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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
19 CAMPUS BLVD NO 200

City or town, state or province, country, and ZIP or foreign postal code
NEWTOWN SQUARE, PA 19073

D Employer identification number
23-6209407

E Telephone number
(800) 523-4702

G Gross receipts $ 2,932,198,966

F Name and address of principal officer:
ROBERT O BETTS JR
19 CAMPUS BLVD NO 200
NEWTOWN SQUARE, PA 19073

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (9) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NEIBENEFITS.ORG

K Form of organization: ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation: 1952

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE PURPOSE OF THIS PLAN IS TO PROVIDE HEALTH AND WELFARE BENEFITS AND THE MEANS FOR FINANCING THE EXPENSES OF THE TRUSTEES IN THE OPERATION AND ADMINISTRATION OF THIS TRUST.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	937,043,915	952,228,265
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,186,707	38,981,452
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	659,813	471,235
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,134,890,435	991,680,952
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	745,537,286	744,008,918
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,818,835	8,088,752
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,095,921	34,505,402
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	787,452,042	786,603,072
	19	Revenue less expenses. Subtract line 18 from line 12	347,438,393	205,077,880
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,531,338,193	2,969,377,027
	21	Total liabilities (Part X, line 26)	172,371,860	185,085,003
	22	Net assets or fund balances. Subtract line 21 from line 20	2,358,966,333	2,784,292,024

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2021-11-12
Signature of officer Date

LARRY MCGANN TRUSTEE/CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-11-12		P00154131

Firm's name ▶ DANIEL A WINTERS & COMPANY CPAS | Firm's EIN ▶ 23-2586736

Firm's address ▶ 6 DICKINSON DR STE 205
CHADDS FORD, PA 19317 | Phone no. (610) 358-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE PURPOSE OF THIS PLAN IS TO PROVIDE HEALTH AND WELFARE BENEFITS AND THE MEANS FOR FINANCING THE EXPENSES OF THE TRUSTEES IN THE OPERATION AND ADMINISTRATION OF THIS TRUST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24,151			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	AR , AS , AU , BE , BR , CA , CO , EZ , DA , EN , FR , GM , GK , HK , HU , ID , EI , IS , IT , JA , JE , LG , MY , MX , NL , NZ , NO , PL , PO , SN , SF , KS , SP , SW , SZ , TH , TU ,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ROBERT O BETTS JR 19 CAMPUS BLVD SUITE 200 NEWTOWN SQUARE, PA 19073 (800) 523-4702

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LARRY J MCGANN TRUSTEE/CHAIRMAN	8.00 32.00	X						0	358,229	174,884
(2) RICK AMAROSA TRUSTEE/CO-CHAIRMAN	8.00	X						0	0	0
(3) VINCENT SCHIAVONE TRUSTEE	2.00	X						0	0	0
(4) R ALLEN SPEARS TRUSTEE	2.00	X						0	0	0
(5) STEVEN BRUNO TRUSTEE	2.00 38.00	X						0	254,379	140,444
(6) KENNETH DZIERAWIEC TRUSTEE	2.00	X						0	0	0
(7) NEWTON BLANCHARD IV TRUSTEE	2.00 38.00	X						0	202,040	121,123
(8) PAUL CAFFARELLI TRUSTEE	2.00	X						0	0	0
(9) TERENCE CARR TRUSTEE	2.00 38.00	X						0	254,379	140,444
(10) MICHAEL CAMPBELL TRUSTEE	2.00	X						0	0	0
(11) JACK UPCHURCH TRUSTEE	2.00	X						0	0	0
(12) JATHAN VAN WINKLE TRUSTEE	2.00	X						0	0	0
(13) ROBERT O BETTS JR EXECUTIVE DIRECTOR	22.00			X				146,125	0	32,079
(14) JOHN A MCGOWAN DIRECTOR OF HEALTH CLAIMS	40.00				X			178,059	0	56,481

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								324,184	1,069,027	665,455

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH CARE SERVICE CORPORATION 300 EAST RANDOLPH 26TH FLOOR CHICAGO, IL 60601	NETWORK ADMINISTRATION	13,750,894
CAREWISE 9200 SHELBYVILLE ROAD LOUISVILLE, KY 40222	UTIL, DISEASE, CASE MGMT	2,039,347
EXPRESS SCRIPTS 1 EXPRESS SCRIPTS WAY ST LOUIS, MO 63121	NETWORK ADMINISTRATION	2,026,588
JANUS HENDERSON INVESTORS 151 DETROIT ST DENVER, CO 80206	INVESTMENT MANAGEMENT	1,116,454
BEACON HEALTH OPTIONS INC 240 CORPORATE BOULEVARD NORFOLK, VA 23502	CASE MGMT & ADMIN	1,108,187

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 36

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns . .	1a				
b Membership dues . .	1b				
c Fundraising events . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f . . . . . ▶					
Program Service Revenue	Business Code				
2a EMPLOYER CONTRIBUTIONS	525100	782,936,541	782,936,541		
b FORMULARY REBATE PRESCRIPTION BEN	525100	82,802,175	82,802,175		
c CONTRIB EXT BENEFITS	525100	78,516,277	78,516,277		
d MEDICARE PART D SUB	525100	6,230,032	6,230,032		
e PARTICIPANT CONTRIB	525100	1,743,240	1,743,240		
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	952,228,265				
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		28,865,373			28,865,373
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

d Net rental income or (loss) . . . . . ▶

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	1,888,406,916	62,227,177				
b Less: cost or other basis and sales expenses	7b	1,886,962,214	53,555,800				
c Gain or (loss)	7c	1,444,702	8,671,377				
d Net gain or (loss) . . . . . ▶				10,116,079			10,116,079

Other Revenue					
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses . . .	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses . . .	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a REIMB RELATED PLAN	525100	425,950	425,950		
b INCOME TAXES ON UBIT	900099	41,463	41,463		
c STOCK COMMISSION REFUNDS	525100	3,822	3,822		
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		471,235			
12 **Total revenue.** See instructions . . . . . ▶		991,680,952	952,699,500	0	38,981,452

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	744,008,918			
5 Compensation of current officers, directors, trustees, and key employees	412,744			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,531,247			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	435,650			
9 Other employee benefits	2,334,888			
10 Payroll taxes	374,223			
11 Fees for services (non-employees):				
a Management				
b Legal	696,579			
c Accounting	427,899			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,108,305			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,000,290			
12 Advertising and promotion				
13 Office expenses	1,191,978			
14 Information technology	1,050,413			
15 Royalties				
16 Occupancy	801,466			
17 Travel	657			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,717			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,683			
23 Insurance	95,317			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & DUPLICATING	761,965			
b NY STATE SURCHARGE	626,479			
c REIMB FOR FIXED ASSETS	323,716			
d PPA REINSURANCE FEES	238,592			
e All other expenses	17,346			
25 **Total functional expenses.** Add lines 1 through 24e	786,603,072			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		98,165,847	2	136,767,723
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		92,947,702	4	79,391,063
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,484,832	9	1,778,617
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,376,465			
	b	Less: accumulated depreciation	10b 1,247,226	175,671	10c	129,239
	11	Investments—publicly traded securities		1,037,637,596	11	1,139,844,349
	12	Investments—other securities. See Part IV, line 11		1,172,833,081	12	1,444,321,010
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		128,093,464	15	167,145,026
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,531,338,193	16	2,969,377,027
Liabilities	17	Accounts payable and accrued expenses		7,195,722	17	7,155,436
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		165,176,138	25	177,929,567
	26	**Total liabilities.** Add lines 17 through 25		172,371,860	26	185,085,003
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		2,358,966,333	31	2,784,292,024
	32	Total net assets or fund balances		2,358,966,333	32	2,784,292,024
	33	Total liabilities and net assets/fund balances		2,531,338,193	33	2,969,377,027

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	991,680,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	786,603,072
3	Revenue less expenses. Subtract line 2 from line 1	3	205,077,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,358,966,333
5	Net unrealized gains (losses) on investments	5	220,247,811
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,784,292,024

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-6209407

Name: NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Form 990 (2020)

Form 990, Part III, Line 4a:

THE PURPOSE OF THIS PLAN IS TO PROVIDE HEALTH AND WELFARE BENEFITS AND THE MEANS FOR FINANCING THE EXPENSES OF THE TRUSTEES IN THE OPERATION AND ADMINISTRATION OF THIS TRUST. THIS IS ESSENTIALLY THE ONLY PROGRAM SERVICE OF THE ORGANIZATION AND ALL OF THE REVENUES AND EXPENSES ARE CONSIDERED TO BE FOR THIS PURPOSE.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Employer identification number
23-6209407

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,376,465	1,247,226	129,239
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				129,239

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	117,175	F
(2) Closely-held equity interests		
(3) Other		
(A) COMMON/COLLECTIVE TRUSTS	411,220,105	F
(B) LIMITED PARTNERSHIPS	342,077,651	F
(C) OTHER	690,906,079	F
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,444,321,010	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)DUE FROM BROKER FOR SECURITIES SOLD	161,085,484
(2)INTEREST AND DIVIDENDS RECEIVABLE	6,059,542
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	167,145,026

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SWAP CONTRACTS	405,899
(3) OPTION CONTRACTS	7,834
(4) DUE TO BROKER FOR SECURITIES PURCHASED	177,515,834
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	177,929,567

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,205,637,433
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	220,247,811		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	220,247,811
3	Subtract line **2e** from line **1**			3	985,389,622
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,249,867		
b	Other (Describe in Part XIII.)	4b	41,463		
c	Add lines **4a** and **4b**			4c	6,291,330
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	991,680,952

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	780,311,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-41,463		
e	Add lines **2a** through **2d**			2e	-41,463
3	Subtract line **2e** from line **1**			3	780,353,205
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,249,867		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	6,249,867
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	786,603,072

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-6209407

Name: NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE PLAN MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME 41463.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME -41463.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Employer identification number
23-6209407

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LARRY J MCGANN TRUSTEE/CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	347,680	0	10,549	144,045	30,839	533,113	0
2 STEVEN BRUNO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	254,379	0	0	109,605	30,839	394,823	0
3 TERENCE CARR TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	254,379	0	0	109,605	30,839	394,823	0
4 NEWTON BLANCHARD IV TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	202,040	0	0	90,284	30,839	323,163	0
5 JOHN A MCGOWAN DIRECTOR OF HEALTH CLAIMS	(i)	178,059	0	0	23,773	32,708	234,540	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT O BETTS JR EXECUTIVE DIRECTOR	(i)	146,125	0	0	13,763	18,316	178,204	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Employer identification number
23-6209407

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	R. ALLEN SPEARS IS EMPLOYED BY THE ELEVATOR INDUSTRY WORK PRESERVATION FUND. LARRY J. MCGANN IS A TRUSTEE OF THE ELEVATOR INDUSTRY WORK PRESERVATION FUND; ACCORDINGLY, THEY SHARE A BUSINESS RELATIONSHIP. STEVEN BRUNO, TERENCE CARR AND NEWTON BLANHARD IV ARE EMPLOYED BY THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS. LARRY J. MCGANN IS AN OFFICER OF THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS; ACCORDINGLY, THEY SHARE A BUSINESS RELATIONSHIP .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS HAS THE POWER TO APPOINT FIVE (5) TRUSTEE S FOR THE NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN. THE NATIONAL ELEVATOR INDUSTRY I NC. HAS THE POWER TO APPOINT FIVE (5) TRUSTEES FOR THE NATIONAL ELEVATOR INDUSTRY HEALTH B ENEFIT PLAN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE CHAIRMAN AND CO-CHAIRMAN OF THE BOARD OF TRUSTEES AND THE EXEC UTIVE DIRECTOR PRIOR TO FILING FOR ACCURACY WITH THE ACTIVITIES OF THE TRUST DURING THE YE AR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE PLAN DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE APPROVAL AND RESPONSIBILITY PROCESSES FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND OTHER INFORMATION PROVIDED IN THE FILING:	THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS AND THE NATIONAL ELEVATOR INDUSTRY,INC. A RE DEEMED SPONSORING ORGANIZATIONS OF THE PLAN FOR FORM 990 PURPOSES AND THEREFORE ARE LIS TED IN SCHEDULE R AS RELATED ORGANIZATIONS. PART VII, SECTION A AND SCHEDULE J INCLUDE ANY COMPENSATION AND AVERAGE HOURS PER WEEK FOR INDIVIDUALS LISTED ON THIS SCHEDULE FROM THES E TWO RELATED ORGANIZATIONS. OTHER RELATED ORGANIZATIONS REPORTED IN SCHEDULE R CONSIST OF CONTRIBUTING EMPLOYERS OF THE PLAN, WHICH IS A VEBA, AND ANY COMPENSATION OR AVERAGE HOUR S WORKED PER WEEK FOR INDIVIDUALS LISTED IN PART VII, SECTION A, AS EMPLOYEES OF CONTRIBUT ING EMPLOYERS, ARE NOT INCLUDED, SIMILARLY, OTHER INFORMATION, SUCH AS WHETHER VOTING MEMB ERS OF THE GOVERNING BODY ARE INDEPENDENT, IS BASED ON THE ASSESSMENT AS ABOVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A; PART VII, SECTION A; SCHEDULE J, PART II:	THE PLAN DOES NOT ISSUE FORMS W-2 TO ANY EMPLOYEES AND SHARES CERTAIN STAFF WITH THE NATIO NAL ELEVATOR INDUSTRY PENSION PLAN WHICH IS CONSIDERED BY THE FORM 990 INSTRUCTIONS TO BE A RELATED ORGANIZATION ONLY AS A CONTRIBUTING EMPLOYER TO THE PLAN, WHICH IS A VEBA. THESE STAFF ARE PAID THROUGH ESSENTIALLY A PAYMASTER ARRANGEMENT THAT FUNCTIONS AS THE STAFF'S EMPLOYER AND ISSUES FORMS W-2 AND COMPLIES WITH APPLICABLE PAYROLL REPORTING AND RELATED R EQUIREMENTS. ACCORDINGLY, THE PLAN'S ALLOCATED PORTION OF THE COSTS RELATED TO THIS SHARIN G IS REPORTED ON FORM 990, INCLUDING ON PART IX, LINES 5 THROUGH 10.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4A:	THE PLAN IS AN EMPLOYEE BENEFIT PLAN THAT FILES THE REPORT OF FOREIGN BANK AND FINANCIAL A CCOUNTS. THE PLAN FILES FINCEN FORM 114 UNDER E.I.N. 23-2790911, WHICH IS THE E.I.N. THE P LAN USES TO FILE FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 32:	THE PLAN'S INVESTMENT PROGRAM INCLUDES CASH MANAGEMENT PROCEDURES THAT MAXIMIZE EARNINGS O N TEMPORARY BALANCES BY IMMEDIATELY PURCHASING SHORT TERM INVESTMENT VEHICLES UPON THE REC EIPT OF ESSENTIALLY ALL PRINCIPAL AND INTEREST TRANSACTIONS. THIS NECESSITATES THE SELLING OF SUCH ASSETS FOR EACH PURPOSE OF LONGER-TERM INVESTMENTS. THIS CASH MANAGEMENT ACTIVITY IS NOT INCLUDED IN PART VIII, LINE 7 AND IS NOT CONSIDERED TO CONSTITUTE TRANSACTIONS ADD RESSED BY PART IV, LINE 32.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Employer identification number
23-6209407

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 1N THROUGH 1Q:	THE PLAN SHARES CERTAIN ADMINISTRATIVE EXPENSES, INCLUDING EXPENSES RELATED TO SHARING EMPLOYEES, OFFICE SPACE AND LEASED ASSETS, WITH THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN WHO IS LISTED AS A RELATED ORGANIZATION IN SCHEDULE R, PART II. SINCE THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN IS DEEMED A RELATED ORGANIZATION SOLELY AS A CONTRIBUTING EMPLOYER TO THE PLAN, WHICH IS A VEBA, THE PLAN BELIEVES THAT LINES 1N THROUGH 1Q SHOULD BE ANSWERED "NO." THE PLAN ALONG WITH THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN, PROVIDES CERTAIN ADMINISTRATIVE SERVICES TO THE NATIONAL ELEVATOR INDUSTRY WORK PRESERVATION FUND AND THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM. SINCE THESE TWO ORGANIZATIONS WHICH ARE REPORTED IN SCHEDULE R AS DEEMED RELATED ORGANIZATIONS SOLELY AS CONTRIBUTING EMPLOYER TO THE PLAN, WHICH IS A VEBA, THE PLAN BELIEVES THAT LINE 1Q SHOULD BE ANSWERED "NO."

Additional Data

Software ID:
Software Version:
EIN: 23-6209407
Name: NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
7154 COLUMBIA GATEWAY DR COLUMBIA, MD 210462132 23-0725260	LABOR UNION, SPONSORING ORGANIZATION OF THE PLAN	MD	501(C)(5)	N/A	N/A		No
PO BOX 838 SALEM, NY 12865 13-1085730	PROMOTE SAFE BUILDING TRANSPORTATION, SPONSORING ORGANIZATION OF THE PLAN	NY	501(C)(6)	N/A	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
A-1 ELEVATOR SERVICE LLC												
AAA ELEVATORS LLC												
ABETTER ELEVATOR LLC												
ABIELLO ELEVATOR LLC												
ACCURATE ELEVATOR LLC												
ADVANCED ELEV SERVS LLC												
ALLIED ELEVATOR LLC												
ALL-SAFE LLC												
AMERICAN EAGLE ELEV LLC												
ARCTIC ELEVATOR CO LLC												
ATLANTIC HOIST&SCAFF LLC												
BAYSIDE SERVICES LLC												
BOWLINE CONSTRUCTION LLC												
C LINDSEY DESIGNS LLC												
CAROLINA ELEV SERV INC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTRAL TEXAS ELEVATOR												
CENTURY ELEVATOR SERVICE												
COMMONWEALTH ELEVATOR LLC												
EAST ELEVATOR LLC												
ELDER ELEVATOR LLC												
ELITE ELEV SERVICE LLC												
EXPRESS ELEVATOR LLC												
HARTFORD ELEVATOR LLC												
INDEPENDENT ELEV CO LLC												
INTEGRITY ELEVATOR LLC												
LANTA COMPANY LLC												
LEX ELEVATOR CO LLC												
MAXIMUM ELEV NOW 3181												
MAXIMUM ELEV SAFETY CO												
MICHIGAN ELEVATOR LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MIDWEST HOIST&TOWER CRANE												
MOORE ELEVATOR COLLC												
PINNACLE EL INTERIORS LLC												
POTOMAC ELEVATOR CO LLC												
SHAW ELEVATOR CO LLC												
SIMPSON ELEVATOR TESTING												
SOONER ELEVATOR INSPECTIO												
SOUTH TEXAS ELEVATOR LLC												
SPLETTER ASSOCIATES LLC												
STATEWIDE ELEVATOR INSPEC												
STATEWIDE ELEVATOR LLC												
SUBURBAN EL OF NEVADA LLC												
SUBURBAN ELE OF FLA LLC												
SUBURBAN ELEV OF WI												
TECHNICAL ELEV CONS LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
UNITED ELEV OF NJ LLC												
VERTICAL DIMENSIONS LLC												
WEST COAST ELEV LLC												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
121 ELEVATOR INC									
1ST PRIORITY ELEVATOR CO									
24 HOUR ELEVATOR INC									
3 PHASE ELEVATOR CORP									
ABCO DRILLING COMPANY									
ABOVE & BEYOND EL SERVINC									
ACCURATE EL INSP SERV INC									
ACE ELEVATOR LLC									
ACTION ELEVATOR INC									
ADMIRAL ELEVATOR CO INC									
ADVANCE WELDING SERV INC									
ADVANCED ELEVATOR CO									
ADVANCED ELEVATOR CO INC									
ADVANCED ELEVATOR CORP									
ADVANCED ELEVATOR INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ADVANCED ELEVS INC									
ADVANCED INTERIORS INC									
ADVANCED VERTICAL SOLUTIONS LLC									
ALBANY ELEVATOR INC									
ALIGN ELEVATION LLC									
ALL AMERICAN ELEV CO INC									
ALL CITY ELEVATOR									
ALL CITY ELEVATOR INC									
ALL PRO ELEVATOR INC									
ALLTYPES ELEVATOR INC									
ALLIANCE DRILLING & ELEV									
ALLIANCE ELEVATOR CORP									
ALLIED ELEV SERVICES INC									
ALLIED ELEVATOR GROUP INC									
ALL-N-ONE SERVICES LLC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALLRISE ELEVATOR COMPANY INC									
ALLSTAR ELEV & ESC INSP									
AMERICAN CRESCENT ELEV									
AMERICAN ELEV & SERVICE									
AMERICAN ELEV INSPECTIONS									
AMERICAN ELEV SERVS INC									
AMERICAN ELEVATOR CO									
AMERICAN ELEVATOR CORP									
AMERICAN ELEVATOR INC									
AMERICAN ELEVATORS INC									
AMERICAN HOIST & MANLIFT									
AMERITEX ELEVATOR SERVICES INC									
AN EXCELSIOR ELEV CORP									
ANDERSON HAROLD ELEVATOR CO INC									
APEX ELEVATOR CORP									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
APOLLO ELEVATORS INC									
APPLE ELEVATOR CO									
APPLIED ELEV SERV&SALES									
ARIZONA ELEVATOR SOL INC									
ARKANSAS ELEVATOR LLC									
ARROW ELEVATOR INC									
ARROW ELEVATOR INC									
ARUNDEL ELEVATOR CO									
ASCENT ELEV SERVICE INC									
ASHEVILLE ELEV SERVICE									
ASHLAND INDUSTRIAL SERVICES									
ASPEN ELEVATOR INC									
ASSOCIATED ELEV COMPANIES									
ATLANTIC ELEV SOUTH CO									
ATLANTIC ELEVATOR NORTH									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ATLAS ELEV INSP SERV INC									
AUTOMATIC ELEVATOR INC									
AVERY ELEVATOR CORP									
B & G ELEVATOR INC									
B&D ELEVATOR SERVICES INC									
BAGBY ELEVATOR CO INC									
BARBRE CONSULTING INC									
BARIST ELEV CO INC									
BARNARD ELEV OF QUINCY									
BARNARD ELEVATOR COMPANY									
BARRIER FREE ELEV INC									
BAY AREA EL INTERIORS INC									
BAY STATE ELEV CO									
BBE CORPORATION									
BCE SPECIALTIES INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
BELCO ELEV & LIFT CO INC									
BENCHMARK ELEVATOR CO INC									
BOMBARDIER TRANSPORTATION									
BOSTOCK CO									
BPES INC									
BRANDYWINE ELEV CO INC									
BRAUN THYSSENKRUPP ELEV									
BRAZOS ELEVATOR COMPANY LLC									
BROOKLYN ELEVATOR INC									
BUILDING SUPPLY AND INSTALLATION SERVICES LLC									
BURKSHIRE CONSTRUCTION CO									
BUSCH BROS ELEV CO INC									
CAB WORKS LLC									
CABWORKS LLC									
CALIBER ELEVATOR CORP									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CANTON ELEV & CONSTR INC									
CAPITAL CAB INTERIORS									
CAPITAL ELEVATOR									
CAPITOL ELEVATOR CO INC									
CAVINDER ELEVATOR COMPANY INC									
CENTENNIAL ELEVATOR IND									
CENTRIC ELEV CORP ARIZONA									
CENTRIC ELEV CORP OREGON									
CENTRIC ELEVATOR CORP									
CENTURY ELEV INC OF MD									
CENTURY ELEVATOR INC									
CENTURY ELEVATOR SERVICE & REPAIR									
CERTIFIED ELEVATOR CO INC									
CHUGACH FEDERAL SOLUTIONS INC									
CITY ELEVATOR COINC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
CITY ELEVATOR INC									
CITY LIFT BLDG SERVS INC									
CITY OF LOS ANGELES									
CITY OF SAINT PAUL									
CLEARY ELEVATOR CO INC									
CODE ELEVATOR CO INC									
COLGATE SCAFFOLDING									
COLLEY ELEVATOR CO									
COLLINS ELEVATOR SERV INC									
COMMONWEALTH ELEV CO									
CONN RESIDENTIAL ELEV CO									
CUENIN ELEVATOR CORP									
CURRENT ELEV TECH INC									
CURTIS ELEV CAB CO INC									
D C B ELEVATOR CO INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
DAY ELEVATOR & LIFT									
DELTA ELEV CO CA									
DELTA ELEV SERVICE CORP									
DELTA RIGGING AND TOOLS									
DEL-VAL ENTERPRISES INC									
DETROIT ELEVATOR CO OF NY									
DG ELEVATOR SOLUTIONS INC									
DIXON INC									
DOWNEY-GOODLEIN ELEV CORP									
DRAPER ELEV CAB CO INC									
DWAN ELEVATOR COMPANY									
E K ELEVATOR CO INC									
E W COX USA INC									
EAB ELEVATOR									
EAGLE ELEVATOR COMPANY									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
EAGLE ELEVATOR CORP									
EAST COAST ELEVATOR SERVICES									
ECI WEST INC									
EJB FACILITIES SERVICES									
ELETECH INC									
ELEV INSPECT OF TEXAS									
ELEV MAINT & REPAIR INC									
ELEV MAINT & SERVICE INC									
ELEV MAINTENANCE CO NY									
ELEV SAFETY INSPEC & CONS									
ELEV SUPPORT SERVICES INC									
ELEV TECHNICAL SERV INC									
ELEV TRANSPORTATION SERV									
ELEVATIONS LTD									
ELEVATOR CONTROL SERVICE									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
ELEVATOR INDUSTRIES INC									
ELEVATOR INDUSTRIES OF IL									
ELEVATOR INTERIOR DESIGN									
ELEVATOR MAINT CO INC									
ELEVATOR MODERNIZATION CO									
ELEVATOR ONE									
ELEVATOR REPAIR SERVICE C									
ELEVATOR RESEARCH & MFG									
ELEVATOR SERV CA									
ELEVATOR SERV SPECIALISTS									
ELEVATOR SERVICE CO INC									
ELEVATOR SERVICE INC									
ELEVATOR SERVICES LLC									
ELEVATOR SOLUTIONS INC									
ELEVATOR SOLUTIONS LLC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
ELEVATOR SYSTEMS INC									
ELEVATOR TECHNICIANS INC									
ELEVATOR TECHNOLOGIES INC									
ELEVATOR TECHNOLOGY INC									
ELEVATOR TECHNOLOGY INC									
ELEVATOR TECHNOLOGY LIMIT									
ELEVATOR TECHNOLOGY LTD									
ELEVATOR TECHNOLOGY LTD									
ELEVATOR TESTING GROUP INC									
ELEVATOR WORKS INC									
ELEVATORS ETC									
ELEVATORS UNLIMITED INC									
ELITE ELEV SYSTEMS INC									
ELTEC SYSTEMS LLC									
EMAR CORPORATION									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
EMBREE & WHITE INC									
EMCO ELEV EL PASO TX									
EMPIRE ELEVATOR CO INC									
ESCALATOR HANDRAIL CO INC									
ESR ELEVATOR INC									
EXCALIBUR ELEVATOR INC									
EXCEL ELEV&ESCALATOR CORP									
EXCELSIOR ELEVATOR CORP									
EXPRESS ELEVATOR CO									
EXQUISITE ELEVATOR INTERI									
FEDERAL ELEVATOR INC									
FISHPLATE FLOORS AND INT									
FLANIGAN LIFTS & EL SERV									
FREIGHT TECH LLC									
FUJITEC AMERICA INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
GD BARRI & ASSOC									
GALLAGHER ELEVATOR CO									
GATOR ELEVATOR INC									
GENCO ELEVATOR INC									
GMS ELEVATOR SERVICES INC									
GODWIN ELEVATOR CO INC									
GOLD ELEVATOR SERVICES									
GOLDEN STATE ELEV SERV CO									
GREAT LAKES ELEV SERV INC									
GREAT LAKES ELEVATOR LLC									
GREAT NORTHERN ELEVATOR CO LLC									
GS ELEVATOR INDUSTRIES IN									
HADFIELD ELEV CO INC									
HALLEY ELEVATOR CO INC									
HAMILTON ELEVATOR INTERIORS INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
HANDI LIFT ELEVATOR INC									
HARTMAN AND HARTMAN ELEVATOR INC									
HEADRICK ELEVATOR CO									
HEARTLAND ELEVATOR									
HEIDE & COOK LLC									
HEIGHTS ELEVATOR CORP									
HKA ELEVATOR INC									
HOLLINGSWORTH ELEVATOR SE									
HOPKINS ILLINOIS ELEV CO									
HUDSON ELEVATOR GROUP									
HUMBLE ELEV SERVICE INC									
HUTCHERSON ELEV SERVS INC									
HYFORM SPLICING									
INDEPENDENCE ELEV CO									
INDEPENDENT ELEVATOR CORPORATION									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
INDEPENDENT ELEVATORS INC									
INFINITY ELEVATOR CO INC									
INNOVATIVE ELEVATOR SPECIALIST									
INTECH CONSTRUCTION INC									
INTEGRATED DISPLAY SYSTEM									
INTEGRITY ELEVATOR SERVIC									
INTERSTATE ELEVATOR INC									
ISLAND ELEVATOR CO INC									
ISLAND ELEVATOR INSP INC									
JACKSONVILLE EL IN SV INC									
JACKSONVILLE ELEVATOR CO									
JEFFREY ELEVATOR CO INC									
JLMET INC VALLEY									
JULIAN CRANE & EQUIP CO									
KAN ELEVATOR									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
KC ACQUISITIONS LLC									
KCORP TECHNOLOGY SERV INC									
KEYSTONE IRON & WIRE WKS									
KING HOIST & SCAFFOLDING									
KOCH ELEVATOR CO									
KONE INC									
L&M EL HOLE SPECIALISTS									
LARDNER ELEVATOR CO									
LARSEN BROS ELEVATOR CORP									
LARSON ELEVATOR COMPANY									
LAUREL ELEV INTERIORS INC									
LIBERTY ELEVATOR CORP									
LIBERTY EQUIPMENT & SUPPLY LLC									
LIFTECH ELEVATOR SERVICES									
LIFTEK INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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LIFTOMATIC ELEVATOR CO									
LINEAR CONTRACTING INC									
LINS ELEV SERVICE INC									
LOW-RISE ELEVATOR CO INC									
M C E INC									
MARR EQUIPMENT CORP									
MARYLAND ELEV SERV INC									
MAX-TEC CONSTRUCTION									
MCGLYNN HAYS & COMPANY INC									
MCPHERSON INSP SERVS INC									
MEI ELEVATOR INC									
MENT BROS IRON WORKS CO INC									
MERCURY ELEVATOR CO									
MESA ELEV SYS&ACCESSORIES									
METRO ELEVATOR CO INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
METRO ELEVATOR INC									
METROPOLITAN ENTERPRISES INC									
MICH ACCESSIBILITY LIFTS									
MID-AMERICAN ELEV CO INC									
MIDLAND ELEVATOR CO INC									
MIDWEST ELEV & DRILLING									
MIDWEST ELEVATOR CO INC									
MIKERI GROUP INC									
MILE HIGH ELEVATOR INC									
MINNESOTA ELEVATOR INC									
MISSOURI EL&ESCALATOR INC									
MITSUBISHI ELEC&ELECTRONI									
MOBILITY ELEV & LIFT CO									
MOTION ELEVATOR CORP									
MOTION SOLUTIONS LLC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
MTZ ELEVATOR PRODUCTS INC									
MUNICIPAL ELEV SERVS INC									
MURPHY ELEVATOR CO									
NAES ACQ CORP - VTS									
NASHVILLE MACHINE ELEV CO									
NATIONAL ELEVATOR CO INC									
NATIONAL ELEVATOR INC									
NEW ENGLAND ELEVATOR CORP									
NEXT LEVEL ELEVATOR INC									
NH ELEVATOR INC									
NOBLE ELEVATOR COMPANY									
NORTH AMERICAN ELEV INC									
NORTHEAST ELEV SERV CORP									
NORTHEASTERN ELEV CONTR									
NORTHWESTERN ELEVATOR II CO INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
NUSTAR ELEV CONSTR CO INC									
NW ELEVATIONS INC									
O'KEEFE ELEVATOR CO									
OLYMPIC ELEVATOR COMPANY									
OMNI ELEVATOR COMPANY INC									
OTIS ELEV CO									
OVERLAND & ASSOCIATES									
PARAMOUNT ELEVATOR CORP									
PARKLINE ELEVATOR INSP									
PARKWAY ELEVATORS INC									
PARTNERS ELEVATOR SERVICE									
PASCAL ELEVATOR SERVICES INC									
PATRIOT ELEVATOR LLC									
PEELLE CO INC									
PEERLESS ELEVATOR CO									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
PENN CITY ELEV CO INC									
PENN ELEVATOR CO									
PERFORMANCE ELEV CONTRACT									
PERINI BUILDING CO									
PHOENIXMID-AMERICAN ELEV									
PINNACLE ELEVATOR LLC									
POEHLER ENTERPRISES INC									
POWER ELEVATOR SERVICE CO									
PRECISION DRILLING INC									
PRECISION ELEV SERV INC									
PREFERRED ELEVATOR CO									
PROFESSIONAL ELEV SERV									
PROGRESSIVE ELEVATOR									
QUALITY ELEV CAB									
QUALITY ELEV SALES & SERV									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
QUALITY ELEVATOR CO INC									
QUEST ELEVATOR INC									
RAZOR ELECTRIC ENTERPRISES INC									
READING ELEV SERVICE INC									
REGENCY ELEV PROD CORP									
REGIONAL SCAFFOLDING									
RELIABLE ELEVATOR INC									
RELIABLE ELEVATOR INSPECTION SERVICE INC									
REPUBLIC ELEVATOR CO									
RESIDENTIAL ELEVATOR OF RI									
RESPONSE ELEVATOR CO INC									
RITTER CONTRACTING INC									
RONNIECH CONSTRUCTION GROUP									
ROOBEN KHODADADIAN INC									
ROSS ELEVATOR CO									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
ROWEN ELEVATOR									
SAFEWAY ATLANTIC LLC									
SAFEWAY SERVICES LLC									
SAFEWAY SERVICES LLC									
SCHINDLER ELEVATOR CO									
SCHUMACHER ELEVATOR CO									
SCHWAGER DAVIS INC									
SCOTT ELEVATOR CO INC									
SEMMLER ELEVATOR SERVICES									
SHEEDY DRAYAGE CO									
SIGNATURE ELEVATOR CO INC									
SILVER STATE ELEVATOR CO									
SLATTERY SKANSKA INC									
SMART ELEVATOR INC									
SMART ELEVATORS CO									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
SMG									
SOUTH SHORE ELEVATOR									
SOUTH WEST IND INC									
SOUTHCOAST ELEV&ESCAL CO									
SOUTHERN CRANE & ELEV SER									
SOUTHERN ELEVATOR CO INC									
SOUTHWEST ELEVATORS INC									
SPECIALIZED ELEVATOR CORP									
SPLICE INNOVATIONS INC									
ST LOUIS ELEVATOR CO									
STANLEY ELEVATOR CO									
STAR ELEVATOR INC									
STATE ELEVATORS INC									
STEADMAN & SLOAN ELEV CO									
STERLING CUST EL INTERIOR									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
STRAIGHT UP ELEV COMPANY									
STRATOS ELEVATOR INC									
STURM ELEVATOR INC									
SUBURBAN ELEVATOR CO									
SUBURBAN ELEVATOR OF WISCONSIN									
SUPERIOR ELEVATOR CO INC									
SYRACUSE LIFT & HOIST CO									
TL SHIELD & ASSOC INC									
TEC ELEVATOR INC									
TED TURNER COMPANY INC									
TEJAS ELEV CO-HOUSTON INC									
TESCO ELEVATOR									
TEXAS CUSTOM INTERIORSLLC									
THE ELEVATOR CAB & DOOR C									
THE TEMPEST GROUP INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
THURSTON ELEV CONCEPTS IN									
THYSSENKRUPP ELEV									
TINGEN ELEV INTERIORS INC									
TNT ELEVATOR INC									
TOLEDO ELEV & MACHINE CO									
TOOLES CONTRACTING GROUP LLC									
TOTAL ACCESS ELEV CORP									
TOTAL ACCESS LLC									
TOTAL ELEVATOR COMPANY									
TOWER ELEVATOR CORP									
TRACO ELEVATOR LLC									
TRAMM ELEVATOR CO INC									
TRANSEL ELEV & ELEC INC									
TRAVERTINE INC									
TRE ELEVATOR									

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								Yes	No
TRI STATE ELEVATOR CO INC									
TRI-STATE ELEVATOR									
TURNER-CHRYSLER E-CLOSED									
US ELEVATOR INTERIORS INC									
UBM ELEVATOR SOLUTIONS									
UNITEC ELEV SERVICES CO									
UNITED DRILLING INC									
UNITED ELEV CO PA									
UNITED ELEVATOR CO INC									
UNITED ELEVATOR COMPANY LLC									
UNITED HOISTING CO INC									
UNIVERSAL BLDRS SUPPLY									
UNIVERSAL SERIVCES PROVIDER LLC									
UPLIFT ELEVATOR CO									
URBAN ELEVATOR SERVICE									

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								Yes	No
USA HOIST CO INC									
UT ELEVATOR REPAIR INC									
VERTICAL ELEV SOLUTIONS INC									
VERTICAL MOBILITY OF TOLEDO LLC									
VERTICAL SYSTEMS ELEVATOR									
VERTICAL TRANS SPECIALIST									
VERTITECH INC									
VINTAGE ELEVATOR SRVS INC									
W&H RESOURCES									
WALTON ELEC CONSTR CORP									
WARFIELD & SANFORD INC									
WEST COAST ELEVATOR INT INC									
WESTERN ELEVATOR INC									
WILLIAMETTE ELEVATOR CO									
WORCESTER ELEVATOR CO INC									

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								Yes	No
WYATT ELEVATOR COMPANY									
XPERT ELEVATOR SERVS INC									
ZIEGENFUSS DRILLING INC									
ZIP SYSTEMS INC									
PJP INSTALLERS INC									
A VET COMMUNICATIONS INC									
DENN-CO CONSTRUCTION INC									
ALL AMERICAN ELEVATOR INTERIORS									
PINNACLE ELEVATOR INSPECTIONS									
ALL PRO ELEVATOR									
TRIAD LIFTS									
TEXAS SCENIC COMPANY INC									
BELL INTERIORS LLC FKA TINGEN ELEVATOR INTERIORS									
EASTERN ELEVATOR SERVICE INC									
FRACO USA INC									

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								Yes	No
A STEP ABOVE									
JOHN P PICONE INC									
GABLE ELEVATOR INC									
DENVER ELEVATOR COMPANY LLC									
CONSOLIDATED ELEVATOR CO									
CUSTOM CONTRACT ELEVATOR SOLUTIONS									
UNIQUE SCAFFOLDING SYSTEMS LLC									
RAE LIFTS									
PRIMARIUS ELEVATOR									
DEFENSE BASE SERVICES INC									
PHOENIX ELEVATOR COMPANY									
TRINITY ELEVATOR SERVICES INC									
MCR ELEVATOR REPAIR INC									
SMARTRISE ELEVATOR									
FULL CAPACITY LLC									

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								Yes	No
URBAN ELEVATOR SERVICE TX LLC									
ELEVATOR TECHNICIANS LLC									
ESCALATOR TECHNOLOGY CORP									
ELEVATOR TECH SERVICES LLC									
SAN FRANCISCO ELEVATOR SERVICES									
LTS INC									
HEAVY WEIGHT TEST CART RENTALS LLC									
PRECISION ELEVATOR									
PACE MATERIAL HANDLING INC									
HIGHRISE SERVICES INC									
PARK PLUS INC									
MCGEE ELEVATOR INC									
BARTON MALOW COMPANY									
AAA INSPECTION & TESTING									
ARB INTERNATIONAL									

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								Yes	No
AUTOMATED ELEVATOR SYSTEMS LLC									
BRANDSAFWAY SERVICES LLC									
CITY LIFT PARKING LLC									
ENPRO ELEVATOR									
JOSEPH F SCHNEIDER & ASSOCIATES									
MARSHDEN ELEVATOR									
PLATFORM SOLUTIONS INC									
REAVIS ELEVATOR SERVICES INC									
RESTOREPRO CONSTRUCTION LLC									
SAN DIEGO ELEVATOR COMPANY LLC									
SEMPERIT INDUSTRIAL PRODUCTS INC									
SIERRA ELEVATOR									
TRAPPEN ZEE									
VM JACK & ELEVATOR REPAIR INC									
WALSH ASSOCIATES LTD									

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								Yes	No
WINDY CITY DRILLINGSPECIALTY ELEVATOR SERVICES INC									
ACCURATE ELEVATOR INSPECTION GROUP									
AERO ELEVATOR									
ALL-BORO ELEVATOR TESTING & CONSULTING INC									
ATLAS ELEVATOR INC									
BOCK CONSTRUCTION INC									
CARDINAL ELEVATOR									
CHAMPION ELEVATOR									
CONSTRUCTION RESOURCES CORP OF NEW YORK									
CUSTOM LIFT SOLUTIONS									
DADE ELEVATOR TESTING INC									
DYNASTY ELEVATOR CORP									
ELEVATOR SERVICE LLC									
ELEVATOR SPECIALTY INTERIORS LLC									
MILES ELEVATOR DOOR & CAB									

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								Yes	No
NOUVEAU ILLINOIS INC									
PUGET SOUND ELEVATOR COMPANY LLC									
STARK ELEVATOR									
SUBURBAN ELEVATOR OF MIAMI LLC									
URBAN ELEVATOR SERVICE AZ LLC									
URBAN ELEVATOR SERVICE CO LLC									
VERTICAL RIDE SOLUTIONS									
ARAM FOR MODERN TECHNOLOGY INC									
HADFIELD ELEVATOR LLC									
VERTICAL SYSTEMS ANALYSIS INC									
BOUNDS ELEVATOR LLC									
LEGACY ELEVATOR ADVISORS LLC									
TBS ELEVATOR LLC									
SOUTHEAST ELEVATOR INTERIORS INC									
AMERITEX ELEVATOR TEXAS LLC									

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								Yes	No
ADVANCED SCAFFOLD SERVICES LLC									
AMERITEX ELEVATOR WEST LLC									
EVOLUTION ELEVATOR & ESCALATOR CORP									
ELEVATOR SUPPORT COMPANY									
AMERICAN SERVICE & REPAIR INC									
CUSTOM HOME ELEV OF WEST VIRGINIA									
ACE EQUIPMENT INC									
HIGH IMPACT SIGN AND DESIGN									
BOCA GROUP INTERNATIONAL INC									
PRENNER CONSULTING LLC									
REDWHISKEY MANUFACTURING									
P&R CAB DESIGNER INC									