(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	01 111	2013	whenday year, or tax year beginning		, 2019,	and ending		D Employer ider	-4:E	, 20	
В	heck if a	applicable	C Name of organization				- 1				
_	_	WPSC MASTER WELFARE BENEFIT TRUST							7887	7	
	_ Addr	ess ge	Doing business as								
	Name	e change	Number and street (or P O box if mail is	not delivered to street a	ddress)	Room/suite		E Telephone nur	mber		
	Initia	l return	231 W. MICHIGAN STREE	Т			ı	(312) 24	0 - 4	373	
		return/	City or town, state or province, country,	and ZIP or foreign posta	l code						•
<u> </u>	Amer		MILWAUKEE, WI 53203					G Gross receipts	<b>.</b> \$	71.61	3,643.
-	retur Appli	n ( cation	F Name and address of principal officer	WILLIAM GU	C		_	H(a) Is this a grou			<del></del>
L	_ pend	ling	231 W. MICHIGAN STREE			$\sim$	$\frown$	subordinates*	?	$\vdash$	
_	<b>-</b>			_ <del>`</del>	<del></del>	<del></del>	/-	H(b) Are all subords		_	ш
<u> </u>		cempt sta		9 ) <b>◀</b> (insert no )	4947(a)(1) c	or 527				st (see instruction	s)
<u>J</u>	Webs	ite: 🕨	<del>'                                    </del>		!	<u> </u>		H(c) Group exemp		<del></del>	
<u>K</u>	Form	of organ	ization Corporation X Trust	Association Oth	er 🕨	L Year of	formatic	on 1925 <b>M</b> s	State o	of legal domicile	WI
P	art l		mmary			(					
	1	Briefly	describe the organization's mission of	r most significant act	vities TRUST	CREATED	TO S	SUPPORT W	PSC	SEC 501	(C) (9
ė			NS TO RECEIVE CONTRIBUT:								
Governance		CLA:	IMS UNDER THE PLANS.								
e.	2	Check	this box 🕨 🔙 if the organization d	liscontinued its oner	ations or dispose	d of more than	25%	of its net assets	· · · · · ·		
Š	3		er of voting members of the governing	•	•			1	3		6.
∞ ∞	4								4		6.
es	4		er of independent voting members of t								0.
Activities &	5		number of individuals employed in cale					1	5		
Ę	6	Total r	number of volunteers (estimate if neces	sary)					6		
⋖	7a	Total (	unrelated business revenue from Part V	'III, column (C), line 1	2				7a	39,001	,556.
	b	Net ur	related business taxable income from	Form 990-T, line 39					7b		0.
								Prior Year		Current '	Year
	8	Contri	butions and grants (Part VIII, line 1h).			[			0.		0.
ž	9	- 47									0.
Revenue	10		ment income (Part VIII, column (A), line		<b>-</b> 1	10,166,40	_	9 914	1,335.		
æ									0.	29,087	
	11		revenue (Part VIII, column (A), lines 5,					-9,753,52		39,001	
	12		evenue - add lines 8 through 11 (must							39,001	
			s and similar amounts paid (Part IX, coli						0.		0.
	14								-	7,270	843.
S	15	Saları	es, other compensation, employee bene	efits (Part IX, column	(A), lines 5–10)				0.		0.
Expenses	16 a	Profes	sional fundraising fees (Part IX, column	n (A), line 11e)		0.			0.		
х	b	Total f	undraising expenses (Part IX, column (	D), line 25)	RECEIVE	D II					
Ü	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	1102110			263,80	1.	258	3,491.
					line 25)	::- <u>-</u> 1881-1		7,813,14	9.		334.
	19	Povon	expenses Add lines 13-17 (must equal ue less expenses Subtract line 18 fron	1 un 12, cold 180 (),	"MÃÝ 1 3·20	20 :   9	_ 1	17,566,67		31,472	
- Ø	19	Reven	de less expenses Subtract file to from			121		ing of Current Y	-	End of Ye	
ts c				-	000511	i L			-		
sse 3ala	20		assets (Part X, line 16)		OGDEN, l	<del>」.i  </del>		36,790,12		268,262	
Net Assets or Fund Balances	21		iabilities (Part X, line 26)						0.		0.
ŽĒ.	22	Net as	sets or fund balances Subtract line 21	from line 20			23	36,790,12	5.	268,262	348.
	rt II	Sig	nature Block								
			f perjury, I declare that I have examined th						my kr	nowledge and b	oelief, it is
true	, corre	ect, and	complete Declaration of preparer (other than	officer) is based on all	information of whic	h preparer has	any kno	owledge			
			- 1. Dr	_				<1v	120	20	
Sig	n	<b>₽</b> s	ignature of officer					Date		<u></u>	
Hei	·e		VILLIAM GUC		VICE DD	ESIDENT/	ירטאים	סי			
		_	ype or print name and title	_,	VICE FR	ESIDENI/	COIVI			<del></del> -	
			······································	T. D		I Date		<del></del>			
Paid		Print/	Type preparer's name	Preparer's signature		Date		Check	"	TIN	
	arer							self-employe	ed		
-	Only	Firm's	name >				[	Firm's EIN			
use	Unity		address >				f	Phone no			
May	the		scuss this return with the preparer	shown above? (s	ee instructions)					Yes	No
			Reduction Act Notice, see the separat				•••		• • •		0 (2019)

For	m 990 (2019)	Page 2
Pa	art 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	
	RECEIVE, AND WOLD EMPLOYEE AND EMPLOYER CONTRIBUTIONS MADE UNDER THE	
	WISCONSIN PUBLIC SERVICE CORPORATION (WPSC) NON-ADMINISTRATIVE	
	EMPLOYEE HEALTH CARE PLAN AND WPSC LIFE & LONG-TERM DISABILITY PLAN	
	TO DISBURSE PAYMENTS AND SATISFY MEMBER CLAIMS UNDER THE PLAN.	
2	· · · · · · · · · · · · · · · · · · ·	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?	No
1	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported	
4a	(Code 90001 ) (Expenses \$7,507,479 including grants of \$) (Revenue \$)	
	SATISFY MEMBER CLAIMS UNDER THE WPSC MASTER WELFARE BENEFIT TRUST	
	SECTION 501(C)(9) VEBA.	
4b	(Code) (Expenses \$	
	<u> </u>	
	<u> </u>	
		<del>.</del>
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	(Code) (Expenses \$) (Revenue \$)	
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
44	Other program services (Describe on Schedule O )	
7U	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 7,507,479.	
JSA	Total program service expenses 7, 507, 475.	(2010)

9E1020 2 000

Form 9	990 (2019)		F	age 3
Par	t IV Checklist of Required Schedules		<del> </del>	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ĺ
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
	"Yes," complete Schedule D, Part I	6_	<u> </u>	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		Х
_	complete Schedule D, Part III	8		_^
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	9		Х
40	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	-		<del></del>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	2		
a	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1.12		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		Х
40	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?	40		Х
20-	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	i	х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
		24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
_	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?	24d	<u> </u>	ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		
	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?			ļ
	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		Х
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		Х
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)			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_		28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
21	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del> -		
32		32		Х
22	complete Schedule N, Part II	J2_		
33	· · ·	22		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	х	
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	۱		
	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	_	,	١,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38_	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		┸
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5

Гаг	Statements Regarding Other IRS Finings and Tax Compliance (continued)			
			Yes	No
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 2 0.	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L .
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u></u>		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	j .		]
u	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		_
	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			
	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.			
	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			
	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]			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or shareholders		İ	
D	against amounts due or received from them )			]
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			· 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>,</u>
_	Note: See the instructions for additional information the organization must report on Schedule O			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which			j
	the organization is licensed to issue qualified health plans			- 1
С	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15		
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<del></del>
	If "Yes," complete Form 4720, Schedule O		990	

Form **990** (2019)

Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sect	ion A. Governing Body and Management		Yes	- No
	Tatas the number of value manh as of the assurance had at the and of the towns   1a   6		res	No
1a	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 on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Х	
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		х
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The governme body?	8a	X	
a	The governing body?	8b		
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on 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		Х
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	Х	<del></del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u>X</u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b	Λ.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			1
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website X Upon request Other (explain on Schedule O)			•
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year		est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and records wisconsin PUBLIC SERVICE CORP 231 W MICHIGAN STREET MILWAUKEE, WI 53203 312-240-4373	; <b>►</b>		<del></del>

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

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

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

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

Check this how if neither the organization not any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			one an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) NORTHERN TRUST COMPANY	5.00		x					98,393.	0.	C	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)									•		
(11)											
(12)											
(13)		-									
(14)											

Form 990 (2019)

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Form 990 (2019)

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Part VII Section A. Officers, Directors, Tru	art 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	box, office	(C)  Position  (do not check more than obx, unless person is both officer and a director/trust						(E) Reportable compensation from related organizations		other compensation	
,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anization d related anizations
				ļ!	_	<u> </u>	<u></u>	ļ				
			<u> </u>	_	_		<u> </u>					
			<u> </u>	ļ!			<u> </u>					
			_	<u></u> '			<u>                                     </u>					
	ļ		<u></u>	!			<u> </u>					
	ļ		<u> </u>	<u>                                     </u>			<u>                                     </u>					
			<u> </u>		_		<u>                                     </u>					
	<b> </b>		<u> </u>	<u> </u>	<u> </u>		<u> </u>					
	ļ	ļ <b>!</b>	<u> </u>	<u> </u>	<u> </u>		<u>                                     </u>					
	ļ		ļ	<u>                                     </u>			<u> </u>					
	<u> </u>		<u> </u>	'	<u> </u>		<u></u>	1 2 202				
1b Sub-total	ection A .		· ·		• •		<b>&gt; &gt;</b>	98,393. 0. 98,393.		0. 0.		0. 0.
Total number of individuals (including but not is reportable compensation from the organization.)	limited to th		liste				o re	ceived more than	\$100,000	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	sum of rep eater than	oortab	ole o 50,0	com	npen ? <i>If</i>	nsation f "Yes	n ar s," c	nd other compens	sation from	the such	4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpens	satio	ion f	from	n any	unr	related organization	on or indivi	idual	5	X
Section B. Independent Contractors	,0, 00,.	<u> </u>	<u> </u>	<i>iic</i> .	<u>··</u>	<u> </u>	<u>μ.</u>			<del></del>		
Complete this table for your five highest componentation from the organization Report of year												
(A) Name and business add	iress		_		_		_	(B) Description of se	:rvices	C	(C) Compens	ation
			_		<del></del>		#					
			_		<del></del>		十					
Total number of independent contractors (in more than \$100,000 in compensation from the						thos	ie li	isted above) who	received			

	4
Page	•

Pa	rt VI	Statement of Revenue				
		Check if Schedule O contains a response or note to an	y line in this Part \	/111		<u> </u>
			(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			rotal revenue	function revenue	business revenue	from tax under
<u> </u>	1	<u>-                                    </u>				sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
يَّ ق	Ь	Membership dues 1b  Fundraising events 1c			•	
Ę, Ę	d	Fundraising events 1c  Related organizations 1d				
<u> </u>	ء ا	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,				
er (		and similar amounts not included above . 1f				
ĘĘ	g	Noncash contributions included in				
a di		lines 1a-1f				
<u>ة</u> ت	h	Total. Add lines 1a-1f	0			
		Business Code		-		
Program Service Revenue	2a					
e Z	b					
n S	C					
e S	d					
Š,	e					
<u>а</u>	'	All other program service revenue				
	9	Total. Add lines 2a-2f	0			<u> </u>
	3	Investment income (including dividends, interest, and	6,095,379		6,095,379	]
		other similar amounts)	0,093,379		0,093,379	
	5	Royalties	0			
	•	(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less rental expenses 6b				İ
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶	0			
	7a	Gross amount from (i) Secunties (ii) Other	-			
		sales of assets				
		other than inventory 7a 36,431,044				
ne	b	Less cost or other basis				1
/enne		and sales expenses <b>7b</b> 32,612,087				
Other Rev	С	Gain or (loss) 7c 3,818,957				1
ē	d	Net gain or (loss)	3,818,956		3,818,956	
듩	8a	Gross income from fundraising				
•		events (not including \$				
		of contributions reported on line				
	١.	10) See Part IV, mile 10 · · · · · · · · · · · · · · · · · ·				
	b c	Less direct expenses	0.			*
	9a	Gross income from gaming		, , ,,		1
	34	activities See Part IV, line 19 9a				
	Ь	Less direct expenses 9b 0				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				ľ
		returns and allowances 10a 0.				
	b	Less cost of goods sold				
	С	Net income or (loss) from sales of inventory ▶	0		<del></del>	
ns		Business Code			-	
Miscellaneous Revenue	11a	UNREALIZED INVESTMENT GAIN/(LOSS)	29,087,221.		29,087,221.	
la ven	b					
Sce	C	All other sources				
Ξ	d	All other revenue	29,087,221			<u> </u>
	<u>е</u> 12	Total revenue. See instructions	39,001,556		39,001,556.	

## Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mus									
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 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	0.								
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	7,270,843.	7,270,843.							
5	Compensation of current officers, directors,									
	trustees, and key employees	0.								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	_								
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	0.		·						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0.		-						
9	Other employee benefits	0.								
10	Payroll taxes	0.								
11	Fees for services (nonemployees)	026 626		226 626						
а	Management	236,636.		236,636.	<del></del> :					
t	Legal	0.								
	Accounting	0.			<u></u>					
	I Lobbying	0.								
	Professional fundraising services See Part IV, line 17.	0.			<u> </u>					
	f Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column	0.								
	(A) amount, list line 11g expenses on Schedule O)	0.			· <del></del>					
	Advertising and promotion	0.								
	Office expenses	0.								
	Information technology	0.								
	Occupancy	0.			· · · · · · · · · · · · · · · · · · ·					
	Travel	0.								
	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	0.								
	Interest	0.								
	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0.								
	Insurance	0.								
	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
а	MISC EXPENSE	21,855.	-	21,855.						
b										
c										
d										
	All other expenses	7 520 224	7 270 042	250 401						
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	7,529,334.	7,270,843.	258,491.						
20	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)	0.	-							
		- *1	1	J						

_	ո 990 ( art X				Page 11
	a.c.x	Check if Schedule O contains a response or note to any line in this Pa	art X		
_		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	21,855.	4	0.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			i
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	236,768,270.	11	268,262,348.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	236,790,125.	16	268,262,348.
	17	Accounts payable and accrued expenses	0.	.,,	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	· · ·	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	<del> </del>	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	<del> </del>	0.
	26_	Total liabilities. Add lines 17 through 25	0.	26	0.
uces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	·		
alai	27	Net assets without donor restrictions		27	
ã	28	Net assets with donor restrictions	. <u></u>	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	236,790,125.	31	268,262,348.
et /	32	Total net assets or fund balances	236,790,125.	32	268,262,348.
ž	33	Total liabilities and net assets/fund balances	236,790,125.	33	268,262,348.
	•				F 990 (2040

Form **990** (2019)

Page **12** Form 990 (2019) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . 39,001,556. 1 1 7,529,334. 2 2 31,472,222. 3 3 236,790,125. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . . 0. 5 5 0. 6 6 0. 7 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). . . . . . . . . . . . . . . . Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 268, 262, 347. 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII. . . . . . Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 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 X Separate basis Consolidated basis Both consolidated and separate basis Χ 2b 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 X 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 Х 2c 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 on 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 Х 3a 

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 on Schedule O and describe any steps taken to undergo such audits . . .

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

39-1567887

WPSC MASTER WELFARE BENEFIT TRUST

PART VI SECTION A LINE 7A

GALE E. KLAPPA, CHIEF EXECUTIVE OFFICER OF WEC ENERGY GROUP HAS THE AUTHORITY TO ELECT AND/OR APPOINT ONE OR MORE MEMBERS OF THE INVESTMENT TRUST POLICY COMMITTEE. WISCONSIN PUBLIC SERVICE CORPORATION, A SUBSIDIARY OF WEC ENERGY GROUP, INC. IS THE PLAN SPONSOR.

PART VI SECTION B LINE 11B

MEMBERS OF THE INVESTMENT TRUST POLICY COMMITTEE ARE PROVIDED A COPY OF FORM 990.

PART VI SECTION B LINE 12C

THE ORGANIZATION'S FORMAL CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED VIA AN ESTABLISHED INTERNAL REVIEW PROCEDURE, A DESCRIPTION OF WHICH IS MADE AVAILABLE UPON REQUEST.

PART VI SECTION C LINE 19

THE WPSC MASTER WELFARE TRUST MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING
DESCRIPTION BOOK VALUE

INVESTMENT IN MASTER TRUST 268,262,348. FMV

TOTALS 268, 262, 348.

COST

OR FMV

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WPSC MASTER WELFARE BENEFIT TRUST

Part I

OMB No 1545-0047 Open to Public

► Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

inspection

Employer identification number 39-1567887

Identification of Disregarded Entities. Complete of 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
(1)					
(2)					
(3)					
(4)					
(5)					
				,	
(9)					

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. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	(g) Section 512(b)(13) controlled entity?
						Yes	N <sub>o</sub>
(1) WPSC KEY-EMPLOYEE POST RETIREMENT HEALTH 39-1567884							
231 W. MICHIGAN STREET MILMAUKEE, WI 53203	BENEFITS	MI	501(C)(9)		N/A		×
(2) WPSC ADMIN EMPLOYEES' HEALTH CARE PLAN 39-1293572							
231 W. MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	WI	501(C)(9)		N/A		×
(3) WISCONSIN PUBLIC SERVICE FOUNDATION 39-6075016							
700 NORTH ADAMS STREET GREEN BAY, WI 54307-9001	CHARITABLE	MI	501(C)(3)	PF	N/A		×
(4) WPS COMMUNITY FOUNDATION 39-1852771							
700 NORTH ADAMS STREET GREEN BAY, WI 54307-9001	CHARITABLE	WI	501(C)(3)		N/A	•	×
(5) PELLC LIFE & HEALTH BENEFIT BARGAINING 36-6803190							
231 W MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS		501(C)(9)		N/A		×
(6) PELLC LIFE & HEALTH BENEFIT NONBARGAIN 36-7035824							
231 W. MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	•••	501(C)(9)		N/A		×
(7) WEC UNION & NONUNION RETIREE LIFE INSUR 36-1634043							
231 W. MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	WI	501(C)(9)		N/A		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2019

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2019	Open to Public	Inspection
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OMB No 1545-0047

Employer identification number 39-1567887

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. WPSC MASTER WELFARE BENEFIT TRUST Part I

(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
(1)					
(2)					
(3)		-			
			į		
(4)					
(5)					
(9)					

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.	. Complete if the org the tax year.	anization answer	ed "Yes" on Fo	ırm 990, Part IV, I	ıne 34, because ı	t had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed
							Yes	2
(1) WEC UN	WEC UNION RETIREE MEDICAL BENEFITS TRUST 39-1723191							
231 W	231 W MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	MI	501(C)(9)		N/A		×
(2) WE ENE	WE ENERGIES FOUNDATION INC. 39-1433726							
231 W	MICHIGAN STREET MILWAUKEE, WI 53203	CHARITABLE	WI	501(C)(3)	PF	N/A		×
(3) EMPLOY	EMPLOYEES' MUTUAL BENEFIT ASSOCIATION 39-6006836							
231 W.	231 W. MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	MI	501(C)(8)		N/A		×
(4)								
(5)								
(9)								
(2)								
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	. 990.				Schedule R (Form 990) 2019	Form 99	0) 2019

9E1307 1 000

Schedule R (Form 990) 2019

(k) Percentage (j) . General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes No 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 amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) ŝ Disproportions  $\widehat{\boldsymbol{arepsilon}}$ (g) Share of end-ofyear assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total Income Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (d) Direct controlling (c) Legal domicile foreign country) (state or (b) Primary activity Name, address, and EIN of related organization Part IV Part III 3 6 Ξ <u>ල</u> 4 (9) 9

Section 512(b)(13) controlled entity? Yes No × × Percentage ownership Ξ (g) Share of end-of-year assets (f) Share of total псоте (e)
Type of entity
(C corp, S corp, or trust) C CORP C CORP (d)
Direct controlling entity N/A N/A (c) Legal domicile (state or foreign country) W ĭ HOLDING COMPANY Primary activity PUBLIC UTILITY 39-1391525 39-0715160 (a)
Name, address, and EIN of related organization 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 231 W MICHIGAN STREET MILWAUKEE, WI 53203 (2) WISCONSIN PUBLIC SERVICE CORPORATION WEC ENERGY GROUP, INC £ 3 (4) 3

(9)

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Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	⁻orm 990, Part N	', line 34, 35b, or 36.			•
Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	0
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	organizations listed	in Parts II-IV?			
æ	Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity.			1a	}	bd.
٩	Gift, grant, or capital contribution to related organization(s)			1b	_	×
U	Giff, grant, or capital contribution from related organization(s)	•		- 10	_	×
<del>-</del>	Loans or loan quarantees to or for related organization(s)			10	<u> ^</u>	×
<b>a</b>	Loans or loan quarantees by related organization(s)				<u> ^</u>	×
)						
4-	Dividends from related organization(s)			14	<u>^</u> 	×
5				1g	^	$\times$
£	Purchase of assets from related organization(s),,,		•	1h		×
-	Exchange of assets with related organization(s)		•	1i	_	×
-	Lease of facilities, equipment, or other assets to related organization(s)			1j	_	⋉Ⅰ
				:		15
*	Lease of facilities, equipment, or other assets from related organization(s)			- <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> <del>-</del>		<  ∶
-	Performance of services or membership or fundraising solicitations for related organization(s)			=	_	×Ι
Ε	Performance of services or membership or fundraising solicitations by related organization(s)			 1m	^	×
5	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•		1n	_	×
0	Sharing of paid employees with related organization(s)			10		$\times$
					_ {	
٩	Reimbursement paid to related organization(s) for expenses			1p	×	
σ	Reimbursement paid by related organization(s) for expenses			19	~	$\times$
					1	1
-	Other transfer of cash or property to related organization(s)			-	^	$\times$
တ	Other transfer of cash or property from related organization(s)			18	+	×∣
7	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	, including covered	relationships and transa	ction threshold	s	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	armınıng olved	
£	WEC BUSINESS SERVICES P		7,507,479.	ACTUAL EX	EXPENSES	63.1
(5)						
3				`		
<u>4</u>						
(2)						
9)						
JSA			Sch	Schedule R (Form 990) 2019	990) 20	I۳

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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 Are a income (related, sourceated, excluded 56 from tax under organized)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Oisproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514) Yes	s No			Yes No	,	Yes No	
(1)										
(6)	i									
(2)										
(3)										
(4)										
(5)										_
(9)										
(2)										
(8)										
(6)										
(10)										
(11)	<b>,</b>									
(12)										
(13)	•									
(14)										
(15)										
(16)	:	:								
							1	];	-   -  -	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R See instructions