Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 04/01/1974

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

1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

2b Employer Identification Number (EIN) 13-5158950

2c Sponsor's telephone number 914-641-2000

2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/30/2010	MICHAEL SEAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/03/2010	JANICE KLETTNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

3b Administrator's EIN
13-5158950

3c Administrator's telephone number
914-641-2000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	17519
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	11937
b	Retired or separated participants receiving benefits	**6b**	107
c	Other retired or separated participants entitled to future benefits	**6c**	6354
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	18398
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	19
f	Total. Add lines **6d** and **6e**	**6f**	18417
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	17789
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	421
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2H 2J 2K 2O 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

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

1 Coverage Information:

(a) Name of insurance carrier
BANK OF AMERICA N.A.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
75-1738434	11292	98-030		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	205227961
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6928720		
	(4) Transferred from separate account	7c(4)	15621736		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	22550456
d	Total of balance and additions (add **b** and **c(6)**)			7d	227778417
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	199353		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	199353
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	227579064

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JACKSON NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1659835	65056	G-1567-1		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	5136197
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	371458		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	371458
d	Total of balance and additions (add **b** and **c(6)**)			7d	5507655
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ RETURN TO CONTRACT HOLDER	7e(4)	1054212		
	(5) Total deductions			7e(5)	1054212
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	4453443

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JP MORGAN CHASE BANK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-4994650	52211	AITT01		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	47834022
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6581150		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	6581150
d	Total of balance and additions (add **b** and **c(6)**)			7d	54415172
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	54415172

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MONUMENTAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA00541TR		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	156379093
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21578552		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	21578552
d	Total of balance and additions (add **b** and **c(6)**)			7d	177957645
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	177957645

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

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

1 Coverage Information:

(a) Name of insurance carrier
NATIXIS FINANCIAL PRODUCTS

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-3995170	5239	1857-01		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	193209498
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	20370971		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	20370971
d	Total of balance and additions (add **b** and **c(6)**)			7d	213580469
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	257640		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	257640
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	213322829

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500.
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIXIS FINANCIAL PRODUCTS

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-3398261	00000	857-25		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	8603525
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	8603525
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8603525		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	8603525
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

INTECH

01-1614895

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

KORNITZER CAPITAL MANAGEMENT, INC.

48-1069845

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

CAPITAL RESEARCH AND MANAGEMENT CO.

1 MARKET, STEUART TOWER
SUITE 1800
SAN FRANCISCO, CA 94105

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

AMERICAN CENTURY INVESTMENT MNGT.

44-0640487

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

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

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

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

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

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

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

J.P. MORGAN INVESTMENT MGNT., INC.

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 52 68	NONE	1128913	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DEUTSCHE BANK TRUST CO. AMERICAS

13-4941247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	1429703	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

COLUMBUS CIRLE INVESTORS

06-1404803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	165173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	307477	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MNGT.

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	36045	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52 68 99	NONE	47846	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GLOBAL CURRENTS INV. MGNT. LLC

26-1482415

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 68 71	NONE	62139	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JENNISON ASSOCIATES LLC

52-2069785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	836075	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ALLIANCEBERNSTEIN L.P.

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	303362	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71	NONE	55658	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ FUNDS 33-0457728	RANGE OF 0.32 - 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALPINE 13-3982412	RATE OF 0.46% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA 35-6447892	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN BEACON 75-2401150	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 44-6006315	RANGE OF 0.23% - 0.32% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	RANGE OF 0.05% - 0.32% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN 39-1811840	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON CAPITAL GROUP 13-3122938	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COHEN & STEERS 14-1904657	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA 93-0577450	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CROFT 52-1603329	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIREXION FUNDS 13-4143904	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE 04-2718215	RATE OF 0.23% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED 25-1111467	RATE OF 0.27% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE 13-3392291	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI FUNDS 39-1861095	RATE OF 0.41% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GABELLI 13-3340139	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GUINESS ATKINSON 98-0534338	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR 04-2679462	RATE OF 0.39% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ICON FUNDS 75-2676133	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY FUNDS 04-6006759	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS 43-1804048	RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN 13-2624428	RANGE OF 0.22% - 0.46% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
KINETICS 13-3878346	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAUDUS FUNDS 94-3106735	RATE OF 0.23% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAZARD 20-4571006	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANNING & NAPIER 16-0995736	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MARKETOCRACY FUNDS 77-0520626	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS ASIA FUNDS 94-3250972	RANGE OF 0.32% - 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERK FUNDS 01-0516963	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METROPOLITAN WEST FUNDS 95-4597302	RATE OF 0.32% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIXIS FUNDS 04-3200027	RATE OF 0.32% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTH COAST 20-0902295	RATE OF 0.46% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK 04-3276558	RATE OF 0.32% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OBERWEIS 36-4106772	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMERFUNDS 13-2527171	RATE OF 0.46% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERMANENT PORTFOLIO 94-2788165	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
QUANTITATIVE 04-2789623	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE 52-2343049	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SCHWAB FUNDS 94-3106735	RANGE OF 0.02% - 0.23% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SCOUT 43-1270132	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SELECTED FUNDS 85-0360310	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 52-2264646	RATE OF 0.01% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW 95-2749628	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THIRD AVENUE 01-0690900	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE 13-3549887	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
U.S. GLOBAL INVESTORS 74-1619375	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH 87-0319391	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO ADVANTAGE 41-0449260	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WESTCORE 84-1284659	RATE OF 0.27% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR 36-2214610	RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INTECH INSTITUTIONAL LARGE CAP

b Name of sponsor of entity listed in (a): JANUS CAPITAL MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2391973-001	C	29048281

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BANK US SMRT INDX FD

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3637896-001	C	102968326

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2010

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063261-001	C	17752699

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2015

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063321-001	C	27533855

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2020

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063359-001	C	44451520

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2025

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819098-001	C	8529409

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2030

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063387-001	C	32150152

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2035

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819181-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6142926

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2040

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-3063440-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3794790

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2045

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819388-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2781897

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2050

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819476-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1975465

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET INCOME

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-3063490-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11064688

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE LONG TERM BOND FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 13-4027152-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53886134

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL ADVISORS FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK

c EIN-PN 04-6013494-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11685277

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4203599	19322
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	3056770	3074972
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17768156	30716146
(2) U.S. Government securities	1c(2)	18242575	18340543
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	21140274	26689755
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	73406	484900
(B) Common	1c(4)(B)	206604972	287155182
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	26583297	27961382
(9) Value of interest in common/collective trusts	1c(9)	253541647	353765419
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142786662	193789960
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	642142119	697382579
(15) Other	1c(15)	87702404	20983659

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	463484093	458024274
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1887329974	2118388093
Liabilities			
g Benefit claims payable	1g	177540	4955
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	94550797	21771189
k Total liabilities (add all amounts in lines 1g through1j)	1k	94728337	21776144
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1792601637	2096611949

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	27824467	
(B) Participants	2a(1)(B)	84294209	
(C) Others (including rollovers)	2a(1)(C)	5786184	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		117904860
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	275483	
(B) U.S. Government securities	2b(1)(B)	251539	
(C) Corporate debt instruments	2b(1)(C)	6282045	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1636144	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8445211
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	13294350	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1875475	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		15169825
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	99623982	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		99623982
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		116982404
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		45822327
c	Other income	2c		23656760
d	Total income. Add all **income** amounts in column (b) and enter total	2d		427605369
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115581867	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		115581867
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		2147118
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	5456241	
	(4) Other	2i(4)	409831	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5866072
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123595057
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		304010312
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ITT SALARIED INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
ITT CORPORATION

D Employer Identification Number (EIN)
13-5158950

Part I Distributions

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

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

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

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11-K 1 y85156e11vk.htm FORM 11-K

SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 11-K

(Mark One)

☑ **Annual Report pursuant to Section 15(d) of the Securities Exchange Act of 1934 for the fiscal year ended December 31, 2009**

OR

☐ **Transition Report pursuant to Section 15(d) of the Securities Exchange Act of 1934 for the transition period from _____ to _____**

Commission File Number 1-5627

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

ITT SALARIED INVESTMENT AND SAVINGS PLAN

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

ITT CORPORATION
1133 WESTCHESTER AVENUE, WHITE PLAINS, NY 10604

ITT SALARIED INVESTMENT AND SAVINGS PLAN

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FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
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Notes to Financial Statements as of December 31, 2009 and 2008, and for the Year Ended December 31, 2009	4 - 16
SUPPLEMENTAL SCHEDULE-	
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2009	17 - 45
Exhibit 23 — Consent of Independent Registered Public Accounting Firm	

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

These financial statements have been prepared from the ITT Salaried Investment and Savings Plan's books and records after making all necessary adjustments thereto, and they represent the final statements for the period ended December 31, 2009.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Investment and Savings Plan Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

ITT SALARIED INVESTMENT AND SAVINGS PLAN

BY:/s/ Michael S. Seay
Michael S. Seay
Plan Administrator
Director, Global Benefits, ITT Corporation

June 28, 2010
(Date)

Deloitte.

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USA

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REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

To the Trustees and Participants of the
ITT Salaried Investment and Savings Plan
White Plains, New York

We have audited the accompanying statements of net assets available for benefits of the ITT Salaried Investment and Savings Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic 2009 financial statements taken as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2009, is presented for the purpose of additional analysis and are not a required part of the basic 2009 financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This schedule is the responsibility of the Plan's management. Such schedule has been subjected to the auditing procedures applied in our audit of the basic 2009 financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic 2009 financial statements taken as a whole.

Deloitte & Touche LLP

June 28, 2010

ITT SALARIED INVESTMENT AND SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
($ IN THOUSANDS)

	December 31, 2009	December 31, 2008
Assets:		
Investments:		
Cash and cash equivalents	$ 30,736	$ 21,972
Equities	745,664	670,162
Mutual funds	193,790	142,787
U.S. government securities	18,341	18,243
Corporate bonds	26,690	21,140
Guaranteed investment contracts	697,382	642,142
Common collective trusts	353,765	253,542
Brokerage account	8,383	5,389
Member loans	27,961	26,583
Total investments	2,102,712	1,801,960
Receivables:		
Dividends	2,265	2,195
Interest	515	423
Unsettled security sales	293	439
Total receivables	3,073	3,057
Collateral held under securities lending agreement	—	82,313
Non-participant directed investments	12,601	—
Total assets	2,118,386	1,887,330
Liabilities:		
Liability to return collateral held under securities lending agreement	—	92,702
Liability to plan sponsor	19,440	—
Accrued financial services expense	817	769
Accrued administrative expense	220	187
Unsettled security purchases	1,294	893
Total liabilities	21,771	94,551
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	2,096,615	1,792,779
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(4,727)	44,833
NET ASSETS AVAILABLE FOR BENEFITS	$2,091,888	$1,837,612

The accompanying notes to financial statements are an integral part of the above statements.

ITT SALARIED INVESTMENT AND SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
($ IN THOUSANDS)

	Year ended December 31, 2009
Investment income:	
Net appreciation in fair value of investments	$ 218,753
Dividends	15,170
Interest	26,216
Total investment income	260,139
Contributions:	
Participants	84,294
Employer	27,825
Total contributions	112,119
Asset rollovers	5,786
DEDUCTIONS:	
Withdrawals and distributions	(117,901)
Investment management and administrative expenses	(5,867)
Total deductions	(123,768)
INCREASE IN NET ASSETS	254,276
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	1,837,612
End of year	$ 2,091,888

The accompanying notes to financial statements are an integral part of the above statement.

ITT SALARIED INVESTMENT AND SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2009 AND 2008, AND
FOR THE YEAR ENDED DECEMBER 31, 2009
($ IN THOUSANDS)

1. DESCRIPTION OF THE PLAN

The following description of the ITT Salaried Investment and Savings Plan (the "Plan") is provided for general information purposes only. Eligible employees, referred to herein as Members ("Members"), should refer to the Plan document for more complete information about the Plan.

General—The Plan is a defined contribution plan generally covering all regular salaried U.S. employees of ITT Corporation (the "Company" or the "Plan Sponsor"). Employees are eligible to join the Plan on the first day of the calendar month following completion of one month of service. Part—time /temporary employees are eligible as of the first of the month following the completion of at least 1,000 hours of service in an anniversary year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions—

Employee—A Member may generally elect to contribute 2% to 25% of base salary. A Member may designate their contributions as Before-Tax Contributions, After-Tax Contributions, or any combination of the two. In 2009, a Member who is considered a Highly Compensated Employee ("HCE") under the Plan may elect Plan contributions up to a maximum of 14% of base salary as either Before-Tax Contributions, After-Tax Contributions, or any combination. Member contributions are subject to the dollar limitation contained in Section 402(g) of the Internal Revenue Code ("IRC"). All salaried employees who first satisfy the eligibility requirements for participation in the Plan on or after January 1, 2006 and who have not elected a contribution rate, shall be deemed to have elected a 2% before-tax employee contribution rate, provided however, that at any time, such employee may elect to contribute at a different rate, including 0%, in accordance with the terms of the Plan.

Employer—An amount equal to 50% of a Member's first 6% of base salary saved is matched by the Company. In addition, the Company contributes 1/2 of 1% of base salary to the Floor Company Contribution Account, as defined by the Plan, to each eligible Member. All Members have the ability to invest their Company contributions in any of the Plan's investment options subject to the same limitations as the employee's contributions.

Any contributions (employee and/or Company) directed by Members into the ITT Stock Fund, including future contributions to the Plan, are deposited into the Employee Stock Ownership account ("ESOP"). All dividends associated with the contributions held in the ESOP in the Plan are immediately 100% vested. In addition, Members can make an election regarding the payment of their ESOP dividends. Members can elect to have their ESOP dividends either reinvested in the ITT Stock Fund or paid to them in cash on a quarterly basis.

The Plan limits the amount that may be held in the ITT Stock Fund to 20% of a Member's total account balance. Members who hold 20% or more of their total account balance in the ITT Stock Fund at the end of any calendar quarter, will not be permitted to designate any future contributions (employee and Company) to the ITT Stock Fund, or transfer balances into that Fund, for the following calendar quarter. Members who hold less than 20% of their total account balance in the ITT Stock Fund may designate up to 20% of their future contributions (employee and Company) to the ITT Stock Fund, and may transfer balances into that Fund, provided that the balance in the ITT Stock Fund does not exceed 20% of the Member's total account balance after the transfer.

The Plan also limits the amount that may be held in the Schwab Personal Choice Retirement Account ("PCRA") to 20% of a Member's total account balance.

Investment Direction— Members may direct employee contributions and Company contributions, in any whole percentage, among any of twenty-four investment options, and the Members can change their future contributions and reallocate accumulated investments in 1% increments on a daily basis among the twenty-four funds, however, limited to a maximum of four fund reallocations or transfers in any calendar month A reallocation or a transfer shall be defined as a single reallocation or a single transfer, or as a series of reallocations and/or transfers taking place on a single business day. The twenty-four funds are as follows:

Stable Value Fund
Long Term Bond Fund
JPMCB SmartRetirement Income Fund
JPMCB SmartRetirement Fund 2010
JPMCB SmartRetirement Fund 2015
JPMCB SmartRetirement Fund 2020
JPMCB SmartRetirement Fund 2025
JPMCB SmartRetirement Fund 2030
JPMCB SmartRetirement Fund 2035
JPMCB SmartRetirement Fund 2040
JPMCB SmartRetirement Fund 2045
JPMCB SmartRetirement Fund 2050
Balanced Fund
Enhanced Equity Index Fund
Large Cap Core Plus Fund
Large Cap Value Fund
Large Cap Growth Fund
Global Equity Fund
International Equity Fund
Small Cap Core Fund
Small Cap Value Fund
Small Cap Growth Fund
ITT Stock Fund
Schwab Personal Choice Retirement Account

Member Accounts—Each Member's account is credited with the Member's contributions, Company contributions, plan earnings or losses, and withdrawals, net of administrative expenses and investment management fees. Allocations are based on Member account balances, as defined in the Plan document. The benefit to which a Member is entitled is the benefit that can be provided from the Member's vested account.

Plan accounts are valued and reconciled between the trustee and record keeper daily. Members can initiate transactions by using the Plan's web site or by speaking to a Plan representative at the ITT Benefits Center ("Benefits Center").

A deferred Member is a Member who has terminated employment with the Company and has (i) elected to defer their account in the Plan, or (ii) not made any election prior to termination and, therefore, their account was automatically deferred in the Plan. A deferred Member is also the beneficiary of a deceased Member or deferred Member, or an alternate payee designated as such pursuant to a domestic relations order as qualified by the Plan.

***Vesting*—**Members are immediately vested in their contributions and the Company floor contributions plus earnings thereon. Member's interests in matching Company contributions vest according to the following schedule, except as noted previously with respect to dividends on ESOP shares which are 100% vested:

Years of Service	Non-forfeitable Percentage
Less than 1 year	0%
1 but less than 2 years	20%
2 but less than 3 years	40%
3 but less than 4 years	60%
4 but less than 5 years	80%
5 or more years	100%

***Forfeitures*—**At December 31, 2009 and 2008, forfeited nonvested accounts totaled $798 and $729, respectively. During the year ended December 31, 2009, the forfeitures of $798 were used to reduce employer contributions to the Plan.

***Member Loans*—**A Member may request a loan in any specified whole dollar amount which must be at least one thousand dollars but which may not exceed the lesser of 50% of the vested account balance or fifty thousand dollars, reduced by the Member's highest outstanding loan balance under all plans of the Company, if any, during the prior one-year period. The interest rate charged by the Plan is based on the prime rate plus 1%, as published in the Wall Street Journal on the first business day of the month in which the loan is originated, and remains the same throughout the term of the loan. General purpose loan terms range from one to sixty months. If the loan is used in the purchase of a primary residence, the loan term can be for a period of up to one hundred-eighty months. Members may have up to two loans outstanding at the same time. Loans to Members at December 31, 2009 and 2008 were $27,961 and $26,583, respectively. The loans are secured by the balance in the Member's account.

A terminated Member may continue to make periodic repayment on their loans after separation by contacting the Benefits Center. However, no new loans can be requested after termination of employment.

In 2009, it was determined that a number of outstanding loans were delinquent during 2008 and not defaulted in a timely manner. The Plan filed a Voluntary Correction Program application with the Internal Revenue Service ("IRS") and received a Compliance Statement from the IRS in June 2009, through which the IRS accepted our Voluntary Correction Program.

Payment of Benefits—On termination of employment (including death, disability, or retirement), a Member or their surviving spouse beneficiary may elect to receive a lump-sum amount equal to the value of the Member's vested interest in their account paid in cash or as a rollover to another qualified plan or an Individual Retirement Account ("IRA"), or periodic payments under one of two alternative installment options. In any case, a Member or their surviving spouse beneficiary whose vested account balance is more than five thousand dollars may elect to keep their account balance in the Plan until the year in which the Member reaches/would have reached age 70 1/2. Upon the death of a Member, with a non-spouse beneficiary, the distribution must be made within five years from the Member's date of death in the form of a lump sum payment or annual fixed period installments, provided that the number of installments does not extend beyond five years from the date of the Member's death. A non-spouse beneficiary who elects payment in the form of a lump sum, may elect that the payment be made as a rollover to a "special" IRA in accordance with the provisions of Section 402 (c)(11) of the IRC.

Direct Rollover of Certain Distributions — If a Member leaves the Company for any reason, the Member is entitled to receive a distribution of the total vested value of their account. The distribution can be in the form of a rollover as follows:

(1) Elective Rollover — A Member may elect a rollover distribution paid directly to not more than two eligible retirement plans as specified by the Member.

(2) Mandatory Rollover —

(A) If a Member's account balance is greater than $1,000 but less than $5,001 and the Member fails to make an affirmative election to either receive the lump sum payment or have it directly rolled over to another qualified plan or an IRA within the election period, the account balance will be automatically rolled over to an IRA established in the Member's name.

(B) If a Member's account balance is $1,000 or less and the Member fails to make an affirmative election to either receive the lump sum payment or have it directly rolled over to another qualified plan or an IRA within the election period, the account balance will be automatically paid out to the Member.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. Certain amounts have been reclassified to conform to current year presentation.

Use of Estimates, Risks and Uncertainties— The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Further, the Plan's valuation methods may produce a fair value estimate that may not be indicative of net realizable value or reflective of future fair values. While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to estimate fair value could result in a different measure of fair value at the measurement date which could materially affect the amounts reported in the financial statements.

Income Recognition— Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses—The Plan pays for the administrative expenses of the Plan up to 0.25% of the market value of trust assets. In 2009, the plan accrued 0.125% of trust assets. These expenses are limited to services provided by unrelated vendors. The Company pays Plan administrative expenses which are not paid by the Plan. In addition to the administrative expense charge, an investment management fee is charged to each investment fund except for the ITT Stock Fund and the PCRA. In 2009, these investment management fees totaled $3,087 and are reflected as a component of Investment Management and Administrative expense on the Statement of Changes in Net Assets Available For Benefits.

Payment of Benefits—Benefit payments to Members are recorded upon distribution. Amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid were $5 and $177 at December 31, 2009 and 2008, respectively.

3. FAIR VALUE MEASUREMENT

The Plan's investments are measured at fair value except for its benefit-responsive investment contracts which are stated at fair value and then adjusted to contract value (Note 8). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price).

In measuring plan assets at fair value, a fair value hierarchy is applied which categorizes and prioritizes the inputs used to estimate fair value into three levels. The fair value hierarchy is based on maximizing the use of observable inputs and minimizing the use of unobservable inputs when measuring fair value. Classification within the fair value hierarchy is based on the lowest level input that is significant to the fair value measurement. The three levels of the fair value hierarchy are defined as follows:

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

The following is a description of the valuation methodologies and inputs used to measure fair value for major categories of investments.

- Cash equivalents and mutual funds —Fair value is measured at net asset value ("NAV"). Investments in cash equivalents and mutual funds are classified in Level 1 of the fair value hierarchy.
- Equities — Common and preferred stock is valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. ITT Stock Fund invests primarily in ITT Corporation common stock, which is traded on the New York Stock Exchange (NYSE) under the ticker symbol (ITT) and is valued at its NAV. The NAV of the ITT Stock Fund is computed based on the closing price of ITT common stock reported by the NYSE at the measurement date, plus the NAV of the short-term money market included in the ITT Stock Fund, divided by the number of units outstanding. The money market portion of the ITT Stock Fund provides liquidity, which enables the Plan Members to transfer money daily among all investment choices. As all equity securities held by the Plan are publicly traded in active markets, the securities are classified within Level 1 of the fair value hierarchy.
- U.S. government securities and corporate bonds — U.S. government securities are generally valued using matrix pricing or fair value is estimated using quoted prices of securities with similar characteristics. Corporate bonds are generally valued by using pricing models (e.g., discounted cash flows), quoted prices of securities with similar characteristics or broker quotes. Fixed income securities are generally classified in Level 2 of the fair value hierarchy.
- Guaranteed investment contracts — The Stable Value Fund includes traditional and synthetic guaranteed investment contracts ("GICs"). For a traditional GIC, the issuer of the GIC takes a deposit from the Plan and purchases investments that are held in the issuer's general accounts. In return, the issuer of the GIC is obligated to repay the principal and specified interest guaranteed to the Plan. The fair value of a traditional GIC is generally estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations. In a synthetic GIC structure, there are two components, an underlying investment and a wrapper contract. The underlying investments remain owned by the Plan and are measured at fair value based on the nature of the individual security. The fair value of wrapper contracts is generally estimated using a discounted replacement cost approach which incorporates the difference between current market rates for the identical wrapper contract (See Note 8) and wrap fees currently being charged by market participants. Traditional GICs are classified in Level 2 of the fair value hierarchy. Investments held underlying a synthetic GIC are classified in the fair value hierarchy based on the nature of the underlying security, which is generally Level 2, and the wrapper contracts are generally classified in Level 3.
- Common collective trust ("CCTs") — CCTs are arrangements in which the funds of individual trusts are pooled to avail themselves of professional investment management and achieve greater diversification of investment, stability of income or other investment objectives. CCTs invest in debt and equity securities and report NAV as of the measurement date. Fair value is estimated based on the NAV practical expedient described below. There are no

unfunded commitments related to the CCTs and investments in CCTs can be redeemed on a daily basis. CCTs are classified in Level 2 of the fair value hierarchy.

- Brokerage Account — Securities held in the PCRA Brokerage account are valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. These securities are classified in Level 1 of the fair value hierarchy.
- Member loans — Loans to plan Members, all of which are secured by vested account balances of borrowing Members, are measured at fair value, which approximates their outstanding balances. Member loans are classified in Level 3 of the fair value hierarchy.

In certain instances, fair value is estimated using quoted market prices obtained from an external pricing service. In obtaining such data from the pricing service, the Plan has evaluated the methodologies used to develop the estimate of fair value in order to assess whether such valuations are representative of fair value, including NAV. Additionally, in certain circumstances, the Plan may adjust NAV reported by an asset manager when sufficient evidence indicates NAV is not representative of fair value.

In September 2009, the Financial Accounting Standards Board provided investors with a practical expedient for measuring the fair value of investments in certain entities that calculate NAV. The practical expedient enables an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The Plan adopted this guidance for the year ended December 31, 2009; however, application of the practical expedient did not have a material effect on the Plan’s fair value measurements. No adjustments to the NAV reported by an asset manager have been recorded.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2009.

Fair Value Measurements at December 31, 2009

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	$ 30,736			$ 30,736
Equities	754,047			754,047
Mutual funds	193,790			193,790
U.S. government securities		$ 18,341		18,341
Corporate bonds		26,690		26,690
Guaranteed investment contracts	17,370	678,893	$ 1,119	697,382
Common collective trusts		353,765		353,765
Member loans			27,961	27,961
Participant directed investments	995,943	1,077,689	29,080	2,102,712
Non-participant directed investments	1,100	11,501		12,601
Total	$ 997,043	$ 1,089,190	$ 29,080	$2,115,313

Fair Value Measurements at December 31, 2008

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	$ 21,972			$ 21,972
Equities	675,551			675,551
Mutual funds	142,787			142,787
U.S. government securities		$ 18,243		18,243
Corporate bonds		21,140		21,140
Guaranteed investment contracts	20,407	594,584	$ 27,151	642,142
Common collective trusts		150,664	102,878	253,542
Member loans			26,583	26,583
Subtotal	860,717	784,631	156,612	1,801,960
Collateral held under securities lending agreement	36,834	42,726	2,753	82,313
Total	$ 897,551	$ 827,357	$ 159,365	$1,884,273

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

	Guaranteed Investment Contracts	Common Collective Trusts	Member Loans	Collateral held under securities lending agreement	Total
Beginning balance - January 1, 2008	$ 46,221	$ 124,204	$ 25,389	$ —	$ 195,814
Realized (losses)	(3,304)	(232)			(3,536)
Unrealized (losses)	(2,200)	(30,960)		(765)	(33,925)
Purchases, sales, issuance, and settlements, net	(13,566)	13,396	1,194	(163)	861
Transfers in and/or out of Level 3		(3,530)		3,681	151
Balance - December 31, 2008	27,151	102,878	26,583	2,753	159,365
Unrealized (losses)	(481)				$ (481)
Purchases, sales, issuance, and settlements, net			1,378		1,378
Transfers in and/or out of Level 3	(25,551)	(102,878)	—	(2,753)	(131,182)
Ending balance - December 31, 2009	$ 1,119	$ —	$ 27,961	$ —	$ 29,080

The Plan reports transfers within the fair value hierarchy as of the beginning of the period. The 2009 transfers primarily reflect adoption of the NAV practical expedient described above.

4. INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets available for benefits:

	December 31, 2009	2008
ITT Corporation Common Stock, 9,208,369 and 10,077,932 shares, respectively, at fair value	$458,024	$463,484
Pyramid Enhanced Intermediate Fixed Income Fund*	$308,210	$274,198
Pyramid Short Managed Maturing Fund*	$117,026	$104,351
American Global New Perspective Fund (Global Equity Fund), 5,497,803 and 5,340,014 shares, respectively, at fair value	$140,964	$100,819
Pyramid Intermediate Managed Maturing Fund*	$115,088	$ 99,756

* These investment contracts are part of the Stable Value fund investment option

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value by $218,753, as follows:

Equities	$ 99,624
Mutual funds	45,822
U.S. government securities	(447)
Corporate bonds	4,718
Common collective trusts	67,422
Other	1,614
Net appreciation in fair value of investments	$218,753

5. SECURITIES LENDING

Through July 28, 2009, the Plan participated in a securities lending program through the trustee. Under this program, the Plan's investment securities were loaned to investment bankers for a fee. On July 28, 2009, the Plan entered into a loan agreement with the Company for the purpose of unwinding the securities lending program and purchasing the collateral securities. The Plan repaid the collateral it held in return for the securities it had lent. As the value of the collateral held was less than the Plan's obligation to return the collateral, the Plan entered into a loan agreement with the Company to fund the collateral deficiency.

Fee income from the securities lending program was $92 for the year ended December 31, 2009.

At December 31, 2008, $90,662 of the Plan's securities were loaned through the securities lending program. The value of the collateral received for securities on loan at December 31, 2008 was $92,702. The fair value of invested collateral was $82,313 at December 31, 2008 . The net investment loss from the invested collateral was $10,389 and fee income from the securities lending program was $355 for the year ended December 31, 2008. The investment loss and fee income are recorded in net change in fair value of investments on the Statement of Changes in Net Assets Available for Benefits. As of July 28, 2009, no plan participant had realized a loss as a result of the collateral deficiency.

The assets acquired from the securities lending agreement are classified as "Non-participant directed investments". Proceeds from the liquidation of these assets will be utilized to repay the liability to the Plan Sponsor.

Plan assets on loan under the securities lending agreement at December 31, 2008 were as follows:

Equities	$29,018
U.S. government securities	49,516
Corporate bonds	12,128
Total	$90,662

6. PLAN TRUSTEE

Fees paid by the Plan for trustee services provided by Wells Fargo Bank, NA amounted to $393 for the year ended December 31, 2009.

7. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by letter dated February 12, 2004 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and the related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is in the process of being amended and restated in preparation for a determination letter filing by January 31, 2011.

8. INVESTMENT CONTRACTS WITH INSURANCE AND OTHER FINANCIAL INSTITUTIONS

The Plan provides a self managed stable value investment option to Members that includes synthetic GICs which simulate the performance of a GIC through an issuer's guarantee of a specific interest rate (the wrapper contract) and a portfolio of financial instruments that are owned by the Plan. The synthetic GIC includes underlying assets which are held in trust owned by the Plan and utilizes benefit-responsive wrapper contracts issued by Bank of America, N.A., Natixis Financial Products, Inc. (2008 only), JP Morgan Chase Bank and Monumental Life Insurance Co. The contracts provide that the Members execute plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less Member withdrawals.

The following investments are the underlying categories in the guaranteed investment contracts as of December 31, 2009 and 2008:

	2009	2008
Cash and cash equivalents	$ 17,370	$ 20,407
U.S. government securities	83,919	78,092
Corporate bonds	40,249	33,051
Investment contracts	5,572	5,136
Common collective trusts	540,324	478,305
Other	9,948	27,151
Total	$697,382	$642,142

The interest rates are reset quarterly based on market rates of other similar investments, the current yield of the underlying investments and the spread between the market value and contract value. The rate cannot be less than 2%. Certain events such as plan termination or a Plan merger initiated by the Company may limit the ability of the Plan to transact at contract value or may allow for the termination of the wrapper contract at less than current value. The Company does not believe that any events that may limit the ability of the Plan to transact at contract value are probable.

	2009	2008
Average yields:		
Based on year-end average yield of investment (1)	3.29%	6.83%
Based on average yield credited to Members (2)	3.44%	3.68%

(1) Computed by market value sum of the funds holding times their respective yields, divided by the sum of the holdings as of the stated reporting date.

(2) Computed by the sum of the book value holdings times the crediting rate for the fund divided by the market value of the fund.

The Statement of Net Assets Available for Benefits presents investment contracts at fair value, as well as providing an additional line item showing an adjustment from fair value to contract value for fully benefit-responsive investment contracts. The Statement of Changes in Net Assets Available for Benefits is presented on a contract value basis.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

At December 31, 2009 and 2008, the Plan held 9,208,369 and 10,077,932 shares outstanding, respectively, of common stock of the Company, with a cost basis of $219,964 and $236,646, respectively. During the year ended December 31, 2009, the Plan recorded related dividend income of $7,827 and net appreciation of $33,363.

Certain administrative functions are performed by the officers and employees of the Company (who may also be Members in the Plan) at no cost to the Plan.

At December 31, 2009 and 2008, Wells Fargo Bank, NA maintained short-term investments of $48,888 and $44,336, respectively.

Fees paid by the Plan for the investment management services were $3,087 for the year-ended December 31, 2009.

In July of 2009, the Company entered into a loan agreement with the Plan for the purpose of unwinding the securities lending program and purchasing the collateral securities. The original loan amount was $30.4 million of which $19.4 million was outstanding at December 31, 2009.

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

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Members will become 100% vested in their accounts.

11. SUBSEQUENT EVENTS

Effective January 1, 2010, the Plan was amended to charge a $50 loan origination fee to the participant's account for each loan that the participant receives. Prior to January 1, 2010, the loan origination fee was charged to the Plan's administrative expense.

Effective January 1, 2010, the Plan was amended to increase the maximum contribution percentage for HCE from 14% to 18%.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits reflected in the financial statements to the Plan's Form 5500:

	As of December 31, 2009	2008
Net assets available for benefits per the financial statements	$2,091,888	$1,837,612
Amounts allocated to withdrawing Members	(5)	(177)
Adjustment from fair value to contract value for fully benefit responsive investment contracts	4,727	(44,833)
Net assets available for benefits per the Form 5500	$2,096,610	$1,792,602

	As of December 31, 2009
Increase in net assets per financial statements	$ 254,276
Adjustment from fair value to contract value for fully benefit responsive investment contracts	49,560
Add: Amounts allocated to withdrawing Members at December 31, 2008	177
Less: Amounts allocated to withdrawing Members at December 31, 2009	(5)
Net income per Form 5500	$ 304,008

The following is a reconciliation of withdrawals and distributions to Members according to the financial statements to the Form 5500:

	Year Ended December 31, 2009
Withdrawals and distributions per the financial statements	$ 117,901
Add: Amounts allocated to withdrawing Members at December 31, 2009	5
Less: Amounts allocated to withdrawing Members at December 31, 2008	(177)
Less: Amounts deemed distributed for tax purposes in 2009	(2,147)
Withdrawals and distributions per the Form 5500	$ 115,582

ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN **EIN: 13-5158950**
SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) **PN: 100**
AS OF DECEMBER 31, 2009

	(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
		Collateral Cash Held at Broker	Cash Equivalent	**	802,251
*		**Wells Fargo Short Term Investment Fund**	Money Market	**	1,543,720
		Broker Canadian Dollar	Cash — Invested in Canadian Dollar	**	(24)
		JP Morgan Liquidity Fund	Money Market	**	720,607
*		**Wells Fargo Short Term Investment Fund**	Money Market	**	27,689,884
*		**Wells Fargo Advantage Government**	Money Market	**	19,654,245
		Broker — Australian Dollar	Cash — Invested in Australian Dollar	**	44,435
		Broker — Canadian Dollar	Cash — Invested in Canadian Dollar	**	(1,831)
		Broker — Euro	Cash — Invested in Euro	**	(54,377)
		Broker — Japanese Yen	Cash — Invested in Japanese Yen	**	30,936
		Broker — Pound Sterling	Cash — Invested in Pound Sterling	**	(7,558)
		United States Dollars	Cash — US Dollars	**	(13,719)
		AMERICAN HONDA FINANCE	Finance Comp. 0.68 February 5, 2010	**	625,570
		ARMT 2005-1 5A2	Collateralized Mortgage Obligation — Floater 0.56 January 25, 2010	**	19,079
		ARMT 2005-4 7A2	Collateralized Mortgage Obligation — Floater 0.46 January 25, 2010	**	25,352
		CSFB 2001-CK1 A3	Comm Pty — Securities 6.38 December 18, 2010	**	271,253
		CVS CAREMARK CORP	Cash Equivalent 0.56 March 1, 2010	**	450,374
		CWL 2003-5 MF1	Asset Backed Security — Home Equity Loans — 5.41 January 25, 2034	**	135,215
		CWL 2004-1 3A	Asset Backed Security — Home Equity Loans — 0.51 January 25, 2010	**	884
		CWL 2004-13 MV1	Asset Backed Security — Home Equity Loans — 0.73 January 25, 2010	**	62,689
		DEUTSCHE BANK NY	Cash Equivalent 0.85 March 18, 2010	**	498,729
		FANNIE MAE	Cash Equivalent 4.75 March 12, 2010	**	1,202,555
		FHR 2931 GA	Collateralized Mortgage Obligation — PAC 5.00 November 15, 2028	**	270,460
		FNR 2006-43 G	Collateralized Mortgage Obligation — Sequential 6.5 September 25, 2033	**	222,273
		FNR 2006-59 DA	Collateralized Mortgage Obligation — Sequential 6.5 December 25, 2033	**	193,634
		FNR 2006-63 AB	Collateralized Mortgage Obligation — Sequential 6.5 October 25, 2033	**	192,723
		FNR 2006-63 AE	Collateralized Mortgage Obligation — Sequential 6.5 October 25, 2033	**	196,227
		FNR 2006-78 BC	Collateralized Mortgage Obligation — Sequential 6.5 January 25, 2034	**	201,913
		GENERAL ELEC CAP CORP	Finance Comp. 0.34 February 16, 2010	**	576,386

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(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	GOLDMAN SACHS GROUP INC	Cash Equivalent .35 March 29, 2010	**	575,264
	MEDL 2005-2G A	Asset Backed Security — Global Residential Mortgage — .31 February 22, 2010	**	156,942
	OHIO POWER COMPANY	Cash Equivalent — .46 April 5, 2010	**	350,393
	OOMLT 2003-4 A2	Asset Backed Security — Home Equity Loans — .87 January 25, 2010	**	32,583
	OOMLT 2005-4 A3	Asset Backed Security — Home Equity Loans — .49 January 25, 2010	**	77,271
	OOMLT 2007-4 2A1	Asset Backed Security — Home Equity Loans — .32 January 25, 2010	**	72,316
	PUB SVC ELEC & GAS	Cash Equivalent — 1.13 March 12, 2010	**	501,017
	RAMP 2005-EFC6 M1	Asset Backed Security — Home Equity Loans — 0.64 January 25, 2010	**	77,014
	RAMP 2006-EFC1 A2	Asset Backed Security — Home Equity Loans — 0.43 January 25, 2010	**	125,150
	THE MONY GROUP INC	Cash Equivalent — 8.35 March 15, 2010	**	347,400
	TREASURY BILL	Treasury Bill — January 14, 2010	**	84,999
	US DOLLAR	Cash January 4, 2010	**	(4,731,507)
	US TREASURY N/B	Cash Equivalent — 2.62 May 31, 2010	**	6,022,106
	VIRGINIA ELEC & POWER CO	Cash Equivalent — 4.5 December 15, 2010	**	273,067
	WASI 2003-HE3 A	Asset Backed Security — Home Equity Line of Credit 0.48 January 25, 2010	**	22,558
	WFHET 2004-2 AI6	Asset Backed Security — Home Equity Line of Credit 5.0 May 25, 2034	**	286,996
	US Treasury Bill	Short Term US Treasury	**	682,946
	US Treasury Bill	US Government Security, Par — 2,325,000 Maturity 1/21/2010	**	2,324,550
	US Treasury Bond	US Government Security, Par — 3,000,000 Maturity 2/15/2019, Interest 8.8750%	**	4,190,625
	US Treasury Inflation-Index Bond	US Government Security, Par — 6,362,458.200 Maturity 01/15/2015	**	6,616,957
	US Treasury Bond	US Government Security, Par — 3,475,000.00 Maturity 11/15/2021, Interest 8.00%	**	4,731,974
	US Treasury Bond	US Government Security, Par — 1,850,000.00 Maturity 08/15/2022, Interest 7.250%	**	2,396,618
	US Treasury Note	US Government Security, Par — 385,000.000 Maturity 11/30/2012, Interest 3.375%	**	404,370

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	US TREASURY N/B	US Treasury 2.12 November 30, 2014	**	831,419
	US TREASURY N/B	US Treasury 1.38 November 15, 2012	**	12,686,598
	US TREASURY N/B	US Treasury 3.38 November 15, 2019	**	357,482
	US TREASURY N/B	US Treasury 3.0 September 30, 2016	**	6,566,412
	US TREASURY N/B	US Treasury 3.62 August 15, 2019	**	473,441
	US TREASURY N/B	US Treasury 4.25 May 15, 2039	**	235,881
	US TREASURY N/B	US Treasury 1.88 April 30, 2014	**	6,307,390
	US TREASURY N/B	US Treasury 4.0 August 15, 2018	**	694,340
	US TREASURY N/B	US Treasury 4.62 February 15, 2017	**	241,364
	US TREASURY N/B	US Treasury 5.38 February 15, 2031	**	131,643
	US TREASURY N/B	US Treasury 6.25 May 15, 2030	**	138,934
	US TREASURY N/B	US Treasury 6.12 November 15, 2027	**	39,568
	US TREASURY N/B	US Treasury 6.38 August 15, 2027	**	261,483
	US TREASURY N/B	US Treasury 7.25 May 15, 2016	**	773,204
	US TREASURY N/B	US Treasury 8.75 May 15, 2017	**	1,490,859
	FANNIE MAE	Federal National Mortgage Association 2.62 November 20, 2014	**	4,921,163
	FANNIE MAE	Federal National Mortgage Association 4.88 December 15, 2016	**	563,696
	FANNIE MAE	Federal National Mortgage Association 4.62 May 1, 2013	**	948,466
	FANNIE MAE	Federal National Mortgage Association 5.25 August 1, 2012	**	1,116,230
	FANNIE MAE	Federal National Mortgage Association 6.25 February 1, 2011	**	1,765,643
	FARMER MAC GTD TR 07-1	Federal Agricultural Mortgage Corporation 5.12 April 10, 2017	**	1,262,946
	FREDDIE MAC	Federal Home Loan Corporation 2.5 April 23, 2014	**	537,213
	FREDDIE MAC	Federal Home Loan Corporation 3.75 March 27, 2019	**	99,021
	FREDDIE MAC	Federal Home Loan Corporation 5.12 October 18, 2016	**	486,437
	GOLDMAN SACHS GROUP INC	Government Guaranteed 3.25 June 15, 2012	**	603,419
	TENN VALLEY AUTHORITY	Tennessee Valley Authority 5.25 September 15, 2039	**	286,799
	AFRICAN DEVELOPMENT BANK	Supranational 1.75 October 1, 2012	**	638,609
	EURASIAN DEVELOPMENT BAN	Supranational 7.38 September 29, 2014	**	105,760

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	FED REPUBLIC OF BRAZIL	Sovereign 6.0 January 17, 2017	**	470,546
	INTER-AMERICAN DEVEL BK	Supranational 1.75 October 22, 2012	**	1,293,685
	Altria Group Inc.	Corporate Bond, Par — 1,975,000 Maturity 11/10/2018, Interest 9.700%	**	2,441,430
	American Express Credit	Med Term Note Ser C 740,000	**	831,672
	Axis Capital Holdings	Corporate Bond, Par — 3,000,000 Maturity 12/01/2014, Interest 5.750%	**	3,019,770
	Bank of America Corp.	Corporate Bond, Par — 2,120,000.000 Maturity 12/01/2015, Interest 5.250%	**	2,133,250
	E.I. Dupont De Nemours	Interest — 5.250%, Par — 2,120,000.000, Maturity 12/15/2016	**	2,240,709
	EOG Resources, Inc.	Interest — 5.875%, Par — 2,180,000.000, Maturity 09/15/2017	**	2,373,944
	Home Depot	Interest — 5.400%, Par — 2,390,000, Maturity 03/01/2016	**	2,501,995
	John Deere Capital Corp.	Medium Term Note, Par — 2,345,000	**	2,461,964
	Ryder System, Inc.	Medium Term Note, Par — 1,325,000.000	**	1,392,894
	Time Warner	Corporate Bond, Par — 2,340,000 Maturity 11/15/2016, Interest 5.875%	**	2,526,049
	Wal-Mart Stores, Inc.	Corporate Bond, Maturity 02/15/2018, Interest 5.800%, Par — 2,050,000	**	2,274,994
	XTO Energy, Inc.	Corporate Bond, Maturity 12/15/2018, Interest 6.500%, Par — 2,180,000.000	**	2,491,086
	ALLSTATE LF GLB FN TRST	Corporate Bond 5.38 April 30, 2013	**	242,197
	ALTRIA GROUP INC	Corporate Bond 9.7 November 10, 2018	**	512,463
	AMER EXPRESS CREDIT CO	Corporate Bond 5.12 August 25, 2014	**	380,443
	AMERICAN EXPRESS CO	Corporate Bond 6.15 August 28, 2017	**	421,116
	ANADARKO PETROLEUM CORP	Corporate Bond 8.7 March 15, 2019	**	50,781
	ANGLO AMERICAN CAPITAL	Corporate Bond 9.38 April 8, 2019	**	206,692
	ANHEUSER-BUSCH INBEV WOR	Corporate Bond 6.88 November 15, 2019	**	174,401
	ANHEUSER-BUSCH INBEV WOR	Corporate Bond 7.75 January 15, 2019	**	108,588
	ANHEUSER-BUSCH INBEV WOR	Corporate Bond 7.2 January 15, 2014	**	227,635
	ARCELORMITTAL	Corporate Bond 9.85 June 1, 2019	**	318,895
	ARCELORMITTAL	Corporate Bond 6.12 June 1, 2018	**	207,388
	AT&T INC	Corporate Bond 6.7 November 15, 2013	**	414,935
	BAE SYSTEMS HOLDINGS INC	Corporate Bond 6.38 June 1, 2019	**	183,767
	BANK OF AMERICA CORP	Corporate Bond 6.5 August 1, 2016	**	468,752

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	BANK OF AMERICA CORP	Corporate Bond 7.38 May 15, 2014	**	1,161,300
	BANK OF AMERICA CORP	Corporate Bond 5.65 May 1, 2018	**	266,507
	BARCLAYS BANK PLC	Corporate Bond 5.0 September 22, 2016	**	134,623
	BERKLEY (WR) CORPORATION	Corporate Bond 7.38 September 15, 2019	**	384,697
	BERKSHIRE HATHAWAY FIN	Corporate Bond 4.5 January 15, 2013	**	602,476
	BRITISH TELECOM PLC	Corporate Bond 5.95 January 15, 2018	**	647,149
	CANADIAN PACIFIC RR CO	Corporate Bond 7.25 May 15, 2019	**	211,975
	CAPITAL ONE BANK USA NA	Corporate Bond 8.8 July 15, 2019	**	306,783
	CAPITAL ONE FINANCIAL CO	Corporate Bond 6.75 September 15, 2017	**	71,236
	CATERPILLAR FIN SERV CRP	Corporate Bond 5.45 April 15, 2018	**	73,716
	CBS CORP	Corporate Bond 8.88 May 15, 2019	**	223,418
	CENOVUS ENERGY INC	Corporate Bond 4.5 September 15, 2014	**	606,171
	CISCO SYSTEMS INC	Corporate Bond 4.45 January 15, 2020	**	345,248
	CITIGROUP INC	Corporate Bond 5.5 October 15, 2014	**	539,359
	CITIGROUP INC	Corporate Bond 5.5 April 11, 2013	**	409,105
	CITIGROUP INC	Corporate Bond 6.12 November 21, 2017	**	167,439
	CITIGROUP INC	Corporate Bond 6.0 August 15, 2017	**	337,354
	COMCAST CORP	Corporate Bond 6.3 November 15, 2017	**	385,793
	CREDIT SUISSE NEW YORK	Corporate Bond 5.5 May 1, 2014	**	399,444
	CREDIT SUISSE NEW YORK	Corporate Bond 5.0 May 15, 2013	**	332,575
	CREDIT SUISSE USA INC	Corporate Bond 5.5 August 16, 2011	**	129,965
	DCP MIDSTREAM LLC	Corporate Bond 9.75 March 15, 2019	**	201,466
	DIAGEO CAPITAL PLC	Corporate Bond 5.2 January 30, 2013	**	251,211
	DTE ENERGY COMPANY	Corporate Bond 7.62 May 15, 2014	**	202,698
	DUKE ENERGY CORP	Corporate Bond 5.05 September 15, 2019	**	228,132
	EQT CORP	Corporate Bond 8.12 June 1, 2019	**	209,186
	GENERAL ELECTRIC CO	Corporate Bond 5.25 December 6, 2017	**	430,715
	GOLDMAN SACHS GROUP INC	Corporate Bond 6.0 May 1, 2014	**	154,528
	GOLDMAN SACHS GROUP INC	Corporate Bond 7.5 February 15, 2019	**	250,769
	GOLDMAN SACHS GROUP INC	Corporate Bond 5.95 January 18, 2018	**	514,384

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	HSBC FINANCE CORP	Corporate Bond 5.0 June 30, 2015	**	149,786
	HUTCHISON WHAM INT 09/16	Corporate Bond 4.62 September 11, 2015	**	204,624
	IBM CORP	Corporate Bond 7.62 October 15, 2018	**	315,497
	JOHN DEERE CAPITAL CORP	Corporate Bond 4.5 April 3, 2013	**	339,481
	KINDER MORGAN ENER PART	Corporate Bond 5.85 September 15, 2012	**	388,157
	KRAFT FOODS INC	Corporate Bond 6.0 February 11, 2013	**	394,467
	KROGER CO/THE	Corporate Bond 6.15 January 15, 2020	**	192,256
	MACQUARIE GROUP LTD	Corporate Bond 7.3 August 1, 2014	**	649,273
	MERRILL LYNCH & CO	Corporate Bond 6.05 August 15, 2012	**	169,584
	MET LIFE GLOB FUNDING I	Corporate Bond 5.12 April 10, 2013	**	331,986
	MIDAMERICAN ENERGY CO	Corporate Bond 5.95 July 15, 2017	**	132,367
	MORGAN STANLEY	Corporate Bond 5.62 September 23, 2019	**	465,293
	MORGAN STANLEY	Corporate Bond 6.0 May 13, 2014	**	574,097
	MORGAN STANLEY	Corporate Bond 5.45 January 9, 2017	**	82,940
	MORGAN STANLEY	Corporate Bond 5.62 January 9, 2012	**	108,220
	MORGAN STANLEY	Corporate Bond 5.3 March 1, 2013	**	321,499
	NATIONAL RURAL UTIL COOP	Corporate Bond 10.38 November 1, 2018	**	308,745
	NEVADA POWER CO	Coroprate Bond 7.12 March 15, 2019	**	193,362
	NEW CINGULAR WIRELESS SV	Corporate Bond 8.12 May 1, 2012	**	343,042
	NEW CINGULAR WIRELESS SV	Corporate Bond 7.88 March 1, 2011	**	137,581
	NEWS AMERICA INC	Corporate Bond 6.9 March 1, 2019	**	413,915
	NORTHERN TRUST COMPANY	Corporate Bond 6.5 August 15, 2018	**	347,259
	ONEOK PARTNERS LP	Corporate Bond 5.9 April 1, 2012	**	177,342
	ORACLE CORP	Corporate Bond 5.0 July 8, 2019	**	422,129
	PACIFICORP	Corporate Bond 5.65 July 15, 2018	**	87,993
	PFIZER INC	Corporate Bond 6.2 March 15, 2019	**	485,847
	PHILIP MORRIS INTL INC	Corporate Bond 4.88 May 16, 2013	**	504,331
	PLAINS ALL AMER PIPELINE	Corporate Bond 6.5 May 1, 2018	**	140,429
	PRICOA GLOBAL FUNDING 1	Corporate Bond 5.4 October 18, 2012	**	511,447
	PRINCIPAL FINANCIAL GROUP	Corporate Bond 8.88 May 15, 2019	**	244,620

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		PRUDENTIAL FINANCIAL INC	Corporate Bond 7.38 June 15, 2019	**	253,000
		ROCHE HLDGS INC	Corporate Bond 6.0 March 1, 2019	**	190,205
		ROYAL BK OF SCOTLAND PLC	Corporate Bond 4.88 August 28, 2014	**	304,071
		ROYAL BK SCOTLND GRP PLC	Corporate Bond 6.4 October 21, 2019	**	211,939
		STANDARD CHARTERED PLC	Corporate Bond 5.5 November 18, 2014	**	558,925
		SUNCOR ENERGY INC	Corporate Bond 6.1 June 1, 2018	**	237,185
		SVENSKA HANDELSBANKEN AB	Corporate Bond 4.88 June 10, 2014	**	604,148
		TELECOM ITALIA CAPITAL	Corporate Bond 5.25 November 15, 2013	**	1,185,519
		TELEFONICA EMISIONES SAU	Corporate Bond 5.86 February 4, 2013	**	530,099
		TIME WARNER CABLE INC	Corporate Bond 7.5 April 1, 2014	**	720,121
		TRANSOCEAN INC	Corporate Bond 5.25 March 15, 2013	**	222,855
		TYCO/TYCO INTL FIN SA	Corporate Bond 7.0 December 15, 2019	**	198,255
		UBS AG STAMFORD CT	Corporate Bond 5.75 April 25, 2018	**	200,568
		UBS AG STAMFORD CT	Corporate Bond 5.88 December 20, 2017	**	519,891
		VERIZON COMMUNICATIONS	Corporate Bond 6.35 April 1, 2019	**	201,439
		VERIZON COMMUNICATIONS	Corporate Bond 5.25 April 15, 2013	**	441,067
		VERIZON COMMUNICATIONS	Corporate Bond 4.35 February 15, 2013	**	148,744
		VERIZON COMMUNICATIONS	Corporate Bond 5.35 February 15, 2011	**	201,961
		VIACOM INC	Corporate Bond 6.25 April 30, 2016	**	187,051
		VIRGINIA ELEC & POWER CO	Corporate Bond 5.1 November 30, 2012	**	309,010
		WACHOVIA CORP	Corporate Bond 5.25 August 1, 2014	**	422,854
		WAL-MART STORES INC	Corporate Bond 5.8 February 15, 2018	**	101,850
*		**WELLS FARGO & COMPANY**	Corporate Bond 3.75 October 1, 2014	**	513,279
		WESTPAC BANKING CORP	Corporate Bond 4.88 November 19, 2019	**	183,648
		WESTPAC BANKING CORP	Corporate Bond 4.2 Feburary 27, 2015	**	273,199
		WPP FINANCE (UK)	Corporate Bond 8.0 September 15, 2014	**	383,069
		XEROX CORPORATION	Corporate Bond 4.25 February 15, 2015	**	343,695
		XSTRATA FINANCE CANADA	Corporate Bond 5.8 November 15, 2016	**	149,693
		XTO ENERGY INC	Corporate Bond 4.62 June 15, 2013	**	591,204
		DISCOVER BANK	Corporate High Yield 8.7 November 18, 2019	**	270,557

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	LEHMAN BROS CAP TR VII	Corporate High Yield 5.86 May 31, 2012	**	33
	RASC 2002-KS4 AIIB	Asset Backed Security — Home Equity Loans 0.73 January 25, 2010	**	3,753
	RASC 2004-KS12 M1	Asset Backed Security — Home Equity Loans 0.76 January 25, 2010	**	106,855
	ARMT 2005-5 6A21	Collateralized Mortgage Obligation — Floater .46 January 25, 2010	**	74,346
	BOAMS 2004-5 3A2	Whole Loan 15 year 4.75 June 25, 2019	**	290,260
	CSFB 2004-AR8 2A1	Non Agency 5Y Hybrid ARM 3.65 September 25, 2034	**	163,784
	FG A29420	Federal Home Loan Mortgage Corporation 30 Year 6.0 April 1, 2034	**	168,385
	FG G02186	Federal Home Loan Mortgage Corporation Gold 30 Year 5.0 June 1, 2035	**	1,076,221
	FG G03150	Federal Home Loan Mortgage Corporation Gold 30 Year 5.5 February 1, 2037	**	1,571,598
	FG G03269	Federal Home Loan Mortgage Corporation Gold 30 Year 5.5 November 1, 2036	**	530,898
	FG G04222	Federal Home Loan Mortgage Corporation Gold 30 Year 5.5 January 1, 2037	**	974,224
	FG J10982	Federal Home Loan Mortgage Corporation 15 Year 4.5 September 1, 2024	**	764,546
	FGLMC 4.5 1/10	Federal Home Loan Mortgage Corporation Gold 30 Year 4.5 September 1, 2038	**	997,500
	FGLMC 5 1/10	Federal Home Loan Mortgage Corporation Gold 30 Year 5.0 February 1, 2039	**	1,537,968
	FGLMC 6 1/10	Federal Home Loan Mortgage Corporation Gold 30 Year 6.0 July 1, 2039	**	1,113,328
	FGLMC 6.5 1/10	Federal Home Loan Mortgage Corporation Gold 30 Year 6.5 July 1, 2039	**	321,094
	FH 1B3170	Federal National Mortgage Association 7Y Hybrid ARM 5.6 December 1, 2011	**	699,875
	FH 1G1999	Federal Home Loan Mortgage Corporation 7Y Hybrid ARM 5.41 July 1, 2014	**	35,641
	FH 1G2061	Federal Home Loan Mortgage Corporation 7Y Hybrid ARM 5.46 July 1, 2014	**	59,353
	FH 1J0453	Federal Home Loan Mortgage Corporation 7Y Hybrid ARM 5.54 June 1, 2014	**	30,057
	FH 1J1749	Federal Home Loan Mortgage Corporation 7Y Hybrid ARM 5.52 June 1, 2014	**	346,736
	FH 782758	Federal National Mortgage Association 7Y Hybrid ARM 5.75 November 1, 2013	**	421,844
	FHR 2475 F	Collateralized Mortgage Obligation — Floater 1.23 January 15, 2010	**	385,776
	FHR 2766 SW	Collateralized Mortgage Obligation — INV IO 6.97 January 15, 2010	**	15,378
	FHR 3036 NS	Collateralized Mortgage Obligation — INV IO 6.97 January 15, 2010	**	30,112

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	FHR 3349 MY	Collateralized Mortgage Obligation — Sequential 5.5 July 15, 2037	**	1,238,581
	FHS 237 S22	Collateralized Mortgage Obligation — INV IO 6.92 January 15, 2010	**	188,624
	FHS 237 S23	Collateralized Mortgage Obligation — INV IO 6.87 January 15, 2010	**	75,373
	FHS 240 S22	Collateralized Mortgage Obligation — INV IO 6.92 January 15, 2010	**	249,072
	FN 254766	Federal National Mortgage Association 30 Year 5.0 June 1, 2032	**	243,657
	FN 709705	Federal National Mortgage Association 30 Year 5.0 April 1, 2032	**	209,905
	FN 713985	Federal National Mortgage Association 30 Year 5.0 November 1, 2032	**	350,352
	FN 745327	Federal National Mortgage Association 30 Year 5.0 February 1, 2035	**	1,059,825
	FN 831679	Federal National Mortgage Association 30 Year 6.5 February 1, 2036	**	211,910
	FN 888890	Federal National Mortgage Association 30 Year 6.5 March 1, 2036	**	193,267
	FN 889072	Federal National Mortgage Association 30 Year 6.5 December 1, 2036	**	1,958,702
	FN 889307	Federal National Mortgage Association 30 Year 5.0 October 1, 2032	**	729,517
	FN 908854	Federal National Mortgage Association 30 Year 6.5 August 1, 2036	**	228,606
	FN 930796	Federal National Mortgage Association 30 Year 5.0 April 1, 2033	**	510,361
	FN 931636	Federal National Mortgage Association 30 Year 4.5 March 1, 2039	**	840,658
	FN 960569	Federal National Mortgage Association 30 Year 5.5 September 1, 2037	**	1,684,660
	FN 962871	Federal Naitonal Mortgage Association 15 Year 4.5 January 1, 2023	**	141,447
	FN 981359	Federal National Mortgage Association 15 Year 4.5 December 1, 2022	**	63,504
	FN AC6082	Federal National Mortgage Association 15 Year 4.5 July 1, 2024	**	510,105
	FNCI 4 1/10	Federal National Mortgage Association 15 Year 4.0 August 1. 2023	**	714,105
	FNCI 5 1/10	Federal National Mortgage Association 15 Year 5.0 January 1, 2024	**	418,000
	FNCI 5.5 1/10	Federal National Mortgage Association 15 Year 5.5 May 1, 2024	**	1,231,988
	FNCI 6 1/10	Federal National Mortgage Association 15 Year 6.0 June 1, 2024	**	341,350
	FNCL 4.5 1/10	Federal National Mortgage Association 30 Year 4.5 September 1, 2038	**	2,974,412
	FNCL 6 1/10	Federal National Mortgage Association 30 Year 6.0 July 1, 2039	**	1,276,170
	FNCL 6.5 1/10	Federal National Mortgage Association 30 Year 6.5 July 1, 2039	**	641,492

FNR 2002-81 SJ	Collateralized Mortgage Obligation — INV IO 7.27 January 25, 2010	**	29,996
FNW 2003-W6 1A41	Collateralized Mortgage Obligation — Sequential 5.4 October 25, 2042	**	292,266
GN 713334	Government National Mortgage Association 30 Year 4.5 April 1, 2039	**	287,168
GNSF 4.5 1/10	Government National Mortgage Association 30 Year 4.5 February 1, 2038	**	1,570,981

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(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	GNSF 5 1/10	Government National Mortgage Association 30 Year 4.0 February 1, 2039	**	740,362
	GNSF 5.5 1/10	Government National Mortgage Association 30 Year 5.5 June 1, 2039	**	1,372,225
	GNSF 6 1/10	Government National Mortgage Association 30 Year 6.0 July 1, 2039	**	950,906
	WAMU 2005-AR1 A2A1	Collateralized Mortgage Obligation — Floater .57 January 25, 2010	**	64,528
	WAMU 2005-AR15 A1A1	Collateralized Mortgage Obligation — Floater .49 January 25, 2010	**	139,418
	WAMU 2005-AR2 2A21	Collateralized Mortgage Obligation — Floater .45 January 25, 2010	**	41,851
	WFMBS 2003-2 A6	Collateralized Mortgage Obligation — PAC 5.25 February 25, 2018	**	53,367
	BANK OF SCOTLAND PLC	Covered Bond 5.25 February 21, 2017	**	459,827
	BSCMS 2004-PWR6 A4	Commercial Mortgage Backed Security 4.52 December 11, 2011	**	298,372
	GECMC 2002-1A A3	Commercial Mortgage Backed Security 6.27 April 10, 2012	**	793,050
	LBUBS 2006-C4 A4	Commercial Mortgage Backed Security 5.88 May 15, 2016	**	251,552
	MSDWC 2002-TOP7 A2	Commercial Mortgage Backed Security 5.98 May 15, 2012	**	1,401,570
	MSDWC 2003-HQ2 A2	Commercial Mortgage Backed Security 4.92 February 12, 2013	**	305,812
	Bank of America Corp. 10% Preferred	Preferred Stock	**	484,900
	3M Company	Common Stock	**	791,979
	Abbott Laboratories	Common Stock	**	1,923,664
	Accenture LTD	Common Stock	**	323,700
	Ace Limited	Common Stock	**	579,600
	Adobe Sys. Inc.	Common Stock	**	937,890
	Adtran Inc	Common Stock	**	228,883
	Advanced Micro Devices, Inc.	Common Stock	**	858,616
	Advantest Corporation JPY50	Common Stock	**	170,503
	AES Corporation	Common Stock	**	45,254
	Aetna Inc.-New	Common Stock	**	1,400,189
	AFLAC	Common Stock	**	346,875
	Agilent Technologies Inc	Common Stock	**	127,387
	Agrium, Inc.	Common Stock	**	131,046
	AK Steel Holding Corp. COM	Common Stock	**	501,725
	Akami Technologies	Common Stock	**	1,210,774
	Akzo Nobel Eur 2.0	Common Stock	**	126,487

ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN **EIN: 13-5158950**
SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) **PN: 100**
AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Alcon Inc	Common Stock	**	854,620
	Align Technology Inc	Common Stock	**	411,642
	Allegheny Energy	Common Stock	**	100,964
	Allergan Inc	Common Stock	**	302,448
	Allscripts-Misys Healthcare Solutions, Inc.	Common Stock	**	56,644
	Allstate Corp.	Common Stock	**	129,172
	Altria Group Inc	Common Stock	**	1,073,761
	Amazon.com Inc	Common Stock	**	1,780,910
	Amdocs Limited	Common Stock	**	122,679
	American Electric Power Inc	Common Stock	**	351,379
	American Express Company	Common Stock	**	976,532
	American Medical Systems Holdings Inc	Common Stock	**	268,131
	American Tower Systems Corporation Class A	Common Stock	**	311,112
	Ameriprise Financial Inc	Common Stock	**	714,288
	Ameristar Casinos Inc	Common Stock	**	237,969
	Amgen Inc	Common Stock	**	2,400,831
	Amphenol Corp Class A	Common Stock	**	594,521
	Amylin Pharmaceuticals Inc	Common Stock	**	280,607
	Anglo American PLC USD 0.54	Common Stock	**	118,203
	Anheuser Busch Inbev SA, Bruxell NPV	Common Stock	**	348,812
	Anheuser Busch Inbev SA, Strip VVPR	Common Stock	**	9
	AOL, Inc.	Common Stock	**	142,637
	Aon Corporation	Common Stock	**	245,376
	Apache Corp.	Common Stock	**	1,836,426
	Apollo Group Inc	Common Stock	**	424,060
	Apple Inc	Common Stock	**	3,519,674
	Applied Material Inc	Common Stock	**	284,376
	Archer Daniels Midland Co.	Common Stock	**	1,214,828
	Assurant Inc	Common Stock	**	106,128
	AT&T	Common Stock	**	5,476,221

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AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Autodesk Inc.	Common Stock	**	485,331
	Automatic Data Processing Inc	Common Stock	**	243,646
	Autozone, Inc.	Common Stock	**	221,298
	Avalon Bay Communities, Inc.	Common Stock	**	156,009
	Avon Products, Inc.	Common Stock	**	45,045
	AXA Europe 2.29	Common Stock	**	236,499
	Axis Capital Holdings Ltd.	Common Stock	**	1,127,877
	BB & T Corp.	Common Stock	**	621,565
	Baker Hughes Inc	Common Stock	**	242,880
	Banco Santander SA Europe 0.5	Common Stock	**	289,765
	Bank of New York Mellon Corp	Common Stock	**	307,670
	Bank of America Corp	Common Stock	**	3,919,772
	Barclays	Common Stock	**	101,767
	Bard C R Inc	Common Stock	**	155,800
	Barrick Gold Corp	Common Stock	**	124,047
	BASF SE NPV	Common Stock	**	238,471
	Baxter International Inc	Common Stock	**	421,322
	Becton Dickinson & Co	Common Stock	**	65,454
	Bed Bath & Beyond Inc	Common Stock	**	811,230
	Best Buy Inc.	Common Stock	**	552,440
	BG Group GBP	Common Stock	**	114,148
	Biogen Idec Inc.	Common Stock	**	144,450
	BJ Services Company	Common Stock	**	122,760
	H&R Block, Inc	Common Stock	**	1,149,096
	BNP Paribas Eur 2.0	Common Stock	**	334,442
	Boeing Co	Common Stock	**	420,590
	Boston Properties Inc	Common Stock	**	173,711
	Boston Scientific Corp.	Common Stock	**	121,500
	Bristol Myers Squibb Co	Common Stock	**	525,200
	Broadcom Corporation	Common Stock	**	908,905

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	Bunge Limited	Common Stock	**	1,365,962
	CH Robinson Worldwide Inc	Common Stock	**	93,968
	C&C Group PLC Eur	Common Stock	**	100,306
	CA, Inc.	Common Stock	**	410,835
	Cablevision NY Group	Common Stock	**	198,814
	Cabot Microelectronics Corp	Common Stock	**	222,249
	Cabot Oil & Gas Corp.	Common Stock	**	1,006,929
	Cadbury PLC Sponsored	Common Stock	**	1,095,635
	Campbell Soup Co.	Common Stock	**	267,020
	Capital One Financial Corp	Common Stock	**	612,059
	Cardinal Health Inc	Common Stock	**	63,512
	Career Education Corporation	Common Stock	**	1,056,526
	Carefusion Corp.	Common Stock	**	127,175
	Carnival PLC	Common Stock	**	179,281
	Caterpillar Inc	Common Stock	**	718,074
	CBS Corp New	Common Stock	**	719,360
	CDN Natural Resources	Common Stock	**	159,489
	Celanese Corp	Common Stock	**	728,670
	Celgene Corp	Common Stock	**	399,226
	Centerpoint Energy Inc	Common Stock	**	298,906
	Cephalon Inc	Common Stock	**	49,928
	Charles River Laboratories	Common Stock	**	181,084
	Chesapeake Energy Corp.	Common Stock	**	442,548
	Cheung Kong Holdings	Common Stock	**	206,963
	Chevron Corp	Common Stock	**	2,423,645
	Christopher & Banks Corp	Common Stock	**	115,634
	Chubb Corp	Common Stock	**	236,064
	Ciena Corp	Common Stock	**	131,706
	Cigna Corp	Common Stock	**	134,026
	Cimarex Energy Co.	Common Stock	**	831,629

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AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Cintas Corp.	Common Stock	**	78,150
	Cisco Systems Inc.	Common Stock	**	3,333,669
	Citigroup Inc	Common Stock	**	426,659
	Cliffs Natural Resources, Inc.	Common Stock	**	32,263
	Clorox Co	Common Stock	**	298,900
	CME Group, Inc	Common Stock	**	201,570
	Coach Inc	Common Stock	**	237,810
	Coca Cola Co.	Common Stock	**	1,303,020
	Cognizant Tech Solutions CRP	Common Stock	**	289,920
	Coldwater Creek Inc	Common Stock	**	207,613
	Colgate Palmolive Co	Common Stock	**	160,193
	Computer Sciences Corp	Common Stock	**	126,566
	Conagra Foods Inc.	Common Stock	**	1,539,740
	ConocoPhillips	Common Stock	**	3,442,628
	Consol Energy Inc	Common Stock	**	214,140
	Constellation Brands, Inc.	Common Stock	**	549,585
	Constellation Energy Group, Inc.	Common Stock	**	232,122
	Cooper Industries PLC New Ireland	Common Stock	**	166,296
	Corinthian Colleges Inc	Common Stock	**	316,366
	Corning Inc.	Common Stock	**	1,550,593
	Corporate Executive Board Co.	Common Stock	**	237,328
	Costar Group, Inc.	Common Stock	**	184,832
	Costco Wholesale Corp	Common Stock	**	23,668
	Covidien PLC	Common Stock	**	256,929
	Credit Suisse Group AG	Common Stock	**	138,680
	Cree, Inc	Common Stock	**	224,071
	Crown Castle Intl Corp	Common Stock	**	203,008
	CSX	Common Stock	**	155,168
	CVS/Caremark Corporation	Common Stock	**	602,005
	D R Horton Inc.	Common Stock	**	335,883

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AS OF DECEMBER 31, 2009

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	Daimler AG	Common Stock	**	245,711
	Danaher Corp.	Common Stock	**	681,312
	Danisco A/S DKK	Common Stock	**	87,423
	Davita Inc.	Common Stock	**	117,480
	DBS Group Holdings	Common Stock	**	241,319
	Dealtertrack Holdings Inc.	Common Stock	**	188,370
	Dean Foods Company	Common Stock	**	324,720
	Deere & Co	Common Stock	**	340,767
	Dell Inc	Common Stock	**	2,641,809
	Delta Air Lines Inc	Common Stock	**	976,404
	Denso Corpnpv	Common Stock	**	292,647
	Dentsply Intl Inc. Com	Common Stock	**	98,476
	Deutsche Bank AG	Registered Shares	**	169,869
	Deutsche Bank AG	Registered Shares	**	1,198,379
	Devon Energy Corporation	Common Stock	**	2,444,610
	DeVry Inc	Common Stock	**	182,954
	Diamond Offshore Drilling Inc.	Common Stock	**	68,894
	Diebold Inc.	Common Stock	**	160,743
	Discovery Communications Inc.	Common Stock	**	42,938
	Discovery Communications Inc.	Common Stock	**	108,732
	Dolby Laboratories Inc	Common Stock	**	178,988
	Dover Corp	Common Stock	**	1,514,604
	Dow Chemical	Common Stock	**	410,029
	Dr. Pepper Snapple Group Inc.	Common Stock	**	277,340
	Du Pont EI De Nemours & Co	Common Stock	**	1,989,897
	Duke Energy Holding Corp.	Common Stock	**	74,003
	EMC Corporation Mass	Common Stock	**	367,568
	Ebay, Inc.	Common Stock	**	548,482
	Edison International	Common Stock	**	111,296
	Eldorado Gold Corp.	Common Stock	**	77,935

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	Electronic Arts Inc	Common Stock	**	68,515
	Eli Lilly & Co	Common Stock	**	364,242
	Emerson Electric Co	Common Stock	**	213,000
	Ensco International	Common Stock	**	283,574
	Entergy Corp New	Common Stock	**	327,360
	EOG Resources, Inc	Common Stock	**	393,092
	Equinix, Inc.	Common Stock	**	121,436
	Estee Lauder Companies, Inc.	Common Stock	**	490,370
	Exelon Corporation	Common Stock	**	351,864
	Expedia Inc.	Common Stock	**	249,387
	Expeditors International of Washington Inc	Common Stock	**	69,460
	Experian PLC	Common Stock	**	211,538
	Express Scripts Inc	Common Stock	**	328,510
	Exxon Mobil Corp	Common Stock	**	4,345,066
	F5 Networks Inc.	Common Stock	**	156,291
	Fairchild Semiconductor International	Common Stock	**	159,590
	Fastenal Co.	Common Stock	**	66,624
	Fedex Corporation	Common Stock	**	509,045
	Ferro Corp.	Common Stock	**	644,368
	Fidelity National Information Services, Inc.	Common Stock	**	56,256
	Fifth Third Bancorp	Common stock	**	156,000
	First Horizon National Corp	Common Stock	**	61,121
	First Solar Inc	Common Stock	**	27,080
	Firstenergy Corp	Common Stock	**	195,090
	Firstservice Corp	Common Stock	**	119,500
	Firstservice Corp	Common Stock	**	311
	Fiserv Inc	Common Stock	**	92,112
	Flextronics International Ltd	Common Stock	**	675,444
	Fluor Corp New	Common Stock	**	135,120
	FMC Technologies Inc	Common Stock	**	289,200

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AS OF DECEMBER 31, 2009

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	Ford Motor Company	Common Stock	**	1,637,640
	Formfactor Inc.	Common Stock	**	169,184
	Foster Wheeler AG	Common Stock	**	76,544
	Fosters Group Limited	Common Stock	**	105,335
	Foxconn International Holding	Common Stock	**	148,898
	FPL Group inc.	Common Stock	**	121,486
	France Telecom	Common Stock	**	135,041
	Fred Olsen Energy ASA	Common Stock	**	76,552
	Freeport-McMoran Copper & Gold Inc	Common Stock	**	1,011,654
	Gamestop Corp. NEW	Common Stock	**	1,070,672
	Gap, Inc.	Common Stock	**	601,265
	Garmin Ltd.	Common Stock	**	368,400
	General Dynamics Corp	Common Stock	**	211,327
	General Electric Co	Common Stock	**	2,515,968
	Gentex Corp	Common Stock	**	940,695
	Genuine Parts Co.`	Common Stock	**	37,960
	Genworth Financial Inc Class A	Common Stock	**	65,830
	Gilead Science Inc	Common Stock	**	493,824
	Gold Fields Limited	American Depository Receipt	**	149,454
	Goldcorp Inc. New	Common Stock	**	1,168,398
	Goldman Sachs Group Inc	Common Stock	**	4,701,855
	Goodrich Corporation	Common Stock	**	179,900
	Google Inc	Common Stock	**	2,845,708
	Grupo Televisa, S.A.	Americna Depository Receipt	**	147,396
	Halford Group	Common Stock	**	84,470
	Halliburton Co.	Common Stock	**	102,306
	Hansen National Corp.	Common Stock	**	350,054
	Harley Davidson Inc.	Common Stock	**	168,840
	Hartford Financial Services Group	Common Stock	**	67,454

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	Hasbro, Inc.	Common Stock	**	150,682
	Heidrick & Struggles International Inc	Common Stock	**	146,828
	Hess Corp.	Common Stock	**	211,750
	Hewlett Packard Co	Common Stock	**	1,731,097
	Hexcel Corp New Com	Common Stock	**	202,164
	Hill (William)	Common Stock	**	79,468
	Home Depot	Common Stock	**	1,815,068
	Home Retail Group NPV	Common Stock	**	103,101
	Honeywell International Inc.	Common Stock	**	278,712
	Hospira Inc.	Common Stock	**	66,300
	HSBC Holdings	Common Stock	**	383,502
	HUB Group, Inc.	Common Stock	**	865,133
	Humana Inc	Common Stock	**	122,892
	Huntsman Corp.	Common Stock	**	361,280
	IAC InterActiveCorp	Common Stock	**	1,112,576
	ICICI Bank Ltd. — ADR	Common Stock	**	101,817
	Illinois Tool Works Inc	Common Stock	**	87,822
	Ingersoll-Rand PLC	Common Stock	**	1,426,026
	Intel Corp	Common Stock	**	2,386,596
	Intercontinental Exchange Inc	Common Stock	**	123,530
	Internap Network Services	Common Stock	**	38,893
	International Business Machines Corp	Common Stock	**	1,793,330
	International Game Technology	Common Stock	**	411,814
	International Paper Co	Common Stock	**	214,240
	Intuit	Common Stock	**	251,822
	Intuitive Surgical Inc	Common Stock	**	867,799
	Invesco Limited	Common Stock	**	176,175
*	**ITT Corporation**	Common Stock	**	458,024,274
	ITT Educational Services Inc	Common Stock	**	266,289
	Janus Capital Group, Inc.	Common Stock	**	121,050

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		Japan Tobacco, Inc.	Common Stock	**	121,038
		Jardine Matheson Holdings	Common Stock	**	169,008
		JDS Uniphase Corp	Common Stock	**	130,350
		Jetblue Airways Corp	Common Stock	**	888,350
		JM Smucker Co.	Common Stock	**	90,279
		Johnson & Johnson	Common Stock	**	1,796,395
		Johnson Controls Inc	Common Stock	**	231,540
*		**JP Morgan Chase & Co**	Common Stock	**	4,592,034
		Juniper Networks Inc	Common Stock	**	309,905
		Kellogg Co.	Common Stock	**	340,480
		Keycorp New	Common Stock	**	106,005
		Kimberley Clark Corporation	Common Stock	**	477,825
		Kimco Realty Corp.	Common Stock	**	47,355
		Kla-Tencor Corp.	Common Stock	**	75,936
		Knot Inc	Common Stock	**	96,924
		Kohls Corp	Common Stock	**	1,086,690
		Korn Ferry International	Common Stock	**	167,475
		Kraft Foods Inc	Common Stock	**	404,438
		Kroger Co	Common Stock	**	424,971
		Lamar Advertising Co Class A	Common Stock	**	52,853
		Las Vegas Sands Corp.	Common Stock	**	304,776
		Lazard Ltd	Common Stock	**	796,535
		Lear Corp.	Common Stock	**	547,884
		Lennar Corporation Class A	Common Stock	**	40,864
		LG Display Co., Ltd.	Common Stock	**	189,616
		Liberty Global Inc	Common Stock	**	991,619
		Liberty Media — Interactive	Common Stock	**	133,332
		Life Technologies Corp.	Common Stock	**	396,948
		Life Time Fitness Inc	Common Stock	**	354,006

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	Limited Brands, Inc.	Common Stock	**	423,280
	Lincoln National Corp	Common Stock	**	79,616
	Linde AG	Common Stock	**	72,182
	Lockheed Martin Corp.	Common Stock	**	421,960
	Loews Corp	Common Stock	**	138,130
	Lonmin PLC	Common Stock	**	158,175
	Lonza Group AG, Zuerich	Common Stock	**	112,987
	Lowes Cos Inc.	Common Stock	**	1,494,855
	Macy's Inc	Common Stock	**	713,138
	Makita Corp	Common Stock	**	136,205
	Manhattan Associates Inc	Common Stock	**	209,662
	Marketaxess Holdings, Inc.	Common Stock	**	117,107
	Marriott International Inc Class A	Common Stock	**	294,545
	Marsh & McLennan Cos Inc	Common Stock	**	841,248
	Marshall & Ilsley Corp	Common Stock	**	101,904
	Marvell Technology Group	Common Stock	**	921,300
	Masco Corp	Common Stock	**	422,586
	Masset Energy Corp.	Common Stock	**	42,010
	MasterCard Inc Class A	Common Stock	**	1,312,665
	Mcafee, Inc.	Common Stock	**	316,446
	McDermott International Inc	Common Stock	**	62,426
	McDonalds Corp	Common Stock	**	805,476
	McGraw-Hill Companies Inc	Common Stock	**	110,583
	McKesson Corp	Common Stock	**	168,750
	Medco Health Solutions Inc	Common Stock	**	1,247,523
	Medics Pharmaceutical Corp Class A	Common Stock	**	204,228
	Medtronic Inc	Common Stock	**	826,824
	Memc Electronic Materials Inc	Common Stock	**	29,964
	Merck & Co Inc	Common Stock	**	3,969,376

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	MetLife Inc	Common Stock	**	649,026
	Metropcs Communications Inc	Common Stock	**	86,982
	MGM Mirage Inc	Common Stock	**	208,045
	Micron Technology Inc.	Common Stock	**	155,232
	Microsoft Corp	Common Stock	**	2,674,888
	MKS Instruments Inc	Common Stock	**	289,006
	Monsanto Co	Common Stock	**	997,350
	Monster Worldwide Inc	Common Stock	**	232,290
	Moodys Corp	Common Stock	**	96,480
	Morgan Stanley	Common Stock	**	2,163,464
	Morningstar, Inc.	Common Stock	**	131,727
	Motorola Inc	Common Stock	**	1,367,933
	MSCI, Inc.	Common Stock	**	6,360
	MTU Aero Engines Holding	Common Stock	**	180,059
	Murata Manufacturing Co. JPY ORDS	Common Stock	**	108,706
	Murphy Oil Corp.	Common Stock	**	373,980
	Mylan Labs, Inc.	Common Stock	**	610,033
	Nalco Holding Co	Common Stock	**	693,872
	National Instruments Corp	Common Stock	**	175,964
	National Semiconductor Corp	Common Stock	**	233,472
	Navigant Consulting Co	Common Stock	**	172,376
	Netapp, Inc.	Common Stock	**	110,048
	Neustar Inc.	Common Stock	**	220,032
	Newfield Exploration Company	Common Stock	**	1,639,820
	Newmont Mining	Common Stock	**	1,471,341
	News Corp	Common Stock	**	2,378,774
	Nexen, Inc.	Common Stock	**	710,721
	NII Holdings	Common Stock	**	60,444
	Nike Inc Class B	Common Stock	**	230,584
	Nisource Inc	Common Stock	**	38,450

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SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) **PN: 100**
AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Nokia Corp	Sponsored ADR	**	957,325
	Norfolk Southern Corp	Common Stock	**	178,752
	Norsk Hydro ASA	Common Stock	**	118,141
	Northern Trust Corp	Common Stock	**	209,600
	Northrop Grumman Corp	Common Stock	**	1,267,795
	Novartis AG	Sponsored ADR	**	707,590
	Novartis AG	Common Stock	**	174,897
	NRG Energy Inc.	Common Stock	**	1,475,625
	NSK Ltd.	Common Stock	**	204,062
	Nucor Corp	Common Stock	**	172,605
	Nvidia Corp	Common Stock	**	648,850
	NVR, Inc.	Common Stock	**	781,781
	NYSE Euronext, Inc.	Common Stock	**	98,670
	Occidental Petroleum Corp	Common Stock	**	1,493,586
	Office Depot, Inc.	Common Stock	**	508,905
	Omnicom Group	Common Stock	**	180,090
	Osaka Securities Exchnage Co., Ltd.	Common Stock	**	137,999
	Oxford Industries Inc	Common Stock	**	125,631
	PF Chang's China Bistro Inc	Common Stock	**	423,644
	Paccar, Inc.	Common Stock	**	286,533
	Panera Bread Company Class A	Common Stock	**	252,812
	Paychex Inc.	Common Stock	**	76,600
	Peabody Energy Corporation	Common Stock	**	203,445
	Penney J C Inc.	Common Stock	**	649,284
	Pepco Holdings, Inc.	Common Stock	**	92,675
	Pepsi Bottling Group Inc.	Common Stock	**	67,500
	PepsiCo Inc.	Common Stock	**	1,844,672
	Persimmon 10P	Common Stock	**	130,406
	Pfizer Inc	Common Stock	**	5,546,621
	Pharmaceutical Product Development, Inc.	Common Stock	**	148,258

ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN **EIN: 13-5158950**
SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) **PN: 100**
AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Philip Morris International In	Common Stock	**	1,150,777
	Pinnacle Entertainment Co.	Common Stock	*8	1,072,212
	Pinnacle West Cap Corp	Common Stock	**	76,818
	PNC Financial Services Group	Common Stock	**	168,928
	Posco	Sponsored ADR	**	170,430
	Potash Corp of Saskatchewan	Common Stock	**	314,650
	PPL Corporation	Common Stock	**	239,094
	Praxair Inc	Common Stock	**	399,141
	Precision Castparts Corp	Common Stock	**	220,700
	Priceline.Com, Inc.	Common Stock	**	786,600
	Privatebancorp Inc	Common Stock	**	12,110
	Procter & Gamble Co	Common Stock	**	2,465,095
	Progress Energy	Common Stock	**	41,010
	Prudential Financial Inc	Common Stock	**	298,560
	PSS World Medical Inc	Common Stock	**	167,582
	Public Service Enterprise Group Inc	Common Stock	**	126,350
	Publicis Eur	Common Stock	**	147,204
	Pulte Homes, Inc.	Common Stock	**	353,000
	Qualcomm Inc	Common Stock	**	915,023
	Quanta Services Inc	Common Stock	**	31,260
	Range Res Corp	Common Stock	**	114,655
	Raytheon Co	Common Stock	**	156,621
	Red Hat Inc	Common Stock	**	222,480
	Regions Financial Corp.	Common Stock	**	234,347
	Republic Services Inc Class A	Common Stock	**	1,664,486
	Rhoen Klinikum AG	Common Stock	**	137,958
	Ricoh Company Ltd.	Common Stock	**	112,917
	Robert Half International Inc	Common Stock	**	37,422
	Roche Hldgs Ag Genussscheine	Common Stock	**	159,857
	Rockwell Automation, Inc.	Common Stock	**	295,974

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AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Rockwell Collins Inc	Common Stock	**	66,432
	Royal Dutch Shell PLC Eur A SHS	Common Stock	**	240,316
	RRI Energy	Common Stock	**	320,320
	RSC Holdings Inc.	Common Stock	**	751,872
	Ryland Group Inc	Common Stock	**	823,460
	SAIC, Inc.	Common Stock	**	827,678
	Sandisk Corp. Com	Common Stock	**	86,970
	Schlumberger Ltd	Common Stock	**	2,213,710
	Schwab Charles Corp	Common Stock	**	1,289,170
	Sempra Energy	Common Stock	**	156,744
	Semtech Corp	Common Stock	**	298,526
	Shanghai Electric Group Co.	Common Stock	**	98,153
	Sherwin Williams Co	Common Stock	**	123,300
	Shire PLC	Common Stock	**	1,209,220
	Siemens AG	Common Stock	**	212,415
	Sigma Aldrich Corp	Common Stock	**	35,371
	Simon Property Group Inc	Common Stock	**	388,067
	SLM Corp	Common Stock	**	114,954
	Smith Intl Inc. Com	Common Stock	**	133,133
	Smithfield Foods, Inc.	Common Stock	**	334,180
	Southwest Airlines Co	Common Stock	**	133,731
	Southwestern Energy Co.	Common Stock	**	351,860
	Spectra Energy Corp.	Common Stock	**	274,834
	Sprint Nextel Corp	Common Stock	**	1,748,748
	SPX Corp.	Common Stock	**	322,730
	St Jude Medical Inc	Common Stock	**	202,290
	Stanley Works	Common Stock	**	61,812
	Starbucks Corp	Common Stock	**	802,488
	Starwood Hotels and Resorts Worldwide	Common Stock	**	62,169
	State Street Corp	Common Stock	**	296,507

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AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Statoil ASA	Common Stock	**	113,297
	Steel Dynamics, Inc.	Common Stock	**	396,928
	Stericycle Inc Com	Common Stock	**	154,476
	Stryker Corp	Common Stock	**	206,517
	Sumitomo Mitsui Financial Group	Common Stock	**	88,077
	Suncor Energy, Inc.	Common Stock	**	1,020,459
	Sunoco Inc	Common Stock	**	843,030
	SunTrust Banks	Common Stock	**	111,595
	Supervalu Inc	Common Stock	**	613,893
	Symantec Corp	Common Stock	**	2,116,387
	Symrise AG	Common Stock	**	49,499
	Sysco Corp	Common Stock	**	223,799
	TD Ameritrade Holding Corp.	Common Stock	**	96,900
	Teco Energy Inc	Common Stock	**	145,980
	Telestra Corporation Ltd	Common Stock	**	195,603
	Tenet Healthcare Corp.	Common Stock	**	84,623
	Teva Pharmaceutical Industries	Sponsored ADR	**	179,776
	Texas Instruments Inc.	Common Stock	**	41,696
	Textron, Inc.	Common Stock	**	329,175
	The DirectTV Group	Common Stock	**	103,385
	The Nasdaq OMX Group, Inc.	Common Stock	**	31,712
	Thermo Fisher Scientific Inc.	Common Stock	**	1,889,859
	Ticketmaster Entertainment Inc.	Common Stock	**	705,705
	Time Warner Cable Inc.	Common Stock	**	2,814,603
	Time Warner, Inc.	Common Stock	**	2,307,567
	Tokyo Gas Co.	Common Stock	**	159,407
	Transocean Ltd.	Common Stock	**	215,280
	Travelers Companies, Inc.	Common Stock	**	2,333,946
	Trimble NAV Ltd.	Common Stock	**	49,140
	Tyco Electronics Ltd.	Common Stock	**	1,960,686

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AS OF DECEMBER 31, 2009

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	Tyson Foods Inc. CL A DEL	Common Stock	**	587,733
	UBS AG	Common Stock	**	16
	Unilever NV Eur	Common Stock	**	117,505
	Unilvever NV Eur	Common Stock	**	75,138
	Union Pacific Corp.	Common Stock	**	407,682
	United Parcel Service	Common Stock	**	545,015
	United STS Stl Corp	Common Stock	**	198,432
	United Technologies Corp.	Common Stock	**	819,732
	UnitedHealth Group Inc	Common Stock	**	574,852
	Universal Technical Institute, Inc.	Common Stock	**	132,310
	Unum Group	Common Stock	**	329,888
	US Bancorp Del	Common Stock	**	1,512,672
	Valero Energy Corp.	Common Stock	**	1,309,013
	Validus Holdings, Ltd.	Common Stock	**	719,298
	Valmont Industries, Inc.	Common Stock	**	92,179
	VCA Antech, Inc.	Common Stock	**	17,444
	Verisign Inc.	Common Stock	**	1,209,576
	Verizon Communications	Common Stock	**	39,756
	Vertex Pharmaceuticals, Inc.	Common Stock	**	81,415
	Viacom Inc	Common Stock	**	1,127,778
	Visa Inc. Class A Shrs	Common Stock	**	1,484,634
	Viterra, Inc.	Common Stock	**	114,861
	Vivendi	Common Stock	**	678,300
	Vodafone Group Plc	Common Stock	**	136,680
	Vodafone Group Plc NEW	Common Stock	**	667,301
	Vulcan Materials Co.	Common Stock	**	163,277
	Waddell & Reed Financial Inc.	Common Stock	**	332,886
	Wal Mart Stores Inc	Common Stock	**	2,617,446
	Walgreen Co.	Common Stock	**	396,943

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AS OF DECEMBER 31, 2009

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		Walt Disney Co.	Common Stock	**	655,965
		Warner Music Group Corp.	Common Stock	**	616,940
		Waters Corp	Common Stock	**	105,332
		Watson Pharmaceuticals Inc	Common Stock	**	1,354,662
		Weight Watchers Intl. Inc.	Common Stock	**	784,404
		Wellpoint, Inc.	Common Stock	**	419,105
*		**Wells Fargo & Co.**	Common Stock	**	3,978,110
		Western Digital	Common Stock	**	997,790
		Western Union	Common Stock	**	190,385
		Weyerhaeuser Co.	Common Stock	**	173,854
		Whole Foods Mkt. Inc.	Common Stock	**	419,985
		Williams Cos Inc.	Common Stock	**	250,852
		WMS Inds. Inc.	Common Stock	**	480,000
		Wright Medical Group Inc.	Common Stock	**	175,288
		Wynn Resorts Ltd	Common Stock	**	52,407
		Xcel Energy Inc.	Common Stock	**	31,845
		XL Capital Ltd	Common Stock	**	947,661
		XTO Energy Inc.	Common Stock	**	439,104
		Yahoo, Inc.	Common Stock	**	124,172
		Yamada Denki Co.	Common Stock	**	137,176
		Yue Yuen Industrial	Common Stock	**	112,296
		Yum Brands	Common Stock	**	213,317
		Intech Institutional Large Cap	Common Collective Trust	**	29,048,281
		JPMCB Long-Term Bond Fund	Common Collective Trust	**	53,886,134
		JPMCB Smart Index Fund	Common Collective Trust	**	102,968,326
		JPMCB Smart Retirement 2010 Fund	Common Collective Trust	**	17,752,699
		JPMCB Smart Retirement 2015 Fund	Common Collective Trust	**	27,533,855
		JPMCB Smart Retirement 2020 Fund	Common Collective Trust	**	44,451,520
		JPMCB Smart Retirement 2025 Fund	Common Collective Trust	**	8,529,409
		JPMCB Smart Retirement 2030 Fund	Common Collective Trust	**	32,150,152

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	JPMCB Smart Retirement 2035 Fund	Common Collective Trust	**	6,142,926
	JPMCB Smart Retirement 2040 Fund	Common Collective Trust	**	3,794,790
	JPMCB Smart Retirement 2045 Fund	Common Collective Trust	**	2,781,897
	JPMCB Smart Retirement 2050 Fund	Common Collective Trust	**	1,975,465
	JPMCB Smart Retirement Income Fund	Common Collective Trust	**	11,064,688
	State Street Global Advisors	Common Collective Trust	**	11,685,277
	Pyramid Short Managed Maturing Fund	Guaranteed Investment Contract	**	117,026,184
	Pyramid Intermediate Managed Maturing Fund	Guaranteed Investment Contract	**	115,087,908
	Pyramid Enhanced Intermediate Fixed Income Fund	Guaranteed Investment Contract	**	308,210,309
	American Century Small Companies	Registered Investment Company	**	41,851,230
	American New Perspective Fund	Registered Investment Company	**	140,963,668
	Ishares Russell 2000 Value Index	Registered Investment Company	**	4,372,037
	JP Morgan U. S. Large Cap Core Plus-S	Registered Investment Company	**	6,603,025
	Bank of America	Bank Investment Contract Interest 3.76% Guaranteed Investment Contract	**	860,084
	Jackson National Life Insurance CO.	Insurance Company General Account Interest 5.16% Traditional Guaranteed Investment Contract	**	4,453,443
	Monumental Life Insurance Co.	Insurance Company General Account Interest 3.10% Traditional Guaranteed Investment Contract	**	142,609
	JP Morgan Chase Bank	Bank Investment Contract Interest 3.05% Guaranteed Investment Contract	**	116,116
	Fwd Stl 01/20/10 AUD/USD Long AUD	Forward Contract — Australian Dollar	**	4,735,474
	Fwd Stl 01/20/10 AUD/USD Short USD	Forward Contract — US Dollar		(4,771,316)
	Fwd Stl 01/20/10 CAD/USD Long CAD	Forward Contract — Canadian Dollar	**	318,601
	Fwd Stl 01/20/10 CAD/USD Short USD	Forward Contract — US Dollar		(315,966)
	Fwd Stl 01/20/10 CHF/USD Long CHF	Forward Contract — Swiss Francs	**	5,037,580
	Fwd Stl 01/20/10 CHF/USD Short USD	Forward Contract — US Dollar	**	(5,042,953)
	Fwd Stl 01/20/10 GBP/USD Long GBP	Forward Contract — British Pound Sterling	**	25,836

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	Fwd Stl 01/20/10 GBP/USD Short	Forward Contract — US Dollar		
	USD		**	(25,972)
	Fwd Stl 01/20/10 NOK/USD Long	Forward Contract — Norwegian Krone		
	NOK		**	786,392
	Fwd Stl 01/20/10 NOK/USD Short	Forward Contract — US Dollar		
	USD		**	(781,918)
	Fwd Stl 01/20/10 NZD/USD Long	Forward Contract — New Zealand Dollar		
	NZD		**	1,028,387
	Fwd Stl 01/20/10 NZD/USD Short	Forward Contract — US Dollar		
	USD		**	(1,019,668)
	Fwd Stl 01/20/10 SEK/USD Long	Forward Contract — Swedish Krona		
	SEK		**	654,108
	Fwd Stl 01/20/10 SEK/USD Short	Forward Contract — US Dollar		
	USD		**	(656,960)
	Fwd Stl 01/20/10 USD/CAD Long	Forward Contract — US Dollar		
	USD		**	595,854
	Fwd Stl 01/20/10 USD/CAD Short	Forward Contract — Canadian Dollar		
	CAD		**	(604,770)
	Fwd Stl 01/20/10 USD/CHF Long	Forward Contract — US Dollar		
	USD		**	3,590,120
	Fwd Stl 01/20/10 USD/CHF Short	Forward Contract — Swiss Francs		
	CHF		**	(3,643,466)
	Fwd Stl 01/20/10 USD/EUR Long	Forward Contract — US Dollar		
	USD		**	7,088,918
	Fwd Stl 01/20/10 USD/EUR Short	Forward Contract — Euro		
	EUR		**	(6,982,880)
	Fwd Stl 01/20/10 USD/GBP Long	Forward Contract — US Dollar		
	USD		**	756,623
	Fwd Stl 01/20/10 USD/GBP Short	Forward Contract — British Pound Sterling		
	GBP		**	(763,764)
	Fwd Stl 01/20/10 USD/JPY Long	Forward Contract — US Dollar		
	USD		**	2,991,008
	Fwd Stl 01/20/10 USD/JPY Short	Forward Contract — Japanese Yen		
	JPY		**	(2,891,898)
	Fwd Stl 01/20/10 USDSEK Long	Forward Contract — US Dollar		
	USD		**	172,241
	Fwd Stl 01/20/10 USD/SEK Short	Forward Contract — Swedish Krona		
	SEK		**	(176,203)
	ITT Brokerage Window	Other	**	8,382,942
	ITT Participant Loans	The Loan interest rate ranges varied from 5% — 10.5%, with scheduled maturity dates from 1/5/09 — 10/31/2028	**	27,961,382
	TOTAL			**2,102,711,623**

* **Party-in-interest to the Plan**

** **Cost information is not required for participant directed investments and, therefore, is not included.**

Plan Name	**ITT Salaried Investment and Savings Plan**
Plan Sponsor EIN	**13-5158950**
ERISA Plan #	**100**
Plan Year Ending	**12/31/2009**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**ITT Salaried Investment and Savings Plan**
Plan Sponsor EIN	**13-5158950**
ERISA Plan #	**100**
Plan Year Ending	**12/31/2009**

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	