

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>WPSC MASTER WELFARE BENEFIT TRUST</u>		D Employer identification number <u>39-1567887</u>
	Doing business as		E Telephone number <u>(312) 240-4373</u>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>71,613,643.</u>
	<u>231 W. MICHIGAN STREET</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>MILWAUKEE, WI 53203</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer <u>WILLIAM GUC</u> <u>231 W. MICHIGAN STREET, MILWAUKEE, WI 53203</u>		L Year of formation <u>1925</u> M State of legal domicile <u>WI</u>	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(9) (insert no) <u>9</u> <input type="checkbox"/> 4947(a)(1) or <u>527</u>		J Website: <u>N/A</u>	
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation <u>1925</u> M State of legal domicile <u>WI</u>	

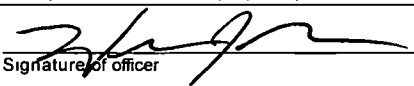
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TRUST CREATED TO SUPPORT WPSC SEC 501(C) (9) PLANS TO RECEIVE CONTRIBUTIONS, DISBURSE PAYEMTNS AND SATISFY MEMBER CLAIMS UNDER THE PLANS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>6.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>6.</u>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>0.</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>39,001,556.</u>
b Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>8</u>	<u>0.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>9</u>	<u>412,888.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>10</u>	<u>-10,166,409.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>11</u>	<u>0.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>12</u>	<u>-9,753,521.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>13</u>	<u>0.</u>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>14</u>	<u>7,549,348.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>15</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>16a</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>16b</u>	<u>0.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>17</u>	<u>263,801.</u>
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>18</u>	<u>7,813,149.</u>
Net Assets or Fund Balances	19 Revenue less expenses - Subtract line 18 from line 12	<u>19</u>	<u>-17,566,670.</u>
	20 Total assets (Part X, line 16)	<u>20</u>	<u>236,790,125.</u>
	21 Total liabilities (Part X, line 26)	<u>21</u>	<u>0.</u>
	22 Net assets or fund balances - Subtract line 21 from line 20	<u>22</u>	<u>236,790,125.</u>

RECEIVED
MAY 13 2020
OGDEN, UT.

Part II Signature Block

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

Sign Here		<u>5/6/2020</u>
	Signature of officer <u>WILLIAM GUC</u>	Date
	VICE PRESIDENT/CONTR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

For Paperwork Reduction Act Notice, see the separate instructions.

10

SCANNED APR 16 2021

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
RECEIVE AND HOLD 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 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program
services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

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

4a (Code 900001) (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 \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,507,479.

Rb

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body composition and officer relationships.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0.

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes rows for contractor information.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g	Noncash contributions included in lines 1a-1f.	1g	\$					
	h	Total. Add lines 1a-1f			0				
Program Service Revenue				Business Code					
	2a								
	b								
	c								
	d								
	e								
	f	All other program service revenue							
g	Total. Add lines 2a-2f			0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			6,095,379	6,095,379			
	4	Income from investment of tax-exempt bond proceeds .			0				
	5	Royalties			0				
	6a	Gross rents							
			6a	(i) Real					(ii) Personal
			6b	Less rental expenses					
	6c	Rental income or (loss)							
	d	Net rental income or (loss)			0				
	7a	Gross amount from sales of assets other than inventory							
			7a	(i) Securities					(ii) Other
			7b	Less cost or other basis and sales expenses . .					
	7c	Gain or (loss)		3,818,957					
	d	Net gain or (loss)			3,818,956	3,818,956			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
			8a						
8b			Less direct expenses						
c	Net income or (loss) from fundraising events.			0					
9a	Gross income from gaming activities See Part IV, line 19								
		9a							
		9b	Less direct expenses						
c	Net income or (loss) from gaming activities.			0					
10a	Gross sales of inventory, less returns and allowances								
		10a							
		10b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory.			0					
Miscellaneous Revenue				Business Code					
	11a	UNREALIZED INVESTMENT GAIN/ (LOSS)			29,087,221.	29,087,221.			
	b								
	c								
	d	All other revenue							
e	Total. Add lines 11a-11d			29,087,221					
12	Total revenue. See instructions			39,001,556		39,001,556.			

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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)				
a Management	236,636.		236,636.	
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 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)				
a MISC EXPENSE	21,855.		21,855.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,529,334.	7,270,843.	258,491.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-columns 10a, 10b, 10c and checkboxes for FASB ASC 958.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,001,556.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,529,334.
3	Revenue less expenses Subtract line 2 from line 1	3	31,472,222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	236,790,125.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	268,262,347.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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

OMB No 1545-0047

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.

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WPSC MASTER WELFARE BENEFIT TRUST

Employer identification number

39-1567887

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN MASTER TRUST	268,262,348.	FMV
TOTALS	<u>268,262,348.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization

Employer identification number

Wpsc MASTER WELFARE BENEFIT TRUST

39-1567887

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

(1)	(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)						
(6)						

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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	Wpsc KEY-EMPLOYEE POST RETIREMENT HEALTH 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 39-1567884	BENEFITS	WI	501(C)(9)		N/A		X
(2)	Wpsc ADMIN EMPLOYEES' HEALTH CARE PLAN 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 39-1293572	BENEFITS	WI	501(C)(9)		N/A		X
(3)	WISCONSIN PUBLIC SERVICE FOUNDATION 700 NORTH ADAMS STREET GREEN BAY, WI 54307-9001 39-6075016	CHARITABLE	WI	501(C)(3)	PF	N/A		X
(4)	Wps COMMUNITY FOUNDATION 700 NORTH ADAMS STREET GREEN BAY, WI 54307-9001 39-1852771	CHARITABLE	WI	501(C)(3)		N/A		X
(5)	PELLIC LIFE & HEALTH BENEFIT BARGAINING 231 W MICHIGAN STREET MILWAUKEE, WI 53203 36-6803190	BENEFITS		501(C)(9)		N/A		X
(6)	PELLIC LIFE & HEALTH BENEFIT NONBARGAINING 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 36-7035824	BENEFITS		501(C)(9)		N/A		X
(7)	WEC UNION & NONUNION RETIREE LIFE INSURANCE 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 36-1634043	BENEFITS	WI	501(C)(9)		N/A		X

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

WPCSC MASTER WELFARE BENEFIT TRUST

Employer identification number
39-1567887

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

(1)	(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)						
(6)						

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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	WEC UNION RETIREE MEDICAL BENEFITS TRUST 39-1723191 231 W MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	WI	501(C)(9)	N/A			X
(2)	WE ENERGIES FOUNDATION INC. 39-1433726 231 W MICHIGAN STREET MILWAUKEE, WI 53203	CHARITABLE	WI	501(C)(3)	N/A			X
(3)	EMPLOYEES' MUTUAL BENEFIT ASSOCIATION 39-6006836 231 W. MICHIGAN STREET MILWAUKEE, WI 53203	BENEFITS	WI	501(C)(8)	N/A			X
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	WEC ENERGY GROUP, INC 231 W. MICHIGAN STREET MILWAUKEE, WI 53203 39-1391525	HOLDING COMPANY	WI	N/A	C CORP					X
(2)	WISCONSIN PUBLIC SERVICE CORPORATION 231 W MICHIGAN STREET MILWAUKEE, WI 53203 39-0715160	PUBLIC UTILITY	WI	N/A	C CORP					X
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

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

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
(1) WEC BUSINESS SERVICES		P	7,507,479.	ACTUAL EXPENSES
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(12)													
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(14)													
(15)													
(16)													

Part VII Supplemental Information

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