EXTENDED TO NOVEMBER 15, 20	024
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.



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Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
AF	or th	e 2023 calend	ar year, or tax year beginning and	l ending					
B Check if applicable:       C Name of organization       D Employer identification         Address Change       CTTY OF DETROIT POST-2014 NON-SAFETY       D Employer identification         Address Change       EMPLOYEE RETIREE HEALTH CARE TRUST       81-6397517									
				Room/suite		1			
	Initia returi Final returi	7700	and street (or P.O. box if mail is not delivered to street address) SECOND AVENUE	<b>I</b> 1	-4787				
	termi ated Amer returi	nded הדיית	own, state or province, country, and ZIP or foreign postal code OIT, MI 48202-2477	G Gross receipts \$ H(a) Is this a group retu	<u>39,003,207.</u>				
	Appli tion pend	F Name a	nd address of principal officer: EDWARD L. MCNEIL AS C ABOVE		for subordinates? H(b) Are all subordinates incl	Yes X No uded? Yes No			
<u> </u> ]	Tax-e>	kempt status:	501(c)(3) X $501(c)(9)$ (insert no.) 4947(a)(1)	or 52	7 If "No," attach a list	st. See instructions			
_	Nebs		DP2014AV.COM		H(c) Group exemption				
_	-	of organization:	Corporation X Trust Association Other	L Yea	r of formation: 2017 M	State of legal domicile:MI			
Pa	art I	Summary							
nce	1	Briefly describ	be the organization's mission or most significant activities: $\underline{SEE}$	SCHED	ULE O				
Activities & Governance		Number of inc Total number Total number Total unrelate			3 4 5 6 7a	ets. 2 2 0 0 0 0			
			, ,		Prior Year	Current Year			
¢	8	Contributions	and grants (Part VIII, line 1h)		43,750.	43,750.			
ňu	9		ce revenue (Part VIII, line 2g)		5,005,493.	5,730,332.			
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		197,885.	1,285,663.			
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,247,128.	7,059,745.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4)		862,932.	946,062.			
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		94,926.	100,112.			
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
ĝ			ing expenses (Part IX, column (D), line 25)	0.					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		66,457.	160,864.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,024,315.	1,207,038.			
	19		expenses. Subtract line 18 from line 12		4,222,813.	5,852,707.			
ces				B	eginning of Current Year	End of Year			
sets	20	Total assets (I	Part X, line 16)	Г	31,064,116.	39,032,439.			
Net Assets or Fund Balances	21		(Part X, line 26)		0.	0.			
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20		31,064,116.	39,032,439.			

Part II Signature Block

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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	Signature of officer			Date						
	EDWARD L. MCNEIL, TRUSTEE	CHAIRPERSON								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MICHAEL R. NICHOLAS			self-employed P00966144						
Preparer	Firm's name GJC CPA'S & ADVIS	ORS		Firm's EIN 38-2029668						
Use Only	Firm's address 1001 WOODWARD AVE	NUE, SUITE 850								
	DETROIT, MI 48226-1904 Phone no.(313) 965-2655									
May the II	Aay the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	CITY OF DETROIT POST-2014 NON-SAFETY
	1 990 (2023) EMPLOYEE RETIREE HEALTH CARE TRUST 81-6397517 Page 2
Pa	rt 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:
	THE TRUST IS ESTABLISHED FOR THE PURPOSE OF PROVIDING LIFE, SICKNESS,
	ACCIDENT, AND OTHER SIMILAR BENEFITS, DIRECTLY, THROUGH THE PURCHASE
	OF INSURANCE, OR BY REIMBURSEMENT OF EXPENSES, TO ELIGIBLE
	PARTICIPANTS.
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	
	THE TRUST IS ESTABLISHED FOR THE PURPOSE OF PROVIDING LIFE, SICKNESS,
	ACCIDENT, AND OTHER SIMILAR BENEFITS, DIRECTLY, THROUGH THE PURCHASE OF
	INSURANCE, OR BY REIMBURSEMENT OF EXPENSES, TO ELIGIBLE PARTICIPANTS.
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	

Part IV Checklist of	<b>Required Sch</b>	edules				
Form 990 (2023)		E RETIREE	HEALTH	CARE	TRUST	
	CITY OF	DETROIT	POST-201	4  NON	I-SAFEI	Y'.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		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	N/	А
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		117	
Ū	similar amounts as defined in Rev. Proc. 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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	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	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes," complete Schedule G. Part III	19		х
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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# CITY OF DETROIT POST-2014 NON-SAFETY Form 990 (2023) EMPLOYEE RETIREE HEALTH CARE TRUST Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
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? If "Yes," complete			
	Schedule L, Part I	25b	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
0L	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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a=:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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	N/	А
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00	,	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 1b 0</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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#### CITY OF DETROIT POST-2014 NON-SAFETY

Form 990 (2023) EMPLOYEE RETIREE HEALTH CARE TRUST 81-6397517 Page						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		v		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x		
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				
a	If "Yes," enter the name of the foreign country					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
	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				
7	Organizations that may receive deductible contributions under section 170(c). $N/A$					
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				
b	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				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	7		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	~		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
9	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u> Sponsoring organizations maintaining donor advised funds.	0				
a	Did the sponsoring organization make any taxable distributions under section 4966? $N/A$	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $N/A$	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans     13b       Enter the amount of reserves on hand     13c					
		14a		X		
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	UTI				
.0	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17				
	If "Yes," complete Form 6069.					

## CITY OF DETROIT POST-2014 NON-SAFETY

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	990 (2023) EMPLOYEE RETIREE HEALTH CARE TRUST 81-639			age <b>6</b>					
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No"	respo	nse					
	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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2							
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 supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a									
	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:								
а		8a	Х						
b		8b	Х						
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 on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c									
Ŭ	on Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		x					
b		15b		x					
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
104		16a		x					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
b									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166							
800	exempt status with respect to such arrangements?	16b							
	List the states with which a copy of this Form 990 is required to be filed NONE								
17 10		2)0!	1 e = "	ak!-					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	sis only	) avai	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website Another's website X Upon request Other (explain on Schedule O)		no:-!						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and tina	ncial						
00	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								

FIFTH THIRD BANK - (313) 230-9083

4					10000 0100
1	WOODWARD	AVENUE,	DETROIT,	ML	48226-3430

#### EMPLOYEE RETIREE HEALTH CARE TRUST

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) (C) Average Constition (do not check more than one					1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	box offi	not c , unle	heck: ss pe	more rson i	than is botl pr/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) FIFTH THIRD BANK	1.00									
INSTITUTIONAL TRUSTEE			Х					82,112.	0.	0.
(2) EDWARD L. MCNEIL TRUSTEE CHAIRPERSON	1.00	x						9,000.	0.	0.
(3) FLOYD E. ALLEN	1.00									
TRUSTEE		X						9,000.	0.	0.

Form 990 (2023)

CITY	OF :	DETROIT 1	POST-201	.4 NOI	I-SAFETY
EMPLC	YEE	RETIREE	HEALTH	CARE	TRUST

81-	6397517	Page <b>8</b>
01-	0391311	Page <b>O</b>

Form 990 (2023)	EMPLOYEE	RETIREE	E F	IEA	7 LJ	CH	CA	RE	E TRUST	81-63	<u>9751</u>	7 Ра	age <b>8</b>
Part VII Section A.	. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hig	ghes	t C	ompensated Employe	<b>es</b> (continued)			
	(A)	(B)			(0	-			(D)	(E)		(F)	
Name	e and title	Average	(do			ition	than or	ne i	Reportable	Reportable		Estimate	d
		hours per	box,	, unles	ss per	rson is	s both a	an	compensation	compensation	n	amount	of
		week		cer and	d a d	rector	r/truste	e)	from	from related		other	
		(list any hours for	director						the	organizations		mpensa	
		related	or di	ee			sated		organization	(W-2/1099-MIS		from the	
		organizations	u stee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizati and relate	
		below	lual tr	tional		yoldr	st con yee	_	10994120)			rganizati	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				gunzan	5110
			_	_	0	× ·	- e	-					
1b Subtotal									100,112.		0.		0.
	inuation sheets to Part V								0.		0.		0.
	1b and 1c)								100,112.		0.		0.
	individuals (including but r									0.000 of reportabl	e		• •
	om the organization						,			,	-		0
<b>i</b>												Yes	No
3 Did the organizat	tion list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loyee	e, or l	hig	hest compensated emp	oloyee on			
	complete Schedule J for s										3		Х
	al listed on line 1a, is the s												
	nizations greater than \$15									-	4		Х
5 Did any person li	isted on line 1a receive or	accrue comper	nsati	ion fi	rom	any	unre	late	ed organization or indiv	idual for services			
	organization? If "Yes," corr	nplete Schedule	e J f	or su	ıch j	bers	on				5		Х
Section B. Independe	ent Contractors												
-	ble for your five highest co	-									pensatio	n from	
the organization.	. Report compensation for	the calendar ye	ear e	endir	ng w	vith o	or wit	hin	v	year.			
	(A) Name and business	address							<b>(B)</b> Description of s	envices	Com	(C) pensation	n
BENECVO IN	C., 700 TOWER		CI	דדח	יםי	30	0	+			0011	Schoalio	<u> </u>
TROY, MI 48		DRIVE,	50		. 13	50	, ,	┢	PLAN MANAGER		1	15,0	75
11(01, MI 40)	000 2000							╀				13,0	/ 5 •
								+					
								╈					
								T					
2 Total number of	independent contractors (	including but n	ot lii	mited	d to	thos	se list	ed	above) who received m	nore than			
\$100,000 of com	npensation from the organi	zation				1	_						

Form 990 (2023) EMPLOYE
Part VIII Statement of Revenue

## CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

			Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
			Offeck if Ochedule O	contains a	response	of fiote to any in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
s s	-									
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a					
D or			Membership dues		1b					
fts,			Fundraising events		1c					
Gil			Related organizations		1d					
Sin',			Government grants (contr		1e					
utio er (		f	All other contributions, gifts,							
<u></u> ff			similar amounts not included	l above	1f	43,750.				
nd (		g	Noncash contributions included in	lines 1a-1f	1g \$					
a Č		h	Total. Add lines 1a-1f				43,750.			
						Business Code				
e	2	а	EMPLOYER CONTRIBUTI	ONS		900099	5,646,594.	5,646,594.		
e či		b	PARTICIPANT CONTRIB	UTIONS		900099	83,738.	83,738.		
Se		с								
Program Service Revenue		d								
- Ba		е								
Pre			All other program service	revenue						
			Total. Add lines 2a-2f				5,730,332.			
	3		Investment income (includ							
	Ŭ						1,007,769.			1,007,769.
	4		Income from investment of			racaada	_,,			_,,
	- 5									
	5		Royalties		i) Real	(ii) Personal				
	~	_	Overe verte		i) near					
	0		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss							
	7	а	Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	<b>7a</b> <sup>32</sup> ,	221,356.					
		b	Less: cost or other basis							
nue					943,462.					
evel		С	Gain or (loss)	7c	277,894.					
her Revenue		d	Net gain or (loss)				277,894.			277,894.
hei	8	а	Gross income from fundraisi	ng events (r	not					
Ð			including \$		of					
			contributions reported on	line 1c). S	See					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin	ng activitie	s. See					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory,	• •						
		-	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from			•				
		U	1100110 01 (1055) 110111	Sales UI II	wentory	Business Code				
snu		-				Busiliess Coue				
Miscellaneous Revenue	11									
ven		b								
Re		с	<u> </u>							
Ϊ			All other revenue			<u> </u>				
			Total. Add lines 11a-11d					<b>F -0 - -</b>		
	12		Total revenue. See instruction	ากร			7,059,745.	5,730,332.	0.	1,285,663.

#### CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	olumn (A).

Check if Schedule O contains a respons to not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	946,062.			
Benefits paid to or for members	540,002.			
Compensation of current officers, directors, trustees, and key employees	100,112.			
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits				
Payroll taxes				
Fees for services (nonemployees):				
a Management				
b Legal	6,748.			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	22,100.			
2 Advertising and promotion				
B Office expenses	11,461.			
Information technology				
B Royalties				
Occupancy				
Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	500.			
Payments to affiliates				
Pepreciation, depletion, and amortization				
Other evenence				
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 0.)	115,075.			
b BANK FEES	4,980.			
- <u> </u>				
c				
e All other expenses				
	1,207,038.			
	1,20,,050.			
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Form 990 (2023)

## CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

81-6397517 Page 11

	990 () <b>t X</b>	Balance Sheet			0397317 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	240,852	• 1	135,552
	2	Savings and temporary cash investments		• 2	5,071,212
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ï	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	9,112,833	• 11	10,962,767
	12	Investments - other securities. See Part IV, line 11		• 12	22,862,908
	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 33)		• 16	39,032,439
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
5	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	•	• 26	0
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions		27	
Net Assets or Fund Balances	28	Net assets with donor restrictions		28	
na		Organizations that do not follow FASB ASC 958, check here			
Ľ		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds	0	• 29	0
set	30	Paid-in or capital surplus, or land, building, or equipment fund			0
Á	31	Retained earnings, endowment, accumulated income, or other funds			39,032,439
Vet	32	Total net assets or fund balances			39,032,439
-	33	Total liabilities and net assets/fund balances			39,032,439
					Form <b>990</b> (2023

	CITY OF DETROIT POST-2014 NON-SAFETY					
Form	990 (2023) EMPLOYEE RETIREE HEALTH CARE TRUST	81-	6397	517	Ра	ge <b>12</b>
Pa	rt 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				45.
2	Total expenses (must equal Part IX, column (A), line 25)	2				38.
3	Revenue less expenses. Subtract line 2 from line 1	3				07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				16.
5	Net unrealized gains (losses) on investments	5	2	<u>,11</u>	5,6	16.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
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	39	<u>,03</u>	2,4	39.
Pa	rt 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: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul					
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 reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
					000	

Form **990** (2023)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

81-6397517

Organizati		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 9 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless the set of the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

EMPLO	YEE RETIREE HEALTH CARE TRUST	8	1-6397517
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$43,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Employer identification number

Name of organization CITY OF DETROIT POST-2014 NON-SAFETY

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page <b>3</b>
	rganization		Employer identification number
	OF DETROIT POST-2014 NON-SAFETY YEE RETIREE HEALTH CARE TRUST		81-6397517
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)				Page <b>4</b>	
	organization			Employer ider	ntification number	
	OF DETROIT POST-2014 NC					
EMPLO Part III	YEE RETIREE HEALTH CARE		d in costion 501(c)	(7) (8) or (10) that total more th		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	) through <b>(e) and</b> the following li charitable, etc., contributions of <b>\$1,0</b> 0	ne entry. For organi	zations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to trans	sferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to trans	sferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to trans	sferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relat	Relationship of transferor to transferee		

	HEDULE D		al Financial Sta		S		OMB No. 1545-0047
(⊦orr	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" , 11a, 11b, 11c, 11d, 11e,	11f, 12a, or 1	2b.		Ζυζυ
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and the	latest inform	ation.		Open to Public Inspection
-	e of the organizati					Employ	er identification number
	-	EMPLOYEE RETIREE H					81-6397517
Pa		ations Maintaining Donor Advise		nilar Funds	s or Ac	counts	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
_			(a) Donor advised f	funds	(b	) Funds a	and other accounts
1	Total number at er						
2		f contributions to (during year)					
3 4		f grants from (during year) t end of year					
5		on inform all donors and donor advisors in		l in donor advi	sed fund	ls	
Ũ	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
	-	oses and not for the benefit of the donor				-	
	impermissible priv	ate benefit?				-	🖸 Yes 🗌 No
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes"	on Form 990,	Part IV,	line 7.	
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·				
		of land for public use (for example, recrea					portant land area
		f natural habitat	L F	Preservation of	f a certifi	ed histor	ic structure
•		of open space	·····				
2	day of the tax year	through 2d if the organization held a qual	med conservation contribut	ion in the form	i of a cor		Id at the End of the Tax Year
2		onservation easements			- E	2a	
b		ricted by conservation easements				2b	
c		vation easements on a certified historic st				2c	
d		vation easements included on line 2c acqu					
		ture listed in the National Register	• • •			2d	
3		vation easements modified, transferred, re				zation du	iring the tax
	year						
4		where property subject to conservation ea					
5	0	tion have a written policy regarding the pe	0, 1	, 0			
		orcement of the conservation easements					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and	l enforcing con	iservatio	n easem	ents during the year
7	Amount of expons	 es incurred in monitoring, inspecting, han	dling of violations, and onfo		ation oas	omonte	during the year
'	Amount of expens	es incurred in monitoring, inspecting, har	uning of violations, and erro		alion eas	Sements	during the year
8	Does each conser	 vation easement reported on line 2d above	e satisfy the requirements o	of section 170(	h)(4)(B)(i)		
		)(4)(B)(ii)?	•	-			Yes No
9		be how the organization reports conservat					
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's fi	inancial statem	nents tha	at describ	bes the
		ounting for conservation easements.					
Pai		ations Maintaining Collections o		sures, or O	ther Si	milar A	Assets.
		the organization answered "Yes" on Forn					
1a	-	elected, as permitted under FASB ASC 9					
		easures, or other similar assets held for pu Part XIII the text of the footnote to its fina				ice of pu	DIIC
h	· •	elected, as permitted under FASB ASC 9				sheet w	orks of
5	-	sures, or other similar assets held for public					
		ng amounts relating to these items.					
	•	ded on Form 990, Part VIII, line 1				\$	
2	If the organization	received or held works of art, historical tre					
	the following amou	unts required to be reported under FASB A	ASC 958 relating to these it	ems:			
а	Revenue included	on Form 990, Part VIII, line 1				\$ _	
		Form 990, Part X			<u></u>		
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.			Sch	nedule D (Form 990) 2023

332051 09-28-23

	CITY OF 1	DETROIT P	OST-2	2014 N	ON-SAFE	ΓY				
Sche	dule D (Form 990) 2023 EMPLOYEE	RETIREE	HEALI	'H CAR	E TRUST		8	81-63	9751	7 Page <b>2</b>
Pai	t III Organizations Maintaining Co	llections of A	rt, Histo	orical Tre	easures, or (	Other S	Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that r	nake sigi	nificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	c	1 🗌 L	oan or exc	hange program					
b	Scholarly research	e	• 🗆 c	ther						
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and expla	in how the	ey further t	he organization	's exemp	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or r	receive donations	of art, his	torical trea	asures, or other	similar a	ssets		_	
	to be sold to raise funds rather than to be main								Yes	No
Pa	t IV Escrow and Custodial Arrange		ete if the o	rganizatior	n answered "Ye	s" on Fo	rm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodiar								-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	ollowing ta	able:						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on For						·?	∟	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII. C									
Fai		a) Current year		ior year	(c) Two years t		Three ve	are hack	(a) Four	vears hack
10		(a) Ourient year		ioi yeai			THICC ye		(e) i oui	
	Beginning of year balance									
b	Contributions									
C L	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the currer	at year and belong	l no (lino 1a	oolumn (r						
2 a	Board designated or quasi-endowment	it year end balant	se (interng %	, column (a	a)) heiù as.					
a h	Permanent endowment	%	70							
0	Term endowment %	70								
U	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
32	Are there endowment funds not in the possess	•	ation that	are held a	nd administere	d for the				
ou	organization by:	son of the organiz							Г	Yes No
	(i) Unrelated organizations?									
	(ii) Related organizations?									
h	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	ired on Sc	hedule R?	• • • • • • • • • • • • • • • • • • • •				3b	
4	Describe in Part XIII the intended uses of the o									
Pa	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, I	Part X, lir	ne 10.			
	Description of property	(a) Cost or c basis (investr			or other (other)	(c) Accu depre	umulate ciation	d	(d) Bool	value
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part	X, line 10	c, column	(B))					0.

Schedule D (Form 990) 2023

#### CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

### Schedule D (Form 990) 2023 EMPLOYEE Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

1 5	, ,	, ,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) UNITED STATES GOVERNMENT					
(B) OBLIGATIONS	5,939,721.	END-OF-YEAR MARKET VALUE			
(C) UNITED STATES AGENCY					
(D) SECURITIES	2,466,650.	END-OF-YEAR MARKET VALUE			
(E) CORPORATE BONDS AND NOTES	10,774,898.	END-OF-YEAR MARKET VALUE			
(F) FOREIGN DEBT SECURITIES	3,681,639.	END-OF-YEAR MARKET VALUE			
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	22,862,908.				
Part VIII Investments - Program Related					

#### 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, (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Part X | Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, line 25, col. (P))	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### INCREASE IN ADMINISTRATIVE EXPENSES PAYABLE (ADJUSTING TO

INCREASE IN EMPLOYER CONTRIBUTIONS RECEIVABLE (ADJUSTING TO

#### CASH BASIS)

CASH BASIS)

Schedule D (Form 990) 2023

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

#### INCREASE IN PREPAID EXPENSES (ADJUSTING TO CASH BASIS)

#### 332054 09-28-23

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 9,928,244. Total revenue, gains, and other support per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2,115,616. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 752,883. d Other (Describe in Part XIII.) 2d 2,868,499. e Add lines 2a through 2d 2e 7,059,745. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) Ο. c Add lines 4a and 4b 4c 7.059 745. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,233,358. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses 28,496. d Other (Describe in Part XIII.) 2d 28,496. 2e e Add lines 2a through 2d 1,204,862. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 2.176. 4b **b** Other (Describe in Part XIII.) 2,176. c Add lines 4a and 4b 4c 1,207,038. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2023

28,496.

752,883.

81-6397517 Page 4

#### CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Schedule D	(Form 990) 2023	EMPLOYEE RETIN	REE HEALTH CARE	TRUST	81-6397517	Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (continued)		111001	01 000,01,	Tage J

CITY OF DETROIT POST-2014 NON-SAFETY

SCHEDULE F (Form 990)			ivities Outside the Un Inswered "Yes" on Form 990, Part IV,			om <b>2</b>	B No. 1545-0047
Department of the Treasury			Attach to Form 990.				to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest in	nformation.		Inspe	
Name of the organization CITY OF DETROI	ית POST-20	14 NON-9	2 FEUV		Employer	identifi	cation number
EMPLOYEE RETIR					81-63	9751	7
		ctivities Out	side the United States. Comple	ete if the orgar	ization ansv	vered "Y	'es" on
Form 990, Par	,						
•	•		ds to substantiate the amount of its gra the selection criteria used to award the		-	🗆	Yes 🗌 No
2 For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and c	ther assista	nce outs	side the
3 Activities per Region.	(The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)			
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in gram service specific typ	Э,	(f) Total expenditures for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the reg	lion	in the region
NORTH AMERICA	o	0	INVESTMENTS				1,314,137.
EAST ASIA AND THE							
PACIFIC	0	0	INVESTMENTS				1,774,058.
EUROPE (INCLUDING							
ICELAND & GREENLAND)	0	0	INVESTMENTS				593,444.
3 a Subtotal		(					3,681,639.
b Total from continuation sheets to Part I		c					0.
c Totals (add lines 3a		(					3 681 639.

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

Schedule F (Form 990) 2023

#### Schedule F (Form 990) 2023

#### CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

81-6397517

Page **2** 

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

#### CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE RETIREE HEALTH CARE TRUST

81-6397517

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

(a) Type of grant or assistance         (b) Pegion         (c) Number of racibilities         (d) Amount of cash disbursement         (f) Amount on oncash assistance         (g) Description of noncash assistance         (h) Method of porcesh assistance           (a) Type of grant or assistance         [a] Chan (a) Chan (a							
Image: state of the state		(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
Image: state of the state							
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Page 3

Schedule F (Form 990) 2023

#### CITY OF DETROIT POST-2014 NON-SAFETY

Schedu	JIE F (Form 990) 2023 EMPLOYEE RETIREE HEALTH CARE TRUST	81-6397517	Page <b>4</b>
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

CTTV	$\cap \mathbf{F}$	DETROIT	DOGT-201	
CTTT	OT.	DEIROII	1001 201	N DALEII
TIMDT (	דיד לא	יייטרדשייט י	דדרת דרגידוד י	mpticm

Schedule F	(Form 990) 2023	EMPLOYEE	RETIREE	HEALTH	CARE	TRUST	81-6397517	Page 5
Part V	Supplement	al Information						
			Part I, line 2 (mo	phitoring of fun	ds): Part I	line 3. column	(f) (accounting method; amounts of	
							ting method); and Part III, column (c)	
	(estimated numb	er of recipients), as	applicable. Also	o complete this	s part to p	rovide any addit	ional information. See instructions.	
-								

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific guestions on	-EZ 0MB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organizatio	EMPLOYEE RETIREE HEALTH CARE TRUST	Employer identification number 81-6397517
	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	STON
<u>10101 990, 111</u>		
THE TRUST IS	ESTABLISHED FOR THE PURPOSE OF PROVIDING LIF	E, SICKNESS,
ACCIDENT, AN	D OTHER SIMILAR BENEFITS, DIRECTLY, THROUGH T	HE PURCHASE OF
INSURANCE, C	R BY REIMBURSEMENT OF EXPENSES, TO ELIGIBLE P.	ARTICIPANTS.
FORM 990, PA	RT VI, SECTION B, LINE 11B:	
AN INDEPENDE	NT C.P.A. FIRM PREPARES FORM 990, WHICH IS RE	VIEWED BY THE
MEMBERS OF T	HE BOARD OF TRUSTEES PRIOR TO FILING WITH THE	INTERNAL REVENUE
SERVICE.		
FORM 990, PA	RT VI, SECTION C, LINE 19:	
THE TRUST MA	KES ANY EXISTING GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST
POLICIES, AN	D FINANCIAL STATEMENTS AVAILABLE UPON REQUEST	•

(Rev. January 2024)

#### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
Part I - Io	dentification					
Type or Print	Name of exempt organization, employer, or other file CITY OF DETROIT POST-2014 EMPLOYEE RETIREE HEALTH CAN	Taxpayer	Taxpayer identification number (TIN) 81-6397517			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 7700 SECOND AVENUE, 335					
instructions.	DETROIT, MI 48202-2477	-				
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)			01
Applicati	ion Is For	Return Code	Application Is For			Return Code
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	D-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	D-T (trust other than above)	06	Form 5330 (individual)			13
	D-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				14
	ou enter your Return Code, complete either Part II or Pa		Ill including signature is applicable	only for a	n extension of	
-	le Form 5330.	irin. i air		only for a		
	upplication is for an extension of time to file Form 5330, v	vou must	optor the following information			
	N	•	Ũ			
	n Name n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	nizatione	see instructions)			
The be	poks are in the care of FIFTH THIRD BANK					
THE DO			ETROIT, MI 48226-3	430		
Toloph	none No. (313) 230-9083		Fax No.	100		
	organization does not have an office or place of busines	o in the Ll				
	is for a Group Return, enter the organization's four-digit					
box						
	quest an automatic 6-month extension of time until No.					
				e the exen	npt organizatior	1 return for
	organization named above. The extension is for the org	janization	s return for:			
<u>A</u>	calendar year 20 23 or					
	tax year beginning	, 20	, and ending		•	, 20
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on: Initial return	Final retur	'n	
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter th	e tentative tax, less			
any nonrefundable credits. See instructions.					\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
	imated tax payments made. Include any prior year overp		•	Зb	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	Ο.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.