

STATE OF MICHIGAN
BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

In the matter of the application of)
THE DETROIT EDISON COMPANY)
for the authority to increase its rates,)
amend its rate schedules and rules)
governing the distribution and supply)
of electric energy.)
_____)

Case No. U-20561

DIRECT TESTIMONY AND EXHIBITS OF MICHAEL SMITH

On Behalf of Utility Workers Union of America Local 223, AFL-CIO

November 6, 2019

1 STATE OF MICHIGAN
2 BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

3 In the matter of the application of)
4 THE DETROIT EDISON COMPANY)
5 for the authority to increase its rates,) Case Nos. U-20561
6 amend its rate schedules and rules)
governing the distribution and supply)
of electric energy, and for miscellaneous)
accounting authority.)
_____)

7 MICHAEL SMITH TESTIMONY

8 Q. Please state your name and business address.

9 A. Michael Smith, 15160 N. Commerce Drive, Dearborn, Michigan 48120

10 Q. By whom are you employed and in what capacity?

11 A. I serve as the President of Utility Workers Union of America, AFL-CIO, Local 223 ("Local
12 223").

13 Q. What are your responsibilities?

14 A. I manage the day-to-day operations of Local 223. I am charged with interpreting the meaning
15 of Local 223's Constitution and By-Laws. I preside at all Executive Board, General Council,
16 and General Membership meetings of Local 223. I am responsible for seeing that all
17 committees are actively carrying out their respective programs. Additionally, I must perform
18 all other duties as are necessary to protect and advance the interest of Local 223.

19 Q. Are you sponsoring any exhibits?

20 A. Yes, I am sponsoring the attached UWUA Ex. 9 (SMITH 1), which is a summary of the age
21 demographics of the Local 223 workforce. DECo has refused to produce to Local 223 in this
22 case information requested in discovery concerning the age demographics of its organized
23 workforce, asserting that the request was not relevant (UWUADE -1.1, UWUA Ex. 7

1 (HARMON 7)). Accordingly, Local 223 compiled the statistics reflected in this exhibit
2 using data that the Company provided to Local 223 in a matter separate from this case. This
3 data contains total number of active employees (for both electric employees at DECo and gas
4 employees at DTE Gas Co.) who are represented by Local 223, and groups those employees
5 by their age as of October 15, 2019.

6 I am also sponsoring UWUA Ex. 10 (SMITH 2), which is a copy of the 2017 IRS
7 form 5500, and Schedule SB thereof (which are public records) for the collectively-bargained
8 DTE Energy Company Retirement Plan. DECo has also refused to produce to Local 223
9 information requested in discovery concerning DECo's retirement projections for its
10 organized workforce, claiming the information is not relevant. UWUA Ex. 10 (SMITH 2)
11 reflects, at line 22 of Schedule SB, that the company utilizes a weighted average retirement
12 age of age 59 as an actuarial assumption for the plan.

13 Q. Please identify the issue addressed by your testimony.

14 A. Not only in the State of Michigan or specifically with respect to DECo, but also nationally,
15 the utility workforce faces a crisis with respect to aging. For example, UWUA Ex. 9
16 (SMITH 1) documents the following: of the 3,904 DECo employees who are represented by
17 Local 223 at DECo, 2,637 workers are age 40 and older, representing 67% of the workforce;
18 1,606 workers are age 50 and older, representing 41% of the workforce; 1,117 are age 55 and
19 older, representing 28% of the workforce; and 566 are age 60 or older, representing 14% of
20 the workforce.

21 In addition, DECo's responses to Local 223's discovery requests reflect a disturbing
22 failure to acknowledge this impending crisis. For example, Local 223 made discovery
23 requests to DECo asking for DECo's projections for retirement and attrition, and the number

1 of persons eligible to retire, in the organized workforce for the next five (5) years (UWUA
2 Ex. 7, HARMON 7, UWUADE - 1.3). DECo's response was that the information was not
3 relevant. (*Id.*). Nevertheless, based on the age demographics shown in UWUA Ex. 9
4 (SMITH 1) and the weighted average retirement age of age 60 reflected in UWUA Ex. 10
5 (SMITH 2), it is reasonable to conclude that a significant percentage of DECo's aging
6 organized workforce will be retiring in the next several years. 28% of DECo's represented
7 employees are age 55 or older and would therefore attain the average retirement age of 59
8 within the next five years, and 14% are age 60 or above already; moreover, 41% of the
9 workforce is age 50 and older – meaning that *forty percent of the workforce* can be expected
10 to retire in the next 10 years.

11 Q. What are some of the challenges DECo is facing with regards to its aging workforce?

12 A. The information discussed in UWUA Exs. 1-6 (HARMON 1-6) documents an identical
13 concern with respect to the aging of the national workforce necessary to serve and operate
14 the nation's utility systems. This information highlights and demonstrates the crisis of the
15 aging utility workforce, both nationally and at DECo, and the need for increased hiring and
16 training to ensure reliability and quality of service, as well as public and worker safety.

17 DECo is posed with an additional challenge because senior employees have
18 traditionally provided training for new employees in DECo training and apprenticeship
19 programs. In recent years there have been a significant number of retirements. While the
20 Company has made efforts to replace those workers there still is a significant shortage of
21 skilled, clerical, and other employees, who can provide quality training to the Company's
22 new recruits. The ratio between trainers and apprentices is significantly out of balance.
23 Simply put, this imbalance has created a scenario where there are not enough experienced

1 employees to provide training to new employees. This imbalance places great pressure on
2 experienced employees who are responsible for providing both on-the job training and
3 classroom training. Externally funded training programs like the UWUA Power for America
4 Training Trust Fund (“P4A”) could help reduce some of this pressure by providing additional
5 trainers and/or by taking responsibility for the classroom component of DECo’s
6 apprenticeship and training programs.

7 Q. What are your recommendations to the Commission on behalf of Local 223?

8 A. The Commission should examine the fact that the workforce demographics and DECo’s aging
9 workforce demonstrate the necessity of dedicated and protected training funds and that DECo’s
10 projected training costs may be inadequate. The Commission should require DECo to document
11 how it plans to deal with the impending crisis of its aging workforce and in particular to document
12 its plans for future training and hiring (if any). Also, at present there is no requirement that funds
13 allowed for training be externally funded, so there is no certainty that sufficient funds will in fact be
14 used to address the crisis of DECo’s aging workforce. The Commission should therefore further
15 require DECo to partner with the UWUA’s Power for America Training Trust to ensure that the
16 necessary funds are externally funded and available for training the new workforce that must emerge
17 to provide quality service to the public.

18 In short, it is Local 223’s position that the investment in human resources is just as
19 important as the investment in any facilities or equipment, given the fact that DECo and the
20 rest of the utility industry are facing an aging workforce and a lack of dedicated and protected
21 funds to accomplish the necessary training to replace that workforce.

22 Q. Does this conclude your testimony?

23 A. Yes.

Local 223 Active Employee Count by Age and Date of Hire			
--	--	--	--

Age as of 10/15/19	Prior to 6/30/2007	On or after 6/30/2007 - 6/6/2010	On or after 6/7/2010 - 3/24/2013	On or after 3/25/2013 - 6/29/2017	On or after 6/30/2017	Grand Total
19					3	3
20					11	11
21				1	18	19
22				2	13	15
23				9	20	29
24				2	29	31
25				11	39	50
26			5	24	39	68
27			5	25	48	78
28			7	27	39	73
29			5	20	42	67
30		1	3	33	48	85
31	2	2	6	23	37	70
32	2	5	7	32	33	79
33	4	6	9	25	28	72
34	9	5	11	30	37	92
35	4	6	8	28	24	70
36	12	8	12	25	32	89
37	19	7	9	20	25	80
38	19	3	9	31	20	82
39	30	11	15	28	20	104
40	34	7	15	27	26	109
41	39	9	15	18	17	98
42	39	10	20	23	29	121
43	47	7	10	18	20	102
44	39	5	8	23	16	91
45	50	6	10	19	16	101
46	54	8	8	23	11	104
47	48	7	13	22	16	106
48	54	9	6	14	8	91
49	68	8	5	13	14	108
50	58	9	8	15	13	103
51	69	9	2	16	9	105
52	67	6	8	10	4	95
53	64	5	3	8	4	84
54	73	9	5	7	8	102
55	78	4	3	9	2	96
56	100	7	7	5		119
57	92	4	1	4	1	102
58	108	2	4	1	2	117
59	107	2	5	2	1	117
60	99	5	3	5	3	115
61	104	2	2	4	2	114
62	83	5	1	1	1	91
63	66	2	1	3		72
64	54	1		1		56
65	30					30
66	35	2		1		38
67	19					19
68	13					13
69	7					7
70	6					6
71	2					2
72	1					1
77	2					2
Grand Total	1,910	204	274	688	828	3,904

Form 5500

Department of the Treasury
 Internal Revenue Service

Department of Labor
 Employee Benefits Security
 Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with
 the instructions to the Form 5500.

OMB Nos. 1210 - 0110
 1210 - 0089

2017

**This Form is Open to Public
 Inspection**

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning **January 01, 2017**, and ending **December 31, 2017**

A This return/report is for:

☐ a multiemployer plan;
☒ a single-employer plan;

☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.);
☐ a DFE (specify): _____

B This return/report is:

☐ the first return/report;
☐ an amended return/report;
☐ the final return/report;
☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☒

D Check box if filing under:

☒ Form 5558;
☐ automatic extension;
☐ special extension (enter description): _____
☐ the DFVC program;

Part II Basic Plan Information – enter all requested information.

1a Name of plan	1b Three-digit plan number (PN)	001
DTE ENERGY COMPANY RETIREMENT PLAN	1c Effective date of plan	April 01, 1943
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN)	20-5898509
DTE ENERGY CORPORATE SERVICES, LLC ONE ENERGY PLAZA 240 GO DETROIT MI 48226-1221	2c Sponsor's telephone number	313-235-8257
	2d Business code (see instructions)	221100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

10/11/2018

MICHAEL S. COOPER

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator

SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
 v.170203

3a Plan administrator's name and address (if <input type="checkbox"/> Same as Plan Sponsor, enter "Same")	3b Administrator's EIN
THE DTE ENERGY COMPANY BENEFIT PLAN ADMINISTRATION COMMITTEE ONE ENERGY PLAZA DETROIT MI 48226-1221	38-3217752
	3c Administrator's telephone number
	313-235-8257

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:		4b EIN U-20561 - I- November 6, 2019 Testimony of M. Smith on behalf of UAW Local 223 Exhibit: UAWA 10; Smith 2											
a Sponsor's name		Page 2 of 5											
4c Plan Name													
5 Total number of participants at the beginning of the plan year		5	17693										
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans only complete lines 6a(1), 6a(2), 6b, 6c, and 6d)													
a(1) Total number of active participants at the beginning of the plan year		6a(1)	6173										
a(2) Total active number of participants at the end of the plan year		6a(2)											
b Retired or separated participants receiving benefits		6b	8264										
c Other retired or separated participants entitled to future benefits		6c	1519										
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	15456										
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1873										
f Total. Add lines 6d and 6e		6f	17329										
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g											
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2										
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	0										
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:													
<table><tr><td>1A</td><td>1C</td><td>1E</td><td>3H</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr></table>				1A	1C	1E	3H	-	-	-	-	-	-
1A	1C	1E	3H	-	-	-	-	-	-				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:													
<table><tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr></table>				-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-				
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)											
(1) <input type="checkbox"/> Insurance		(1) <input type="checkbox"/> Insurance											
(2) <input type="checkbox"/> Section 412(e)(3) insurance contracts		(2) <input type="checkbox"/> Section 412(e)(3) insurance contracts											
(3) <input checked="" type="checkbox"/> Trust		(3) <input checked="" type="checkbox"/> Trust											
(4) <input type="checkbox"/> General assets of the sponsor		(4) <input type="checkbox"/> General assets of the sponsor											
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached (See instructions)													
a Pension Schedules		b General Schedules											
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)											
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)- signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)											
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information)											
		(4) <input checked="" type="checkbox"/> C (Service Provider Information)											
		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)											
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)											
Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)													
11a If the plan provides welfare benefits, was the plan subject to Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2)..... <input type="checkbox"/> Yes <input type="checkbox"/> No													
If "Yes" is checked, complete lines 11b and 11c.													
11b Is the plan currently in compliance with M-1 filing requirements? (See instructions and 29 CFR 2520.101-2)..... <input type="checkbox"/> Yes <input type="checkbox"/> No													
11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)													
Receipt Confirmation Code													

SCHEDULE SB (Form 5500)

Department of the Treasury
 Internal Revenue Service

Employee Benefits Security Administration
 Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210 - 0110

2017

This Form is Open to Public Inspection

For the calendar plan year 2017 or fiscal plan year beginning **January 01, 2017**, and ending **December 31, 2017**

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DTE ENERGY COMPANY RETIREMENT PLAN		B Three digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DTE ENERGY CORPORATE SERVICES LLC		D Employer Identification Number (EIN) 20-5898509
E Type of Plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: **01/01/2017**

2 Assets:

a Market value	2a	\$3,693,677,198
b Actuarial value	2b	\$3,774,980,669

3 Funding target/participant count breakdown

	(1) Number of Participant	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9996		\$2,133,362,438
b For terminated vested participants	1626		\$100,890,704
c For active participants:	6173	\$1,136,343,066	\$1,161,783,790
d Total	17795		\$3,396,036,932

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumption	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate

5.83%

6 Target normal cost

\$89,417,969

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in combination, offer my best estimate of anticipated experience under the plan.

Signature of actuary BRUCE R. MENZEL	09/21/2018 Date 1705790
Type or print name of actuary AON CONSULTING, INC.	Most recent enrollment number 952-886-8000
Firm Name 5600 WEST 83RD STREET, SUITE 1100 MINNEAPOLIS MN 55437-1024	Telephone number (including area code)

Address of the Firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

**Schedule SB (Form 5500)
2017
v.092308.1**

Part II Beginning of year carrover and prefunding balance

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		\$394,802,632
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		\$109,500,000
9 Amount remaining (line 7 minus line 8)		\$285,302,632
10 Interest on line 9 using prior year's actual return of 7.32%		\$20,884,153
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		\$255,700,180
b(1) Interest on the excess, if any, of line 38a over line 38b from prior Schedule SB, using prior year's effective interest rate of 6.02%		\$8,801,251

b(2) Interest on line 38b from prior Schedule SB, using prior year's actual return		8015400	U-20561-1- November 6, 2019		\$272,516,831
c Total available at beginning of current plan year to add to prefunding balance		Testimony of M. Smith on behalf of UWUA Local 223		\$272,516,831	
d Portion of line (c) to be added to prefunding balance		Exhibit: UWUA 10; Smith 2		\$578,703,616	
12 Other reductions in balances due to elections or deemed elections		Page 4 of 5			
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)					
Part III Funding percentages					
14 Funding target attainment percentage				14	94.11 %
15 Adjusted funding target attainment percentage				15	111.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement				16	97.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage				17	%
Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer	(c) Amount paid by employees
Totals		18(b)	\$170,971,766	18(c)	
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years				19a	
b Contributions made to avoid restrictions adjusted to valuation date				19b	
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date				19c	\$159,931,206
20 Quarterly contributions and liquidity shortfall(s):					
a Did the plan have a "funding shortfall" for the prior year?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st		(2) 2nd		(3) 3rd	
Part V Assumptions used to determine funding target and target normal cost					
21 Discount rate:					
a Segment Rates		1st segment 4.16 %	2st segment 5.72 %	3st segment 6.48 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b	4
22 Weighted average retirement age				22	59
23 Mortality table(s) (see instructions)		<input type="checkbox"/> Prescribed – combined	<input checked="" type="checkbox"/> Prescribed – separate	<input type="checkbox"/> Substitute	
Part VI Miscellaneous items					
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments				27	
Part VII Reconciliation of unpaid minimum required contributions for prior years					
28 Unpaid minimum required contribution for all prior years				28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30	
Part VIII Minimum required contribution for current year					
31 Target normal cost and excess assets (see instructions):					
a Target normal cost (line 6)				31a	\$89,417,969
b Excess assets, if applicable, but not greater than 31a				31b	
32 Amortization installments:				Outstanding Balance	
a Net shortfall amortization installment				\$199,759,879	
b Waiver amortization installment				95032209	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval and the waived amount				33	
34 Total funding requirement before reflecting carryover/prefunding balances Schedule SB (Form 5500) 2017 (line 31 + line 32a + line 32b - line 33)				34	\$184,450,178
				Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement					\$162,400,000
36 Additional cash requirement (line 34 minus line 35)				36	\$22,050,178
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)				37	\$159,931,206
38 Present value of excess contributions for current year (see instructions)					
a Total (excess, if any, of line 37 over line 36)				38a	\$137,881,028
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b	\$137,881,028
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	
40 Unpaid minimum required contribution for all years				40	
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)					
41 If an election was made to use PRA 2010 funding relief for this plan:					
a Schedule elected				<input type="checkbox"/> 2 plus 7 years	
				<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made				<input type="checkbox"/> 2008 <input type="checkbox"/> 2009	
				<input type="checkbox"/> 2010 <input type="checkbox"/> 2017	
42 Amount of acceleration adjustment				42	

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THE DETROIT EDISON COMPANY)	
for the authority to increase its rates,)	Case No. U-20561
amend its rate schedules and rules)	
governing the distribution and supply)	
of electric energy.)	
_____)	

PROOF OF SERVICE

BENJAMIN L. KING certifies that on the 12th day of Decmber 2019, he did serve a copy of the Direct Testimony of Michael Smith on behalf of the Utility Workers Union of America Local 223 and Exhibits UWUA 9 through 10 to the Detroit Edison Company and to the parties listed in the attached Service List by Email.

BENJAMIN L. KING (P81823)

SERVICE LIST
MPSC Case No. U-20561

ABATE

Robert A.W. Strong
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