Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

\ F	or the	2016 calendar year, or tax year beginning , 2016, and endit				, 20
.		C Name of organization CONSUMERS ENERGY CO NON-UNION WELFARE	BENE	D Employerider	ntifica	tion number
Ch	eck if app	TRUST TO PROVIDE RETIREE HEALTH CARE				
	Address			38-325	013	5
	Name	Number and street for B.O. how if mail to not delivered to street address?		E Telephone nur		
-	Instial re	D O DOY FEOOD	1	313_22:	2 - 91	053
-	Final re	City or town, state or province, country, and ZIP or foreign postal code				
-	termina Amend	ted .		G Gross receipts	\$	53,026,713.
-	return Applica			H(a) Is this a group		
	pending	, I	i	subordinates	7	├─┤ ··· ├ <u>-</u> ┻┤
		411 W LAFAYETTE DETROIT MI 48226		H(b) Are all subordin		
		mpt status 501(c)(3) X 501(c) (9) ◀ (insert no) 4947(a)(1) or 52				(see instructions)
<u>'</u>	Vebsit	e ► N/A		H(c) Group exemp		
		organization Corporation X Trust Association Other ▶ L Year of	of formation	on 1994 M	State	of legal domicile MI
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities				
به		TO PROVIDE FOR RETIREE HEALTH CARE AND OTHER BENEFITS				
a	•					
Activities & Governance	2	Check this box I if the organization discontinued its operations or disposed of more the	an 25% d	of its net assets	:	
Š		Number of young members of the governing body (Part VI, line 1a)			3	
8		Number of independent voting members of the governing body (Part VI, line 1b)			4	
es	- /	various of independent water a manufacture governing body (rart vi, line 10)			5	NONE
ķ		Cotal number of individuals employed in calendar year 2016 (Part V, line 2a)				
15	6/ 5	fotal number of volunteers (estimate if necessary)	• • • •		6	NONE
1	7a '	Total unrelated business revenue from Part VIII, column (C), line 12			7a	NONE
	b l	Net unrelated business taxable acome from Form 990-T, line 34			7b	NONE NONE
- 1		THE THE	<u> </u>	Prior Year		Current Year
اه	8	Contributions and grants (Part VIII, line 1h)				
립	9	Program service revenue (Part VÍÍI, line 2g) . , , , , , , , , , , , , , , , , , ,	L	<u>17,800,0</u>	00,	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	L .	22,462,5	27	21,060,538.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,262,5	271	21,060,538.
\exists		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4)		24,833,4	18	20,871,805.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		33,7		37,020.
Expenses						<u> </u>
ë		Professional fundraising fees (Part IX, column (A), line 11e)			-	
Š		Total fundraising expenses (Part IX, column (D), line 25) ► NONE	<u> </u>	776 0	-	042 005
1		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		776,8		<u>243,987</u> .
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,643,9	_	21,152,812.
	19	Revenue less expenses Subtract line 18 from line 12		<u>14,618,5</u>		<u>-92,274</u> .
Net Assets or Fund Balances				ing of Current Y		End of Year
alar	20	Total assets (Part X, line 16)	2	78,521,8	42	280,678,682.
₽.P	21	Total liabilities (Part X, line 26)	L	N	<u>anc</u>	<u>NON</u> E
2 <u>5</u>	22	Net assets or fund balances Subtract line 21 from line 20	2	78,521,8	42.	280,678,682.
	rt II	Signature Block				
Unc	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, ar	nd to the best of	my ki	nowledge and belief, it is
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer h	as any kno	owledge		
		· Samua yn Muu		111/1	4/2	017
Síg	n	Signature of officer		Date	-/	
Her	e	► SANDRA MILLER, VICE PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature Date			, I p	TIN
Paid	1		/001=	Check	"	
	parer			self-employ		P01212487
•	Only	Firm's name KPMG LLP				5565207
		Firm's address ►2020 N CENTRAL AVE, STE 700; PHOENIX, AZ 85004		Phone no	855 ₋	-807-3423
May	the IF	S discuss this return with the preparer shown above? (see instructions)	<u></u>	· · · · · · ·		Yes X No
	D	work Deduction Act Notice and the concepts instructions	· <u></u>			Farm 990 (2016)

JSA 6E1010 1 000

		ge 📥
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	_
_	Briefly describe the organization's mission:	
	· · · · · · · · · · · · · · · · · · ·	
	O PROVIDE FOR RETIREE HEALTH CARE AND OTHER BENEFITS	
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 If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
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 oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 21,152,812. including grants of \$) (Revenue \$)	
	TO PROVIDE FOR RETIREE HEALTH CARE AND OTHER BENEFITS	
		_
		_
_	/O_1	—
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		—
		
		—
		_
4c	(Code:) (Expenses \$	
44	Other program services (Describe in Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 21,152,812.	_
	, <u>o </u>	

Part	Checklist of Required Schedules			
	1	r——	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			_v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		X
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	İ	X
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		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
_	complete Schedule D, Part III	8		<u>X</u> _
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	_ `		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	endowments, permanent endowments, or 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,	,	37.6	- A
• •	VII, VIII, IX, or X as applicable.	- T	,{	5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		الــــــــــــــــــــــــــــــــــــ
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Χ	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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		X
_	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		ν,	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	 -
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	v	
h	Schedule D, Parts XI and XII	124		
-	"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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	L	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	_		7.
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	\vdash	
	If "Yes," complete Schedule G, Part III	19		Х
				(2016)

Part I	Checklist of Required Schedules (continued)			
		<u></u>	Yes	No
20a	The time of general transfer and the time of the transfer and the time of the transfer and the time of	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			├
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	١		1,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	, p	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ľ		ļ
	to defease any tax-exempt bonds?	24c		├
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		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?	256		
	If "Yes," complete Schedule L, Part I	25b		 -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		_v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		_	 ^
b	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			 1\
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		_	
	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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I)		X
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			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	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	X	L
		E0	200	(2016)

rar	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chook in deficació de deficació a response de noto to any uno invento a terror		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			14.3 k
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	> 200 N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Mark C
	, , , , , , , , , , , , , , , , , , ,		ALC: N	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	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	1.		2.5
	(FBAR).			45°
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	new below	No area.
7	Organizations that may receive deductible contributions under section 170(c).			
а	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>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c	rapid black.	والمراجعة المراجعة
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	I was	*12
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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			A. Carlo
Ū	sponsoring organization have excess business holdings at any time during the year?	8	TOTAL SEC. NO.	
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			66
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	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	- 33		
þ	Gross income from other sources (Do not net amounts due or paid to other sources		龙	
40-	against amounts due or received from them)	120		210
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7	1482
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	A.P. Parker	4347.
đ	Is the organization licensed to issue qualified health plans in more than one state?			1
h	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			
c	Enter the amount of reserves on hand			3
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- CARTY	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA	0 1 0 0 0	Form	990	(2016
	EBE608 656P 11/14/2017 14:07:47	ļ	6	-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	Tions.
Secti	on A. Governing Body and Management			<u>.1 -3 1</u>
			Yes	No
1a	Enter 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, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent Lab			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	'		Ì
	supervision of officers, directors, or 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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	92		Х
a	The governing body?	8a 8b		X
b	Each committee with authority to act on behalf of the governing body?	90		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		l "
Cooti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		2.1	<u>X</u>
Secri	on B. Policies (This Section & requests information about policies not required by the internal nevertice	- 000	Yes	No
40-	Did the annual to be been been been been been been a selfilled to 2	10a		X
10a	The second secon	1.00		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_		1		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		ļ
4.2		13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	17	_	Λ
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		Х
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	130		A
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
_	with a taxable entity during the year?	100		- A
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		<u> </u>
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 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record RALPH JOHNSTON TEL: (313)222-9053	s: ▶		
ISA	COMPLICA DANK		900	

_	
Paga	
1 alic	

F.	orn	9	90	12	n 1	61

0										
Part VII	. Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent C	ontractors								
	Check if Schedu	ule O contains	a response	or note to	any lir	ne 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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 (ine)	box,	unles er and	Pos neck ss pe	rson	e than control Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HERB KOPS DIRECTOR OF EMPLOYEE BENEFITS		Х						NONE	NONE	NON
(2) COMERICA BANK INSTITUTIONAL TRUSTEE (3)			Х					37,020	NONE	NON
(4)					;					
(5)										
(6)										
(8)					ļ <u>.</u>					
(9)										
(10)				_						
(11)			_	-	-		-			
(13)		_								B
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Key	<u>, Eml</u>	oloy	ees	<u>s, a</u>	nd Hi	igh	est Compensate	d Employees (d	ontinu	ed)	
(A)	(B)	(do n	ot ch		ition	than o	ne	(D)	(E)		(F)	d
Name and title	Average hours per week (list any hours for related organizations below dotted line)	1				b L Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor	mount of other npensatifrom the ganizati nd relate ganizatio	of tion e on ed
(15)		ļ										
(16)					-		_			-		
(17)					-			<u> </u>				
(18)							-				-	
(19)				-			_			-		
(20)					-					-		
(21)		_		-								
(22)												
(23)	ļ. <u></u>	}					-					
(24)					ļ							
(25)		}	-		-							
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but n	Section A .					oove)	▶ • • •	37,020	NONE			NON
reportable compensation from the organizati			0								Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the organization and related organizations (individual	reater tha	n \$1	50,0	000	7	If "Ye	es,"	complete Sched	ule J for such	4		X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue c	ompe	nsat	ion	fro	m an	уu	inrelated organizat	ıon or individual	5		X
Complete this table for your five highest co- compensation from the organization Report year.	mpensated compensa	inder	oend or th	lent ie c	co aler	ntract ndar y	ors ear	that received mor ending with or wi	e than \$100,000 thin the organizat	of ion's ta	×	
(A) Name and business ac	Idress							(B) Description of se	ervices	(C Comper	-	
			_				_					
							\pm					
2 Total number of independent contractor received more than \$100,000 of compensations.							to 0	those listed abo	ove) who			

_		Check if Schedule O cor	ntains a respon	se or note to any	y line in this Part V			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
≨ 1a		Federated campaigns	1a					
and Other Similar Amounts		Membership dues	ایما					
W c	: 1	Fundraising events	<u>1c</u>					
i a		Related organizations						
Sign	• (Government grants (contribut	ions) <u>1e</u>					
je f		All other contributions, gifts,						
ర్		and similar amounts not included						
[]	1	Noncash contributions included in	n lines 1a-1f \$					
<u>9</u> h	<u>' </u>	Total. Add lilles Ta-11	<u> </u>	Business Code				
2 2a								
ءٌ اعَمْ								
is s								
Ser								
Program Service Revenue	•							
ig t	f	All other program service rev	enue					
و تَّهُ	9	Total. Add lines 2a-2f	<u> </u>	<u></u>				
3		and other similar amounts).		▶	7,147,765.	7,147,765.		NO
4		Income from investment of					 	
5		Royalties	(ı) Real	(II) Personal			 	
			(I) Neal	(II) I ersonar				
68		Gross rents						
		Less rental expenses						
		Rental income or (loss) Net rental income or (loss) .						
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	45878948]			
	b	Less cost or other basis						
İ		and sales expenses	31966175					
	С	Gain or (loss)			12 010 772	12 012 772		
'	d	Net gain or (loss)		. <u> •</u>	13,912,773.	13,912,773.		
8ء <u>و</u>	а	Gross income from fundra	_	ĺ				
ě		events (not including \$						
æ		of contributions reported on						
Other Revenu	L	See Part IV, line 18 Less direct expenses		1	1			
0	C	Net income or (loss) from fu	undraising events					
9	а	Gross income from gaming See Part IV, line 19	j activities					
	ь	Less direct expenses						
		Net income or (loss) from (gaming activities	. <u></u>				
10		Gross sales of invent						
		returns and allowances	=		4			
	b c	Less cost of goods sold Net income or (loss) from sa	les of inventory.	<u> ▶</u>				
		Miscellaneous Reven	ue	Business Code		ļ		
11	а				 			_
	b					-		
	c					 	-	
	d	All other revenue			_			
	е	Total. Add lines 11a-11d ·		<u> </u>	21 060 520	21,060,538.		NO

Part IX	Statement of	Functional	Expenses

566	tion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a respo				
	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		. <u></u>		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	20,871,805.		ļ	
5	Compensation of current officers, directors, trustees, and key employees	37,020.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			-	
10				 	
	Fees for services (non-employees)				
	Management			-	
	Legal			 	
	Accounting				
	Professional fundraising services See Part IV, line 17.				
	Investment management fees	169,626.			
	Other (If line 11g amount exceeds 10% of line 25, column				<u> </u>
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				· ·
13	Office expenses				
14	Information technology				
15	Royalties			 	
	Occupancy				···-
17	Travel		······································	 	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings ,				
20	Interest			 	
21	Payments to affiliates				
23				 	
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)				<u> </u>
а					
b				-	
C				 	
d		7/ 261		 	
	All other expenses Add lines 1 through 24e	74,361. 21,152,812.		 	
	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	21,132,012.		 	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				•
	following SOP 98-2 (ASC 958-720)				
JSA 6E10	52 1 000				Form 990 (2016)

_	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	9,921,950.	2	3,515,660
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	·
	6	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 organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	<u> </u>	10c	- <u></u>
	11	Investments - publicly traded securities	192,013,556.	11	<u>218,145,866.</u>
i	12	Investments - other securities See Part IV, line 11	76,586,336.	12	59,017,156.
	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)	278,521,842.	16	<u>280,678,682.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iat		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		p, ,		25	
	26	of Schedule D	NONE		NONE
_	20	Organizations that follow SFAS 117 (ASC 958), check here	NONE	20	INOINE
ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
or Fund Balances] 	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	278,521,842.	30	280,678,682.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	278,521,842.	33	280,678,682.
_	34	Total liabilities and net assets/fund balances	278,521,842.	34	280,678,682.
					Form 990 (2016

orm 99	0 42016)		Pa	ge 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> X </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	21,0		
2	Total expenses (must equal Part IX, column (A), line 25)	21,1	52,8	312.
3	Revenue less expenses. Subtract line 2 from line 1		92,2	274.
4		<u> 278,5</u>	21,8	342.
5	Net unrealized gains (losses) on investments	3,0	89,4	26.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)	-8	40,3	312.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
		280,6	78,6	582.
Part 2				
	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: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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:	1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	2b	X	
-	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 X 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	1		
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

Open to Public Inspection

	of the organization	Employer rachination named
CON	SUMERS ENERGY CO NON-UNION WELFARE BENEFIT	38-3250135
Pai		or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	d in donor advised
-	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
_	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pai	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
3	tax year >	mated by the organization daming the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	ction handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	
•	b	onsorvation sessements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
•	S	consolvation casemonts daring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	1 1 1 1
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	s revenue statement and halance sheet
14	works of art, historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ec public service, provide the following amounts relating to these items.	aucation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1	> ¢
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	•
•	Revenue included in Form 990, Part VIII, line 1	
a b	Assets included in Form 990, Part X	
	Paperwork Reduction Act Notice, see the Instructions for Form 990	Schedule D (Form 990) 2016
	•	

Sched	ule & (Form 990) 2016						Page_2
Part	III Organizations Maintaining (
3	Using the organization's acquisition, a	iccession, and o	other recor	ds, check any	of the follow	ving that are a sig	nificant use of its
	collection items (check all that apply):			_			
а	Public exhibition		d	Loan or exch	nange progra	ms	
b	Scholarly research		e [_	Other			
C	Preservation for future generation						
4	Provide a description of the organizat	ion's collections	and expla	iin how they fo	urther the or	ganization's exemp	t purpose in Part
	XIII.						
5	During the year, did the organization so	olicit or receive of	donations o	f art, historical i	treasures, or	other similar	
	assets to be sold to raise funds rather t	han to be maint	ained as pa	rt of the organi	zation's colle	ction?	Yes No
	Complete if the organization a 990, Part X, line 21.	answered "Yes					it on Form
1 a	Is the organization an agent, trustee, cu						
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the follo	owing table.			
					1	Amount	
C	Beginning balance				. 1c		· · · · · · · · · · · · · · · · · · ·
d	Additions during the year				. 1d	<u> </u>	
е	Distributions during the year						·
f	Ending balance						
	Did the organization include an amount						
<u>b</u>	If "Yes," explain the arrangement in Par	t XIII. Check her	e if the exp	lanation has be	en provided	on Part XIII	<u> </u>
Par			_				
	Complete if the organization a						
		(a) Current year	(b) Prio	ryear (c) T	wo years back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
q	End of year balance						
2	Provide the estimated percentage of th		nd balance	(line 1g, colum	nn (a)) heid a:	3.	
а	Board designated or quasi-endowment						
b	Permanent endowment >	%	_				
c	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2	c should equal	100%.				
3a	Are there endowment funds not in the	possession of t	ne organiza	tion that are he	ld and admir	istered for the	
	organization by.						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related or						3b
4	Describe in Part XIII the intended uses						•
	Land, Buildings, and Equipm	ent.					
	Complete if the organization	answered "Yes					
	Description of property		r other basis stment)	(b) Cost or other (other)		cumulated (d) Book value
1 a	Land			,5,			
	Ruildings	· · · 					

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).

c Leasehold improvementsd Equipment

Part VII Investments - Other Securities.	Weell on Form 000	Part IV, line 11b. See Form 990, Part X, line 12.
	(b) Book value	(c) Method of valuation
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives		COST
(2) Closely-held equity interests	<u> </u>	COST
(3) Other		
(A) COMERICA LARGE CAP INDEX FUND	25,231,792.	FMV
(B) COMERICA SMALLCAP INDEX 584 FUNI	33,785,364.	FMV
(C)		
(D)		
(E)	, , . <u> </u>	
(F)	<u> </u>	
(G)		
(H)		
Total (Column(b) must equal Form 990, Part X, col. (B) line 12) ▶	59,017,156	<u> </u>
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)	· · · · · · · · · · · · · · · · · · ·	
(8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	
Part X Other Liabilities.		
Complete if the organization answered line 25.	"Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	ue
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (h) must equal Form 990, Part X, col. (B) line 25)	

Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1_1	86,070,035.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	ļļ	
	Recoveries of prior year grants		
ď	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	65,009,497.
	Subtract line 2e from line 1	3	21,060,538.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_5	<u>21,060,538.</u>
Part >	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	51,557,786.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)	الما	20 404 074
	Add lines 2a through 2d	2e 3	30,404,974.
	Subtract line 2e from line 1	-	21,152,812.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,152,812.
Part > Provide 2; Part	Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform CONTINUATION SHEET		ne 4; Part X, line
	CONTINUATION SHEET		

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

CONSUMERS ENERGY CO NON-UNION WELFARE BENEFIT	38-3250135
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR RE	VIEW
A COPY OF THE RETURN IS PROVIDED TO THE TRUSTEE FOR REVIEW	PRIOR
TO FILING.	
FORM 990, PAGE 6, PART VI, LINE 19	
THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC	
EXPLANATION FOR FORM 990, PART XI, LINE 9	· · · · · · · · · · · · · · · · · · ·
TIMING DIFFERENCE BETWEEN REPORTED INCOME AND CASH RECEIPTS	
	·····