						16		
99	0	Return	of Organization Ex	empt Fro	m Inc	ome'T	ax	2016
								Open to Public
			•			_		Inspection
								, 20
eck il a	pplicable:	2 Name of organization (A	VPSC Master Welfare Benefit 1	rust			D Employe	identification number
		Doing business as			[5			39-1567887
	•	•		ser acoress)	HOOLINATILE			
				ostal code	L			312) 240-4373
		Milwaukee, WI 53203					G Gross red	eiota \$ 28,923,95
plication	n pending	P Name and address of pr	incipal officer.		7			
					4			ncluded? Yes No
		L_1 501(c)(3)	151501(c) (9) 4 (insert no.) L	_14947(a)(1) or 1	1527	4		-
		Corporation 7 Trust	☐ Association ☐ Other >	1 LYes	r of tormation			i legal domicile: WI
0								
1 E	Briefly de	scribe the organization	on's mission or most signific	ant activities:	Trust cre	ated to su	pport a Sec	tion 501(c)(9) VEBA
				********	~	*********		
		_	•		sposeo oi	IIIOIO IIIAI		s net assets.
		-			ine 1b)	 	4	
				• •			5	
6 T	iotal num	iber of volunteers (er	stimate if necessary)	ENTIN			8	
7a 1	otal unre	lated business rever	nue from Part VIII, column K	ALLIAN IZIVI	ピリ		78	
6 1	vet unrek	ited business taxable				Brice V		Current Year
в с	Contributi	one and grants (Par	VIII line 1h)	YUV U 0 20	17	71104 1		Cuitin 14a
a =	Program (ranéce revenue (Pad	VIII line 20)			1		13,901,27
0 1	nvestmer	it income (Part VIII, c	column (A), lines 3, 4, and Zo	MONERITA	Por I			15,022,68
1 (Other rev	enue (Part VIII, colum	nn (A), lines 5, 6d, 8c, 9c, 10	6; 310 110 =	不言图		0	
					ne 12)	1		28,923,95
			• • • • • • • • • • • • • • • • • • • •	•	· · -			A. 000 -
-			• •	-	S-10)			21,802,13
		-			· · · · ·		o	
			• • •	-				
7 (Other exp	enses (Part IX, colur	nn (A), lines 11a-11d, 11f-24	4e)			1,108,735	899,68
					i) ·			22,701,81
9 F	devenue	esa expenses. Subti	ract line 18 from line 12 .	• • • • • •	· · ·			6,222,13 End of Year
n 1	Fotal eco	ote (Part X fine 18)			1			
		•	· · · · · · · · · · · · · · · · · · ·		. : -			236,353,83 1,983,83
								234,369,99
								y knowledge and bellef, it
APPROCA,	suo combe	Te Decayation of prepare	(former main ornical) is based on as a	PORTUGOR OF WITE	cu brebarer u	THE STATE OF THE S	- 7-	15
Į	Signs	ture of offices				<u>_</u>		12017
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	Pret/Typ	e preparer's name	Preparer's signature		Cate		Check [r PTIN
arer	<u> </u>						self-emple	
Only		ime 🕨				Film	n's EIN 🕨	
41117								
	Firm's ac		preparer shown above? (see	·noteriotions		Ph	one no	Yes No
	r the reservoir r the r the reservoir r the r	cock if applicable: cress change the change	Under section 501(c P Do not see the Treesury Perenue Service Informed Info	Under section 501(c), 527, or 4947(a)(1) of the Interference Service Do not enter social security numbers of the 2016 calendar year, or tax year beginning size of the 2016 calendar year, or tax year beginning size of the 2016 calendar year, or tax year beginning size of the 2016 calendar year, or tax year beginning size of the 2016 calendar year, or tax year beginning size of the 2016 calendar year, or tax year beginning size of the 2016 calendar year. Only business as Number and street (or P.O. box it mail is not delivered to six at summer and size of province, country, and 2IP or foreign proceeded return and size of province, country, and 2IP or foreign proceeded return and size of province, country, and 2IP or foreign proceeded return and size of province, country, and 2IP or foreign proceeded return and size of province, with size of province, country, and 2IP or foreign proceeded return and size of province, with size of province, country, and 2IP or foreign proceeded return and size of province, with size of province, and size of province of calendar year 2016 casta. It is solicited to receive and hold employee, and employee country with size of the governing body (Part VI Aumber of independent vorting members of the governing tody (Part VI Aumber of volunteers (estimate if necessary). Total number of volunteers (estimate if necessary). To	Under section 501(c), \$27, or 4947(a)(1) of the Internal Revenue C Do not enter social security numbers on this form as because Service Do not enter social security numbers on this form as because Service The 2016 calendar year, or tax year beginning 2016, a section pendicular year, or tax year beginning 2016, a section pendicular year, or tax year beginning 2016, a section pendicular year, or tax year beginning 2016, a section pendicular year, or tax year beginning 2016, a section pendicular year, or tax year beginning 2017, and the change laterum a number and extent (or P.O. box II mail a not delivered to street address) 231 W Michigan Street City or town state or province, country, and ZiP or foreign postal code Milwaukee, WI 53203 P Name and extense of principal officer:	Under section 301(c), 327, or 4947(a)(1) of the Internal Revenue Code (excepted of the Treesury Network Service Pool of the Treesury Po	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for P Do not strater social security numbers on this form as it may be made publisherous Service. If the 2016 calendar year, or tax year beginning (2016, and ending schill applicable). Information about Form 990 and this instructions is at swew_in_spov/formSS or the 2016 calendar year, or tax year beginning (2016, and ending schill applicable). Chance of organization WPSC Master Welfare Benefit Trust Continues as Number and street (or P.O. box II mail a not delivered to street address). And without a street (or P.O. box II mail a not delivered to street address). And without a street (or P.O. box II mail a not delivered to street address). City or term, state or province, country, and 2IP or foreign postal code ended return and seaters of principal officer. Well and the street of	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **P De not enter social security numbers on this form as it may be made public. **Internal Service** **P Internal Servic

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rt	III Statement of Program Service Accomplishments	
_		<u> C</u>
	Briefly describe the organization's mission.	
	Receive and hold employee and employer contributions made under the Wisconsin Public Service Corporation (WPSC)	
	Non-Administrative Employee Health Care Plan (Plan) and WPSC Life & Long-Term Disability Plan to disburse payments	
	member claims, under the Plan.	
	Did the organization undertake any significant program services during the year which were not listed on the	_
		Yes 🕢 No
	# "Yes." describe these new services on Schedule O	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
		Yes 🕖 No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured t
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ons to other
	the total expanses, and revenue, if any, for each program service reported	
a	(Code. 900001) (Expenses \$ 22,701,819 including grants of \$) (Revenue \$	
	Selisly member claims under the WPSC Master Welfare Benefit Plan Trust Section 501(c)(9) VEBA.	
	4	
		3:
	1 112	
•	(Code.) (Expenses \$ including grants of \$) (Revenue \$	}

		·
		 -
_		
;	(Code:) (Expenses \$)
	######################################	

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		··

,	Other program services (Describe in Schedule C.)	
-	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
-	Other program services (Describe in Schedule C.) (Expenses \$ including grants of \$ } (Revenue \$) Total program service expenses > 22,701,819	

	abla
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Form 99	0 (2016)			2000 3
Part	V Checklist of Required Schedules			
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	Yes	Ho
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
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		1
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 98-197 If "Yes," complete Schedule C, Pert III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	118		1
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	116		,
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	110		1
d	Did the organization report an amount for other assets in Part X, tine 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	116		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		/
12`a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	-	1
b	Schedule D, Parts XI and XII . Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	-	/
	"Yes," and if the organization answered "No" to fine 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	1 '
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, 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		/
15	Old 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		1
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		1
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		1
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		1
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		1
		Fac) more

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irt	V Checklist of Required Schedules (continued)			
			Yes	No
8 05	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
þ	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 17 if "Yes," complete Schedule I, Parts I and II	21		✓
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		1
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		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the fast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		i	
	through 24d and complete Schedule K, If "No," go to line 25a	248		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization mentain are escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		\
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	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-E2?			
	If "Yes," complete Schedule L. Part I	25b		
26	Did the organization report arry amount on Part X, line 5, 6, or 22 for receivables from or payables to any	[
	current or former officers, directors, trustees, key employees, highest compensated employees, or			,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		\
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or emptoyee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	\vdash	*
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		 	
a		288	-	1
В	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pert IV	28b		1
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	\vdash	*
Ç	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	 -		-
~	conservation contributions? If "Yes," complete Schedule M	30		1
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	H-		<u> </u>
	Part	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	٠		<u> </u>
	complete Schedule N, Part II	32		1
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a countrolled entity within the meaning of section 512(b)(13)?	35a		1
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, Iline 2	35b		1
16	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		
17	Did the organization conduct renore 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		1
8	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	<	
	•		_ 000	(2016)

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			<u> </u>
]	Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		<u> </u>
	reportable gaming (gambling) winnings to prize winners?	10		L
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 28			
Þ	If at least one is reported on line 2s, did the organization file all required federal employment lax returns? .	2b		μ.
α-	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)			
	Old the organization have unrelated business gross income of \$1,000 or more during the year?	3а 3ь		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		-
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		/
_	If "Yes," enter the name of the foreign country: ▶	70		Ė
U	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	1 1		١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
Ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Г
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		√
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
8	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	<u></u>	L
þ		7b		L.
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	l		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	<u> </u>	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	<u> </u>	⊢
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		⊢
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/'n		⊢
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		-
	sponsoring organization have excess business holdings at any time during the year?	<u> </u>		┝
9_	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
8	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	┥
0	Section 501(c)(7) organizations. Enter.		-	✝
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	l	
11	Section 501(c)(12) organizations, Enter:	1		1
a	lass!			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.		ı
	against amounts due or received from them.)	<u></u>	 _	<u> </u>
2a		12a	<u> </u>	L
Ð	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Į		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	L
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	┞.
	Note. See the instructions for additional information the organization must report on Schedule O.	1	[1
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1	l	1
	the organization is licensed to issue qualified health plans	4		1
C	Enter the amount of reserves on hand	1=	<u> </u>	+
140	Did the organization receive any payments for indoor tanning services during the tax year?	14a		14
ь	If "Yes," has it fited a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		┺

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Section A. Governing Body and Management Section A. Governing body at the end of the tax year. Section A. Governing body at the end of the tax year. Section B. Committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or similar committee, explain in Schedulo D. Section B. Committee or similar committee or simil	ect	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Inter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body dependences in voting rights among members of the governing body delegated broad authority to an executive committee or smillar committee, explain in Schedule O. Enter the number of voting members included in fine 1s, above, who are independent Did any officer, director, trustee, or key employee have a family retailionship or a business relationship with any other officer, director, trustee, or key employee? Did the organization of officers, directors, or trustees, or key employees to a management company or officer person? Did the organization make say significant changes to its governing documents since the prior Form 950 was filed? Did the organization become aware during the year of a significant charges the prior Form 950 was filed? 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? A variety of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Base to committee with authority to act on behalf of the governing body? Base to committee with authority to act on behalf of the governing body? Base to committee with authority to act on behalf of the governing body? Base to committee with authority to act on behalf of the governing body? Base to committee with a difference, international properties of such chapters, branches, or diffliates? Did the organization have wither proposes? Base to committee the proposes of the proposes in stockholders of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such chapters	···	ion A. Governing Body and Management	<u> </u>		
If there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in fine 1s, above, who are independent 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 have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior form 500 was filed? Did the organization become aware during the year of a significant charses on the prior form 500 was filed? 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? Any any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? The governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the year by the following: The governing body? Bab Did the organization have written policies and procedures governing the sectivities of such chapters, affiliates, and franches for subjects of such chapters, but the organization with the organization with the organization with the organization of the process, if any, used by the organization policy? He has the organization have a written policies and procedures of soverning the scrivities of such chapters. The Health of the organization have a written policies and procedures of soverning the beautiful process. If any, used by the organization or the				Yes	No
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. 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3	18	Enter the number of voting members of the governing body at the end of the tax year 1a			
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Part VII Compensation of Officers, Di	ectors, Tr	uste	es,	Ke	yЕ	mplo	ye	es, Highest (Compensated	Page 7 Employees, and
Independent Contractors	•								•	
Check if Schedule O contains a r Section A. Officers, Directors, Trustees, Ke										<u> </u>
la Complete this table for all persons require										with or within the
organization's tax year.	oes director					ebaa i			wiretians) man	rdiana at amount of
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5	Did any person listed on line ta receive of for services rendered to the organization	r accrue c	eqmo	nsat	ion Í	rom	any	un	related organia	zation or ındi	vidual	5 1
ctic I	n B. Independent Contractors Complete this table for your five highest compensation from the organization. Rejyear.	compensat port compe	ed inc	tepe on fo	ende or the	nt co	ontra enda	icto ar y	ors that receive ear ending wil	ed more than th or within th	\$100,0 ne organ	00 of nization's tax
	(A) Name and business add	7868			 .	_, _		_	(E) Clesscription of a	ervices —	·cö	(C) impensation
_			,				7	_				
_							_	_				
2	Total number of independent contractor received more than \$100,000 of compens	ors (including	ng bu	rt ne	ot li	mited	i to	th	ose listed ab	ave) who		
	10001400 stores (right a regions or excellent		10 01	٠٠ سي						L		Form 990 (2016)

	Check if Schedule O	contains a	respo	onse or note la	any line in this l	Part VIII		
			<u></u>		(A) Tatal revenue	(B) Related or exampt function revenue	(C) Unrelated business revenue	Revenue Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1	1a					
b			1b				į	
c	Fundraising events .	[1c		ì		l l	
d	Related organizations	[1d			{	l	
	Government grants (contri		10		ľ	- 1	1	
1	All other contributions, gifts and similar amounts not inclu-		11					
9 h	Noncash contributions include: Total. Acid lines 1a-1f		1f. \$					
-"	Totale Pilot Intes 12-11	 .	· †	Business Code	-			
2a	Employer Contributions		_	900099	3,327,839	3,327,839		
ь	Participant Contribution	x +	-	900099	10,573,435	10,573,435		
C	***************************************							
đ								
e								
f		ce,revenu	e. [l	
9	Total, Add Ines 2a-2f				13,901,274			
3	Investment income (ii					1	1	
١.	and other similar amou	•			15,022,681		15,022,681	
4	Income from investment	of tax-exen	npt bon	d proceeds P	 			
5	Royalties	(i) Real	· · ·	(ii) Personal				<u> </u>
6a	Gross rents	(742	-	(4, 0.22.2		i	!	
, ve			┯┼			l		
٥	Rental Income or (loss)		十			ļ	1	
ء ا	· · · · · · · · · · · · ·	(22)		>				
-	Gross amount from sales of	(i) Securiti	14	(ii) Other				
	assets other than inventory							
Ь	Less: cost or other basis	******				i	l	
1	and sales expenses .					ŀ		
C	Gain or (loss)		_1					
d	Net gain or (loss) .		٠, ٠	<u> »</u>				
8a	Gross income from fun	draising]			
	events (not including \$		<u>. </u>		[]]	1	
]	of contributions reported See Part IV. line 18]]	J]	
۱.	Less: direct expenses		a L		1			
•	Net income or (loss) from		-	vents . >		-		
	Gross income from gard		~ ~		 			
``						1		
Ь	Less: direct expenses		. ь			<u>j</u>		
_	Net income or (loss) fro	om gamini	acti <u>vi</u>	ties 🕨				
10a	Grose sales of inv							
	returns and allowance:				{	[
	Less: cost of goods so Net income or (loss) fro			ntory	 			
├-ऀ	Miscellaneous Fire			Business Code	 			
118								
Г,			t		 			
				······································				
١	All other revenue .		 					
	Total. Add lines 11g-1	1d .		>				
12	Total revenue. See ins				28.923.955	13.901.274	15.022.681	

-	on 501(c)(3) and 501(c)(4) organizations must com	<u> </u>		s must complete co	iumn (A).
	Check if Schedule 0 contains a respons				<u> </u>
	t include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Tatal expenses	(8) Program service expenses	(C) Managemont and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	21,802,133	21,802,133		
6	Compensation not included above, to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(c)(3)(8)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11 8	Fees for services (non-employees): Management	899,686		899,686	
þ	Legal				
C	Accounting				
đ	Lobbying				
1	Professional fundraising services. See Part IV, line 17 Investment management fees				·
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and recettings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Other expenses, Itemize expenses, inot covered				
24	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					
b					
_c		}			
d	All other avenuese				
- 6 25	All other expenses Total functional expenses, Add lines 1 through 24e	22,701.819	21,802,133	899,686	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation. Check here tollowing SOP 88-2 (ASC 938-720)	22,701.019	£1,002,133	033,000	

art?				
	Check if Schedule O contains a response or note to any line in this Par		<u> </u>	
		(A) Beginning of year		(B) End of year
1	Cash non-interest-bearing	1,252,690	1	171,60
2	Savings and temporary cash investments		2	
3	Piedges and grants receivable, net		3	
4	Accounts receivable, net	21,662	4	98,57
5	Loans and other receivables from current and former officers, directors,			
Ī	trustees, key employees, and highest compensated employees.			
ĺ	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
1	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
l a	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	······································
10			_	······································
1	other basis. Complete Part VI of Schedule D 10a			
1	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	228,547,104	11	236,083,64
12	Investments - other securities. See Part IV, line 11		12	
13	Investments program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	729,821,456	16	236,353,83
17	Accounts payable and accrued expenses	1,673,596	17	1,983.83
18	Grants payable		18	
19	Deferred revenue		19	· — <u>. </u>
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 current and former officers, directors, trustees, key employees, highest compensated employees, and			
1	disqualified persons. Complete Part II of Schedule L		22	
سع ا	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		1	
1	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		ا ـــ	
	· · · · · · · · · · · · · · · · · · ·		25 28	
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1,673,596	20	1,983,83
1	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28			28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 956), check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	228,147,860		234,369,99
33	Total net assets or fund balances	228,147,860		234,369,99
		229,821,456	_	

048.9030

Check if Schedule O contains a response or note to any fine in this Part XI	4	0 (2016) XI Reconciliation of Net Assets				rage 12
Total revenue (must equal Part Vill, column (A), line 12). Total expenses (must equal Part IX, column (A), line 25). Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 3. Revenue less expenses. Subtract line 2 from line 3. Revenue less expenses. Subtract line 2 from line 3. Revenue less expenses. Subtract line 2 from line 3. Revenue less expenses. Subtract line 3. Revenue less expenses. Subtract line 2 from line 3. Revenue less expenses. Subtract line 2 from line 3. Revenue less expensive less expenses. Subtract line 3. Revenue less expensive less expensive less expensive less expensive less line 3. Revenue less expensive less expensive less line 3. Revenue less expenses less less less less line 3. Revenue less expensive less less less less less line 3. Revenue less expensive less less less less less less less le	e i v					
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Red assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). A 228,147,865 Nat unrealized gains (losses) on investments. Donated services and use of facilities Red assets or fund balances of facilities Prior period adjustments. Prior period adjustments. Red Prior Prior Period Adjustments	1				28 (27 056
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Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 234,369,996 TXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Acc	8	Prior period adjustments , ,	8			
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Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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.			piled (9	- 1	1 [
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 900 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2016

➤ Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 890-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization	Employer identification number
WPSC Master Welfare Benefit Trust	39-1567887
The following tax exempt organizations are related through common membership, governing bo	dies, or trustees.
WPSC Administrative Employees' Health Care & Other Employee Welfere Benefits Trust (FEI)	v 39-1293572)
WPSC Key-Employee Post-Retirement Health Care & Other Employee Welfare Benefits Trust	
3) WPSC Master Welfare Benefits Trust (FEIN 39-1567887)	********************************
() WPSC Foundation, Inc. (FEIN 39-6075016)	
5), WPSC Community Foundation, Inc. (FEIN 39-1852771)	
The organization's formal conflict of interest Policy is monitored and enforced via an established	d internal review procedure a description
of which is made available upon request.	
As this organization did not recognize Unrelated Business Income in excess of Section 419A lim	ilts for this reporting year, a respective
Form 990-T is not required to be filed for this reporting year.	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Cat No.	51056K Schedule O (Form 990 or 990-EZ) (2015

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