Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public Open to Public

inte	artment of mai Revent	the Treasury ie Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	1010	Inspection						
A	For the	2018 cale	ndar year, or tax year beginning NOVEMBER 1, 2017, and ending OCTO	BER 31	, 20 18						
В	Check if	applicable	C Name of organization ITT CARBON EMPLOYEE BENEFIT TRUST	D Employ	er identification number						
	Address	change	Doing business as	22-683	38064						
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephor							
	Initial retu	•	C/O ITT INC. 1133 WESTCHESTER AVENUE	914-64	11-2124						
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code								
$\vec{\Box}$	Amended		WHITE PLAINS, NY 10604	G Gross re	ceipts \$ 628,277						
$\vec{\Box}$		on pending			subordinates? Yes X No						
_		pss			s included? Yes No						
	Tax-exen	npt status			list (see instructions)						
J	Website:		= 00 (O/O) = 00 (O/O) = 00 (O/O) = 00 (O/O)	exemption							
<u>-</u>			Corporation ☒ Trust ☐ Association ☐ Other ►	1	of legal domicile MN						
Ρ	art I	Summ		in olulo	or logal dominant 1111						
			escribe the organization's mission or most significant activities. TRUST ESTABL	י משעטד	PO PECETUE						
e e	1	-	INVEST & REMIT EMPLOYER (EE) CONTRIBUTION FOR EMPLOYEE B								
٤			INVEST & REMIT EMPLOTER(EE) CONTRIBUTION FOR EMPLOTEE B.	CNCLIIS	<u> </u>						
Activities & Governance	9	Chook th	is box ▶ ☐ If the organization discontinued its operations or disposed of more than	250/ of							
Š	1		The state of the s	1 - 1	its fiet assets.						
Ö			of voting members of the governing body (Part VI, line 1a)	3							
Š	1		of independent voting members of the governing body (Part VI, line 1b)	4	0						
Ě			nber of individuals employed in calendar year 2018 (Part V, line 2a)	5	0						
Ę	1		nber of volunteers (estimate if necessary)	6	0						
⋖	I		elated business revenue from Part VIII, column (C), line 12	7a							
	b	Net unrel	ated business taxable income from Form 990-1 Jine 38	7b	0						
	_		RECEIVED Prior Yo	ear	Current Year						
ē	,		ions and grants (Part VIII, line 1h) .		0						
eu			service revenue (Part VIII, line 2g) At income (Part VIII, column (A), lines 3, 4 and 7d) MAY 2 1 2019 267,057								
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4 and 7d)								
-			enue (Part VIII, column (A), lines 5, 6d, 8c, 9g, 10g, and 11e)		0						
	12	Total reve	nue—add lines 8 through 11 (must equal Part Vitt commb (4) line 12)	67,057	628,277						
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0						
	14	Benefits _I	paid to or for members (Part IX, column (A), line 4)	10,932	2,654,764						
Ş	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0						
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0						
ge	Ь	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0								
ú	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,297	7,469						
				23,229	2,662,233						
		•		6,172)	(2,033,956)						
- Sa			Béginning of C		End of Year						
ets	20	Total ass		31,622	3,947,666						
8 ₩	21		ets (Part X, line 16)	0	0						
Net Assets or Fund Balances	22			31,622	3,947,666						
	art II		ure Block OGDEN, ON	,							
_			y, I declare that I have examined this return, including accompanying schedules and statements, and to t	he hest of m	ny knowledge and helief it is						
tru	e, correct,	and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer has any know	ledge	ly knowledge and belief, it is						
			Life	-	7/15						
Sig	ın İ	Signa	Sture of officer Da		<u></u>						
He		,									
116	'`		CHAEL SAVINELLI, VP FINANCE & CTO or print name and title								
	l	,	e preparer's signature Date		PTIN						
Pa	id			Check [j if [
Pro	eparer				loyed P01087394						
	e Only	Firm's na			6-1065772						
		Firm's ac		ne no 201	3-708-4000						
			this return with the preparer shown above? (see instructions)	<u>· ·</u>	X Yes No						
For	Paperw	ork Reduc	ction Act Notice, see the separate instructions.		Form 990 (2018)						

Part			e Accomplishments a response or note to any line in	this Part III	. 🗆
1		the organization's mis			
	TRUST IS ES	TABLISHED TO RE	CCEIVE, HOLD, INVEST AN	D REMIT EMPLOYER AND EM	PLOYEE
	CONTRIBUTIO	N FOR EMPLOYEE	BENEFITS.		
2	Did the organiza	ation undertake any sig	unificant program services during	the year which were not listed on t	he
	prior Form 990 c				☐ Yes 🗵 No
		e these new services			
3	-		•	es in how it conducts, any progra	
	services? .			• • •	· ☐ Yes ☒ No
4		e these changes on Se		h of its three largest program service	on an managered by
4				report the amount of grants and a	
			, for each program service report		
		\ <u></u>			
4a	(Code:) (Expenses \$2,	662, 233 including grants of \$) (Revenue \$)
				·····	
				·	
					·
	***************************************				~

4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					•
					·
					
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		·			
		•			
		•			
		····			
4d	Other program s	ervices (Describe in Sc	chedule O.)		
. 🕶	(Expenses \$			venue \$)	
4e		ervice expenses ►			2,662,233

Part IV Checklist of Required Schedules

•	•		Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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 during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
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		_X_
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		Х
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	Did the organization maintain an office, employees, or agents outside of the United States?	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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," complete Schedule G, Part III	19		X
₹0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a]	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X

Part	Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		Х
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ <u>.</u>	ــــــ
c	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), 501(c)(4), and 501(c)(29) 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 Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		х
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		V	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	İ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
	reportable gaming (gambling) winnings to prize winners?	1c		

Form **990** (2018)

Form 99	0'(2018)			Page \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	-		<u> </u>
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
,	Statements, filed for the calendar year ending with or within the year covered by this return 2a () [
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		 	
~ a	a 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.	74		 ^
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	 ^
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130	-	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Da	├─┤	
b	·	C.		
-	gifts were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).	1		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		Х
	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 was		ĺ	.,
	required to file Form 8282?	7c	├─┤	X
	If "Yes," indicate the number of Forms 8282 filed during the year	┤ <u>─</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	ĺ	
11	Section 501(c)(12) organizations. Enter		l'	
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	 		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	- 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	 _ _		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O	1	l I	

Part		•			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	s in Schedule O-S	ee ins	structi	
Sacti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	·	_	•	X
Secti	on 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 0		163	140
	If there are material differences in voting rights among members of the governing body, or	, 1 u 0]
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business in	elationship with			
	any other officer, director, trustee, or key employee?	·	2		X
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4	 	Х
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		Х
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 one or more members of the governing body?	elect or appoint ·	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions un	dertaken during	7b		X
•	the year by the following	aonanan aanng			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	•	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	لِـــا	Χ
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chanters	IVa		
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the	ore filing the form?	11a	X.	- 1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the p		120		
C	describe in Schedule O how this was done	oncy in res,	12c	.	
13	Did the organization have a written whistleblower policy?	·	13		Х
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 a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official .	2.12 300101011	15a	<u> </u>	
b	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)				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	ar arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its		ĺ	- 1
	participation in joint venture arrangements under applicable federal tax law, and take steps t	o safeguard the	<u> </u>		
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE	\ 000 000 T	···		04/
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website. Another's website. Upon request. Other (explain in Sci.)	t apply nedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year				, and
20	State the name, address, and telephone number of the person who possesses the organization WELLS FARGO BANK N.A 612-316-0629, 608 2ND AVE SO., MINNEAPO			>	

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Forth 990 (2018)

	'					9
Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Comper	nsated Employees	, and
	Independent Contractors					

Check if Schedule O contains a response or note to any line in this Part VII .

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MALCOLM MILLER TREASURER	1.00	Х			Х			0	0	0
(2) JOHN CAPELA CHIEF ACCOUNTING OFFICER	1.00	Х			х			0	0	0
(3)	<u> </u>									
(4)										
(5)										
(6)										
(7)										
(8)				-						
(9)	<u> </u>									
(10)										
(11)										
(12)										<u> </u>
(13)							<u> </u>			
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(contin	nued)	
,	(A) Name and title		box, office	unles er and	Pos leck s pe	rson irect	than on the thick the thic	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	-
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I		compensation from the organization and related organization	1
(15)							<u>a</u>						
(16)			1		_			-					
(17)													
(18)													
											_		
(21)													
											1		
(23)													
(24)													
(25)												· · · · · · · · · · · · · · · · · · ·	
1b c	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A			•		A A	0		0		(
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	lıst	ed a	above	e) w	<u> </u>	ore than \$1		0 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direct						emp	loyee, or high	est compe	ensate	Yes 3	No X
4	For any individual listed on line 1a, is the organization and related organizations individual												X
5	Did any person listed on line 1a receive of for services rendered to the organization?										dividua	5 5	X
Section 1	on B. Independent Contractors Complete this table for your five highest of compensation from the organization. Replacement of the compensation of												ЭX
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	
2	Total number of independent contracto	rs (includin	ıg bu	t no	ot I	mite	ed to	the	ose listed abo	ove) who			
	received more than \$100,000 of compens									0			

Form **990** (2018)

Form 9	990,(201	8)	_					Page \$
'Par	t VIII	Statement of Rev	enue					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	Check if Schedule C	O contains a re	esponse or note t	O any line in this (A) Total revenue	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>	T 4		<u> </u>			revenue		512-514
ants	1a	Federated campaign						
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	11					
	C	Fundraising events	10					
ig ig	d	Related organizations				ļ		
Sir.	e	Government grants (cor						
er.	f	All other contributions, g and similar amounts not inc	-		}			'
<u> </u>			L					
<u> </u>	9	Noncash contributions include						I
	h	Total. Add lines 1a-1	<u> </u>		0			
Program Service Revenue				Business Code				
ě	2a		•	·				
ė	b							 -
Ξ̈́	C		•	-	-			-
Š	d							
Гап	e r	All ather programs one		·				
ĝ	g	All other program ser Total. Add lines 2a-2		<u> </u>	0			
	3	Investment income		<u>·</u> •	 		 -	
	•	and other similar amo		>	129,290	129,290		
	4	Income from investmen	•		123,230	120,200		
	5	Royalties	it of tax-exempt	bona proceeds	 			
		Noyamos	(i) Real	(ii) Personal				***
	6a	Gross rents .						•
	b	Less rental expenses						
	c	Rental income or (loss)		0 0				
	d	Net rental income or		•	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	12,574,63	3				
	ь	Less cost or other basis						, ,
	_	and sales expenses	12,075,64	6				
	С	Gain or (loss)	498,98					
	d	Net gain or (loss)		. •	498,987	498,987		
		. ,						
Jue .	8a	Gross income from fu	undraising					
Ve		events (not including \$						
Re		of contributions reporte		1				
ier		See Part IV, line 18 .		a				
Other Revenue	b	Less direct expenses	.	b[
		Net income or (loss) f			0			
	9a	Gross income from ga						
		See Part IV, line 19 .		a				
		Less direct expenses		b[
		Net income or (loss) f			0			
	10a	Gross sales of in						
		returns and allowance		a				
		Less cost of goods s		b[
	С	Net income or (loss) f			0			ļ
		Miscellaneous R	levenue	Dusiness Code				
	11a							ļ
	b							
	С							
	d	All other revenue		L				
	e	Total Add lines 11a-			620 277	620 277		

Par	IX Statement of Functional Expenses		······································		Page 10
	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns Al	l other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respons	e or note to any lin			_ ·
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,654,764	2,654,764		
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11 a	Fees for services (non-employees) Management				
b C	Legal Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees .	7,469	7,469	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,103			
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered			1	I
	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 O.)				
_	· · · · · · · · · · · · · · · · · · ·				<u> </u>
a b					
c					
٠.					

2,662,233

2,662,233

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

25

0

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds .

Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 47,406 1 Cash—non-interest-bearing 53,177 5,934,216 2 2 3,894,489 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instructions) Complete Part II of Schedule L 6 **Assets** Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets . . 14 15 15 Other assets See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 5,981,622 3,947,666 17 17 Accounts payable and accrued expenses . . . 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 ō 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 30 through 34.

3,947,666 Form **990** (2018)

3,947,666

3,947,666

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0

5,981,622

5,981,622

5,981,622

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33

34

0 32

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Pan	•	

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-01111 9	90 (2016)		Pag	ge IZ	
Par	XI Reconciliation of Net Assets				
•	· Check if Schedule O contains a response or note to any line in this Part XI		_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	628,	277	
2 `	Total expenses (must equal Part IX, column (A), line 25)	2	2,662,	233	
3	Revenue less expenses Subtract line 2 from line 1	3	(2,033,	956)	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		5,981,	622	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	7 Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,947,	666	
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	Yes		
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			No	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? .			X	
b	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 Were the organization's financial statements audited by an independent accountant?			X	
c	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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			<u>x</u>	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Form 990 ((2018)	
			· ·		

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2018

Employer identification number

22-6838064

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

ITT CARBON EMPLOYEE BENEFIT TRUST PART VI SEC. A LINE 8: THE ORGANIZATION'S GOVERNING BODY HOLDS QUARTERLY MEETINGS WHICH ARE DOCUMENTED VIA MEETING MINUTES THE GOVERNING BODY CONSISTS OF A 6-MEMBER COMMITTEE THAT IS TASKED WITH INVESTMENT DECISIONS ON BEHALF OF THE TRUST. PART VI SEC B LINE 11: THE PROCESS BY WHICH THIS FED FORM 990 WAS REVIEWED BY THE GOVERNING BODY IS AS FOLLOWS: THE ORGANIZATION IS A TRUST CHARGED WITH MANAGING EMPLOYER(EE) RETIREMENT CONTRIBUTIONS THAT IS SPONSORED BY ITT INC. DULY AUTHORIZED ITT ACCOUNTING PERSONNEL REVIEW THE FINANCIAL STATEMENTS PROVIDED BY WELLS FARGO BANK NA, THE PLAN TRUSTEE. THIS DATA IS THEN PROVIDED TO DELOITTE TAX LLP WHO PREPARES THE TAX RETURNS. ITT'S TAX DEPARTMENT REVIEWS THE FILING WHICH IS SIGNED BY THE CHIEF TAX OFFICER OF ITT INC. PART VI SEC C LINE 19: ALL RELEVANT DOCUMENTS RELATED TO THE TRUST ARE AVAILABLE TO THE BENEFICIARY EMPLOYEES VIA THE COMPANY'S BENEFITS WEBSITE.