T</b> T	INDUSTRIES,	INC.	(C) (9)	13-3664615	Page 7				
					, Highest Compensated	1 age 1				
Employees, and Independent Contractors										
Check if Schedule O contains a response to any question in this Part VII										
Section A C	Officers Directors True	toos Koy Employees	and Windon	ot Composited Emp						

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

and former such persons.								, , , ,	, ,	
Check this box if neither the organization	nor any related	orga	anıza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.	
(A) Name and Title	(B) Average hours per week	(do box offi	not c , unle	Pos check	C) intion more erson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLAYTON YOUNG	1.00									
ASSISTANT TREASURER					X			0.	0.	0.
										-
		-								
										-
				<u> </u>						
							_			
	_									
							_			
			Ь_	_	<u> </u>	1	Ь—	<del></del>	<del>-</del>	

Da	t VII Section A. Officers, Directors, Trus							7		13-36	064	<u> 9 T 2</u>	P	age o
Га			ploy	ees,			ghe	st C						
	(A)	(B) Average				C) ition	1		(D)	(E)	(F)			
	Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	n [		stimate nount	
		week		cer an					from	from related		an	other	01
		(list any	ē						the	organizations		com	pensa	ation
		hours for	i i	40			ated		organization	(W-2/1099-MIS	,C)	fr	om th	e
		related organizations	ustee	truste		يو	Suadi		(W-2/1099-MISC)			_	anızat	
		below	lad t	tional		ploye	yee yee	_			ì		d relat anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Рог</b> шег				orga	a) 112a()	Ulis
			一	_		_								
			ĺ											
												-		
							_							
						ļ	_				$\dashv$			
											$\dashv$			
													•	
										_				
1b	Sub-total						ightharpoons		0.		0.			0.
	c Total from continuation sheets to Part VII, Section A								0.			0.		
	Total (add lines 1b and 1c)		<u> </u>				<u> </u>		0.		0.			0.
2	Total number of individuals (including but n	iot limited to th	ose	liste	d al	DOVE	e) wr	io re	eceived more than \$100	0,000 of reportable	€			0
	compensation from the organization								···				Yes	No
3	Did the organization list any former officer,	director, or tru	ıstee	e. ke	v er	olan	vee.	or I	highest compensated e	mplovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s			,	,		,,		g			3	'	Х
4	For any individual listed on line 1a, is the su		le co	mpe	ensa	ation	and	oth	her compensation from	the organization	Ī			
	and related organizations greater than \$150								=	J	- 1	4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsatı	on f	rom	any	unr	elate	ed organization or indivi	dual for services	ſ			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich ,	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co		-								pensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear e	endır	ng v	vrth (	or w	thin		year.				
	(A) Name and business	address	NT/	NE	,			ŀ	( <b>B)</b> Description of s	ervices	C	(C ompe	)) nsatio	n
_			TAC	)IA E				1						··
								ŀ						
									-	-		-		
													_	
					-				-					
-								_						
								$\dashv$			<del></del>			
2	Total number of independent contractors (i	ncluding but n	ot lir	nıted	d to	tho	se lis	ted	l above) who received m	nore than				
	\$100,000 of compensation from the organi	_					<u> </u>		<u> </u>					
			_				_							

		Check if Schedule O conf	tains a response	to any question i	n this Part VIII			
				10 <u>U</u> y quodilo.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts rts	1 a	Federated campaigns	1a				<del></del>	0.10, 0.7011
ira	ь		1b					
ΘĔ	C	_	1c					
ar /	d	. =	1d					
S,E	e		<del> </del>					
Sign		All other contributions, gifts, gran	· -					
Fe St	•	similar amounts not included abo	1 1					
Ē	_	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	s 1a-11 3					
		Town / Go III oo Tu Ti		Business Code			<del></del>	
9	2 a			Business Code				
Š	b							
Program Service Revenue	c							
Ne a	d			1				
Page	e				_		<del></del> -	
Pro	f						·	
		Total. Add lines 2a-2f	ende	<b>•</b>	··· ··· ·			
_	3	Investment income (including	dividends intere		-			
		other similar amounts)	dividends, intere	sst, and				
	4	Income from investment of ta	v-evemnt bond r	roceeds				-
	5	Royalties .	x exempt bond p	noceeus -			<del></del>	·
	_	rioyanies ;	(i) Real	(ii) Personal		-	<del></del> - ·	
	6 a	Gross rents	(i) Hear	(ii) Fersoriai				
	b							
	c							
		Net rental income or (loss)	L	<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other			· · · · · · · · · · · · · · · · · · ·	
	, a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less. cost or other basis						
		and sales expenses						
	_	Gain or (loss)				}		
	d							
		Gross income from fundraisin	a evente (not		<del></del>			
Je	0 a	including \$	of					
Other Reven		contributions reported on line						
~ H		Part IV, line 18	•	İ				
je	<b>h</b>	Less: direct expenses	a b					
ნ		Net income or (loss) from fund		<b>-</b>				
-		Gross income from gaming ac	_		·	····		
	<i>5 a</i>	Part IV, line 19						
	<b>.</b>	Less: direct expenses	a					
		Net income or (loss) from gan	b and activities					!
		Gross sales of inventory, less	•					
	IU a	and allowances						
	L		а					
		Less: cost of goods sold	b					
	<u> </u>	Net income or (loss) from sale		Business O				-
ŀ	44 -	Miscellaneous Revenu		Business Code				†
	11 a							
	b		<del>-</del>					
	C	All other reverse	<del></del>					<del></del>
	ď	·		L	<del></del>			<del></del>
		Total. Add lines 11a-11d	•		0.	<del></del>		
23200 12-10-	<u>12</u>	Total revenue. See instructions.	·			0.	0.	
12-10-	12							Form <b>990</b> (2012)

	Check if Schedule O contains a respons			10	. <u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				_
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			<u> </u>	
b	Legal			<del></del>	<del></del>
c	Accounting		<del></del>	<del>   </del>	
	Lobbying  Professional fundrations continue See Part IV. June 17		<del>_</del>	<del>                                     </del>	···
_	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				·
13	Office expenses Information technology			<del></del>	<del></del>
14 15	Royalties		<del></del>	<del> </del>	<del></del>
15 16	· · · · · · · · · · · · · · · · · · ·		- <del></del>		
16 17	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				<u>.</u>
2 I 22	Depreciation, depletion, and amortization			<del>                                     </del>	
22 23	Insurance				
23 24	Other expenses, Itemize expenses not covered		<del> </del>		<del>-</del>
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а			<del></del> -	<u> </u>	
þ					
C					
d					
e	All other expenses				
<u> 25</u> _	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			Į Į	
	Check here fiffollowing SOP 98-2 (ASC 958-720)			1	

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
		,	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	0.
:	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	Ō.
	5	Loans and other receivables from current and former officers, directors,			
	ŀ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	0.
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use		8	0.
1	9	Prepaid expenses and deferred charges		9	0.
		Land, buildings, and equipment: cost or other			
	'	basis Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	0.
	11	Investments - publicly traded securities	25,310,663.	11	0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	25,310,663.	16	0.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· <del></del> -
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.			
	-	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	_	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	į	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and □			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bala	28	Temporarily restricted net assets		28	
ρl	29	Permanently restricted net assets		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here ►X			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	25,310,663.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Z	33	Total net assets or fund balances	25,310,663.	33	0.
	34	Total liabilities and net assets/fund balances	25,310,663.	34	0.

	990 (2012) ITT INDUSTRIES, INC. (C) (9)	13-	366461	5 Pa	ige 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI		·		X			
	,							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	_2			<u>0.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	_3			0.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,33	LO,6	<u> 63.</u>			
5	Net unrealized gains (losses) on investments	_5						
6	Donated services and use of facilities	_6						
7	Investment expenses	7						
8	Pnor period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-25,33	ΙΟ, ε	63.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10			0.			
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?				X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		1				
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	rt					
	Act and OMB Circular A-133?		3a	<u></u>	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	rt -					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Forr	ո <b>990</b>	(2012)			

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public

Inspection Name of the organization **Employer identification number** ITT INDUSTRIES. INC. (C)(9) 13-3664615 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMPLOYEE BENEFITS. FORM 990, PART VI, SECTION C, LINE 19: PART VI. SECTION B. POLICIES 11B) THE FORM 990 IS PREPARED BY THE SENIOR TAX ACCOUNTANT AND REVIEWED BY THE ASSISTANT TREASURER BEFORE BEING SUBMITTED BY THE COMPANY. PART VI. SECTION B. POLICIES 12C) OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THESE DISCLOSURES ARE ISSUED BY HR AND COMPLETED BY THE INDIVIDUALS COVERED UNDER THE KEY EMPLOYEE REQUIREMENT. PART VI. SECTION C. DISCLOSURE 19) THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FINAL RETURN -25,310,663.

### Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form).					
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.				
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time	ne to file (6	months for a cor	poration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension			
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers /	Associated With C	ertain			
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this	form,			
	urs.gov/efile and click on e-file for Chanties & Nonprofits		<b>,</b>			,			
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).					
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and o	complete					
Part I onl	y					<b>▶</b> □			
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time				
Type or	pe or Name of exempt organization or other filer, see instructions.					nber (EIN) or			
print					12 2664615				
File by the	ythe ITT INDUSTRIES, INC. (C) (9)					13-3664615			
due date for filing your	Number, street, and room or suite no If a P.O. box, s	Social se	Social security number (SSN)						
return See instructions	C/O ITT CORP. 1133 WESTCHES				<del></del> -				
III SI UCUONS	City, town or post office, state, and ZIP code. For a following WHITE PLAINS, NY 10604	neigh add	ress, see instructions.						
	WILLIE LEHELEN, IVI 10001		-						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
		•							
Applicati	ion	Return	Application	,		Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)						
Form 990	)-BL	02	Form 1041-A						
Form 472	20 (individual)	03	Form 4720	09					
Form 990	)-PF	04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 990-T (trust other than above)			Form 8870			12			
	WELLS FARGO BAI	NK N.	Α.						
• The bo	ooks are in the care of ▶ 608 2ND AVE SO			79					
	none No ► 612-316-0629		FAX No ▶	·					
·=	organization does not have an office or place of business	s in the Ur	<u> </u>			▶ □			
	is for a Group Return, enter the organization's four digit		•	f this is fo	r the whole group,	check this			
box 🕨			ch a list with the names and EINs of						
	quest an automatic 3-month (6 months for a corporation								
AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension									
is fo	or the organization's return for	· <b>3</b> · · - ·							
	X calendar year 2012 or								
		an	d ending						
					_ ·				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on. 🔲 Initial return 🔲 I	Fınal retur	n				
	Change in accounting period								
_	gg p								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
nor	nrefundable credits. See instructions.		·	3a_	\$	0.			
b If th	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
	lance due. Subtract line 3b from line 3a Include your pa			3b	<b>\$</b>				
	using EFTPS (Electronic Federal Tax Payment System)			3с	\$_	0.			
	If you are going to make an electronic fund withdrawal v				EO for payment in				
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (l	Rev. 1-2013)			