U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat	mber: 30	
						E OF RI									
		OF O				D REP		TION							
OFS COMPANY ID		SEC	TON B	<u> – ЕМР</u>	LOYE	R IDEN		OYER N	IAME						
M149641								ENER							
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
1 ENERGY F	PLAZA						JA	ACKSC	N			MI		4920	01
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible										NO LON	ICED 1	IN BUC	INECC		
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SE	CHON					UNAVA			паррпс	aute					
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (I	Headqua	rters is	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Fedeı	al Contr	actor)		
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SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															1
	Hisp	anic							ic or L	atino					-
	or L	atino			М	lale					Fer	nale			
						- F	_	vo				_ i		w	
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	le or	Two or More Races	Row
JOB CATEGORIES	4	<u>o</u>	a a	Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e K	l w	or Jeri	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	e Ž	Total
	Male	Female	White	ck or Afric American	Asian	a ific	n la	Nor	White	Black or an Amer	Asian	a ific	<u> </u>	٩ō	
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Executive/Senior Level Officials and Managers	3	1	61	2	5	0	0	0	36	3	1	0	0	0	112
First/Mid-Level Officials and Managers	35	13	808	57	18	0	3	10	310	31	4	0	4	6	1299
Professionals	41 15	30	1344	68 29	68 1	2	9	14	785 309	76 40	35	1	6	12	2490 874
Technicians Sales Workers	0	11	443 31	29	0	0	0	6	14	0	<u>6</u> 0	0	0	8	48
Administrative Support Workers	5	32	67	16	0	0	1	2	368	79	6	0	1	6	583
Craft Workers	63	5	2039	94	12	0	25	15	98	16	0	0	5	2	2374
Operatives	46	6	895	71	2	1	11	12	80	5	1	0	4	0	1134
Laborers and Helpers	2	0	47	5	0	0	0	1	0	1	0	0	0	0	56
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	210	98	5735	344	106	4	52	60	2000	251	53	2	20	35	8970
PRIOR 2021 REPORTING YEAR TOTAL	217	96	5689	367	107	4	55	59	2015	258	54	2	21	35	8979
	,	SECTION				E SNAP		PERIO	D	1		1			1
				12/15/2	1022 - 1	12/31/20)22								

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS\,(optional)}$

Not Applicable

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

CECTION IZ	OFFICIAL	CERTIFICATION	OF CUDMICCION

	SECTION A OTHER CENTILITIES OF SCHOOL													
EMPLOYER IDENTIFICATION														
OFS COMPANY ID		EMPLOYER NAME												
M149641		CMS ENERGY												
ADDRI	ESS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	Y PLAZA	JACKSON	MI	49201										

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 11/28/2023 3:31 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

EMPLOYER'S C	CERTIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Derek Pratt	Employee Relations & EEO Program Manager
Email Address of Certifying Official	Telephone Number of Certifying Official
derek.v.pratt@cmsenergy.com	517-768-3821
PRIMARY POINT OF CONTACT (PO	DC) FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Derek Pratt	Employee Relations & EEO Program Manager
	CMS Energy
Email Address of Primary POC	Telephone Number of Primary POC
derek.v.pratt@cmsenergy.com	517-768-3821

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT HEADQUARTERS REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME M149641 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA DR **JACKSON** 49201 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221122 - Electric Power Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino Mala Famala

	or La	atino			M	ale					Fen	nale		l		
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total	
Executive/Senior Level Officials and Managers	2	0	30	2	3	0	0	0	18	2	0	0	0	0	57	1
First/Mid-Level Officials and Managers	1	4	100	3	6	0	0	2	85	4	0	0	0	2	207]
Professionals	3	8	275	16	39	0	2	2	234	14	18	1	2	2	616	
Technicians	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3]
Sales Workers	0	0	4	0	0	0	0	0	3	0	0	0	0	0	7	
Administrative Support Workers	1	4	7	2	0	0	0	1	56	4	0	0	0	0	75]
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0]
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0]
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	7	16	417	23	48	0	2	5	398	24	18	1	2	4	965	j
																1
PRIOR 2021 REPORTING YEAR TOTAL																١

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT													
	ESTABLISH	IMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
M149641 CMS ENERGY													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERG	Y PLAZA	JACKSON	MI	49201									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
M664276		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1945 W PARNALL RD JACKSON MI 49201													
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)												

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	1	13	0	1	0	0	0	7	0	1	0	0	0	23
First/Mid-Level Officials and Managers	4	3	106	2	6	0	0	0	39	2	1	0	1	0	164
Professionals	9	2	287	15	11	0	2	4	167	8	8	0	1	2	516
Technicians	0	0	41	0	0	0	0	2	34	1	0	0	0	1	79
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	5	0	0	0	0	0	22	0	0	0	0	0	27
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	13	6	453	17	18	0	2	6	269	11	10	0	2	3	810
PRIOR 2021 REPORTING YEAR TOTAL	15	6	467	20	18	0	4	7	259	14	9	0	3	2	824

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	FORM	IATIO	N REI	PORT ((EEO-	I COM	PONE	NT 1)					ation Dat		
						E OF RI NT REF									
		SECT	TON B	B – EMP	PLOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	:GY						
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
1 ENERGY F	PLAZA						J	ACKSC	N			MI		4920	01
SECTION C – H		LADTE	DC OD	FCTAD	ot ichia	AFNT I				TION G	fannliae	hla)	Ш		
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS OK	ESTAD	HEADO	UARTE	RS OR ES	STABLIS	SHMENT	r-LEVEL	. NAME	ioie)			
JP89502							ISUME								
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HEADQUARTERS OR ESTABLISHM		/EL ADL	DRESS					TY/TOV				STATE		ZIP CC	
2380 E Linc	oln St						EAS	ST TAV	VAS			MI		4873	30
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E – EMPLOYER FILING ELIGIBILITY														
_															
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	ΓRACT	OR DE	SIGNA	TION (if applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	UNAVA	ILABLE								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES (I	_	-													
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						-Headqu			ments i	s Federa	ıl Contra	ector)			
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	D
JOB CATEGORIES		d)		Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ř		eric	_	l iia	nerican Indian Alaska Native	25	Row Total
	Male	Female	White	ck or Afric American	Asian	ic ×a	<u>=</u> =	l e	White	Black or	Asian	i ×a	<u>=</u> =	J. O.	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Technicians	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	1 25	0	0	0	0	0	0	0	0	0	0	0	1 25
Operatives	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	33	0	0	0	0	0	4	0	0	0	0	0	37
PRIOR 2021 REPORTING YEAR TOTAL	0	0	25	0	0	0	0	0	1	0	0	0	0	0	26
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT														
SECTION B – EMPLOYER IDENTIFICATION														
OFS COMPANY ID EMPLOYER NAME														
M149641 CMS ENERGY														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
FH11387		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
4484 PRODUCT DR WIXOM MI 48393														
		ENTIFICATION NUMBER (EIN)												

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2021 REPORTING YEAR TOTAL	14	0	369	31	0	0	7	4	4	2	0	0	0	1	432

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT														
	ESTABLISHMENT REPORT													
SECTION B - EMPLOYER IDENTIFICATION														
OFS COMPANY ID														
M149641 CMS ENERGY														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	SY PLAZA	JACKSON	MI	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	4E											
JQ32523		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
7881 S. El	7881 S. Ely Highway MIDDLETON MI 48856													
		ENTIFICATION NUMBER (EIN)												

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221115 - Wind Electric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
•								•	•						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	13	0	0	0	0	0	0	0	0	0	0	0	14
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	1	0	0	0	0	0	20
										السمر					
PRIOR 2021 REPORTING YEAR TOTAL	1	0	16	0	0	0	0	0	1	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56174 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4525 E ERIE RD **ERIE** MI 48133 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221122 - Electric Power Distributior SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander **Two or More Races** American Indian or Alaska Native American Indian or Alaska Native or More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers

0 0 2 0 0 0 0 0 0 0 0 0 0 3 Professionals Technicians 0 Sales Workers Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 n 0 0 0 Craft Workers 0 0 Operatives 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Service Workers 0 0 0 0 0 0 0 0 0 0 0 n **CURRENT 2022 REPORTING YEAR TOTAL** 0 0 0 0 0 0 0

> SECTION I - WORKFORCE SNAPSHOT PERIOD 12152022 - 1231202

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT															
	ESTABLISH	MENT REPORT													
SECTION B - EMPLOYER IDENTIFICATION															
OFS COMPANY ID															
M149641 CMS ENERGY															
ADDRESS CITY/TOWN STATE ZIP CODE															
1 ENERGY PLAZA JACKSON MI 49201															
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE												
1166143		CONSUMERS ENERGY CO													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE											
4600 COOLIDGE HWY, STE CE ROYAL OAK MI 48068															
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)													

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	S.E.	(C1101	111 1	ORIGI	ORCE	DEMO	Race/E								
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	0	21	7	1	0	0	2	13	6	0	0	0	0	51
Professionals	4	2	18	7	2	0	0	0	27	15	1	0	0	1	77
Technicians	2	1	20	8	0	0	0	1	10	15	1	0	0	1	59
Sales Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	4	6	0	0	0	0	12	28	1	0	0	2	53
Craft Workers	1	0	32	19	1	0	0	2	4	4	0	0	0	0	63
Operatives	2	0	35	18	0	0	0	1	13	0	0	0	0	0	69
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	10	3	132	66	4	0	0	6	79	68	3	0	0	4	375
PRIOR 2021 REPORTING YEAR TOTAL	10	5	132	69	5	0	0	4	84	66	2	0	0	3	380

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	l COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI									
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641								ENER							
ADDRESS								TY/TOW				STATE		ZIP CC	
1 ENERGY F	'LAZA						J/	ACKSO	N			MI		4920	01
SECTION C - HI	EADQU	JARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
I767065						CON	ISUME			CO					
HEADQUARTERS OR ESTABLISHME		/EL ADI	DRESS					TY/TOW				STATE		ZIP CC	
820 W MAII	NST						FF	REMON	١T			M		494	12
	SECTI				380442	310)					
_						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile)	EMPLO	OYER I	NO LO	NGER I	N BUSI	NESS		
SEC	CTION								f applic	able)					
			_	-		JNAVA									
☐ YES (Single-Establishm	ent Emp	nt Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)													
X YES (F	Ieadqua:	adquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)													
		X YES (One or More Non-Headquarters Establishments is Federal Contractor)													
						INFOR									
			22112	22 - Ele	ctric Po	wer Dis	stributio	n							
	SE	CCTION	V H – V	VORKE	ORCE	DEMO									
							Race/E		-						
		oanic atino			м	ale	Not	Hispan	IC Or L	atino.	Fen	nale			
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				_		or der	<u> </u>	S		_		r der	ř	S	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	do l	<u> </u>	يو ا	ck or Afric American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e E	يو ا	je je	ے ا	/aji	nerican Indian Alaska Native	9	Total
	Male	Female	White	or A	Asian	ĕğ	la P	Nor	White	Black or	Asian	la ific	ın lı	١٥	
	_	ଅ	>	충돌	⋖	Pac	ica ask	or I	<	横등	⋖	e H Pac	rica	or J	
) <u>3a</u>		ati.	<u>₩</u>	٥ ٥		ij		ativ ner	mei Ala	§	
				-		žŧ	₹	_≥		•		žŧ	Ā	_≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians Calla Markers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	15	0	0	0	0	0	0	0	0	0	0	0	15
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	22	0	0	0	0	1	1	0	0	0	0	0	24
CORRENT 2022 REPORTING TEAR TOTAL		U	22	U	U	U	U		'	U	U	U	U	U	24
PRIOR 2021 REPORTING YEAR TOTAL	0	0	19	0	0	0	0	0	3	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													ation Dat		
				TION A							'				
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	GY						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1 ENERGY F	οι Δ7Δ							ACKSO				MI		4920	
														4020	' '
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR	ESTAB	LISHN	TENT-L	EVEL.	TADLIC	HICA.	TTON (11 T-LEVEL	applica	ible)			
					пеарс						NAIVIE				
P157205						CON	ISUME			CO					
HEADQUARTERS OR ESTABLISHM		VEL ADE	DRESS				CI	TY/TOW	'N			STATE		ZIP CO	DE
330 CHESTN	IUT ST						C	ADILLA	.C			MI		4960)1
	SECTI	ON D -	- EMPI	LOYER	IDENT 880442	TIFICA'	TION N	UMBE	R (EIN)					
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) \(\sum \) NO (Employer Is Not Eligible to File) \(\sum \) EMPLOYER NO LONGER IN BUSINESS															
X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): UNAVAILABLE															
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)															
XYES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
SECTION G – NAICS INFORMATION 221112 - Fossil Fuel Electric Power Generation															
	SE	ECTION	N H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	ΤA						
							Race/E	thnicity	/						
		oanic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
				l ے ا		Native Hawaiian or Other Pacific Islander	o	Two or More Races		⊊		Native Hawaiian or Other Pacific Islander	b	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Зас	Row
JOB CATEGORIES	l o	Female	क	ck or Afric American	⊑	lis c	nd	e l	ē	Black or an Amer	⊑	raii c	at	<u>e</u>	Total
	Male	Ĕ	White	eri /	Asian	je aj	ın a	٩o	White	کے کے	Asian	je je	<u> </u>	₽	
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				"		울	Ā	≥		∢		울동	₹	≥	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	8	0	0	0	0	0	1	0	0	0	0	0	9
Professionals Tachnicians	0	0	10 9	0	0	0	0	0	6	0	0	0	0	0	16
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15 0
Administrative Support Workers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	0	0	28	0	0	0	0	0	0	0	0	0	0	0	28
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	59	0	0	0	0	0	16	0	0	0	0	0	75
PRIOR 2021 REPORTING YEAR TOTAL	0	0	58	0	0	0	0	0	17	0	0	0	0	0	75
	- ;	SECTIO	ON I –	WORK	FORCI	E SNAP	SHOT I	PERIO)						

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		YPE OF REPORT MENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
M149641 CMS ENERGY													
ADDRESS CITY/TOWN STATE ZIP CODE													
1 ENERG	1 ENERGY PLAZA JACKSON MI 49201												
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
1166055		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													
3201 E COURT ST FLINT MI 48501													

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~~			OKK	01102		Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры			Fen	nale			
	J					<u> </u>									
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	26	4	0	0	1	0	9	3	0	0	0	0	46
Professionals	1	0	50	3	1	0	0	2	23	2	0	0	0	0	82
Technicians	3	0	20	1	0	0	0	0	30	3	1	0	0	0	58
Sales Workers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Administrative Support Workers	0	1	2	1	0	0	0	0	14	3	0	0	0	0	21
Craft Workers	6	0	117	13	2	0	1	2	13	2	0	0	0	0	156
Operatives	1	1	45	2	0	0	0	0	10	0	0	0	1	0	60
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	14	2	261	24	3	0	2	4	102	13	1	0	1	0	427
PRIOR 2021 REPORTING YEAR TOTAL	11	4	270	29	3	0	3	3	94	12	1	0	1	0	431

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56141 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4100 E. Baldwin **HOLLY** 48442 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE

SECTION G - NAICS INFORMATION

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale		-			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	11	0	0	0	0	0	2	0	0	0	0	0	13
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	4	0	64	3	0	0	0	1	2	0	0	0	0	0	74
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	0	81	3	0	0	0	1	4	0	0	0	0	0	93
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
ESTADI ISHMENT DEDODT

SECTION A – TYPE OF REPORT														
	ESTABLISH	MENT REPORT												
	SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID		EMPLOYER NAME												
M149641														
ADDRESS CITY/TOWN STATE ZIP CODE														
1 ENERGY PLAZA JACKSON MI 49201														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E											
JO63365		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
3253 M-76 STANDISH MI 48658														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310														

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2021 REPORTING YEAR TOTAL	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT													
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID		EMPLOYER NAME											
M149641 CMS ENERGY													
ADDRESS CITY/TOWN STATE ZIP CODE													
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
J027115		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
4141 E WILDER RD BAY CITY MI 48706													
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)													

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	2	16	0	0	0	0	0	7	0	0	0	0	0	25
Professionals	0	0	43	0	0	0	1	1	23	0	1	0	0	0	69
Technicians	0	1	18	0	0	0	0	0	5	0	0	0	0	0	24
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	1	0	43	0	0	0	0	0	3	0	0	0	0	0	47
Operatives	1	0	10	0	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	3	131	0	0	0	1	1	40	0	1	0	0	0	179
PRIOR 2021 REPORTING YEAR TOTAL	2	3	121	0	0	0	2	1	34	1	0	0	0	0	164

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT												
		OVER IDENTIFICATION										
OFS COMPANY ID	SECTION B - ENIPLO	EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	1 ENERGY PLAZA JACKSON MI 49201											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
I 767560		CMS GEN FILER CITY OPERATING LLC										
HEADQUARTERS OR ESTABLIS	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
700 MEE ST, PO BOX 12 FILER CITY MI 49634												
		ENTIFICATION NUMBER (EIN)										

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221112 - Fossil Fuel Electric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	1	0	22	0	0	0	0	0	0	0	0	0	0	0	23
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	28	0	0	0	0	0	1	0	0	0	0	0	30
PRIOR 2021 REPORTING YEAR TOTAL	1	0	24	0	0	0	0	0	1	0	0	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT												
	ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
M149641	M149641 CMS ENERGY											
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE											
1 ENERG	SY PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
J027062		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
1955 W PA	1955 W PARNALL RD JACKSON MI 49201											
	CECTACLE FLOW CALLED ADDIVIDUO CECTACLE CONTRACTOR CONT											

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	701101	111 1	ORIGI	ORCE	DEMO	Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	0	26	2	0	0	0	0	5	0	1	0	0	0	36
Professionals	1	2	21	1	1	0	0	0	23	1	1	0	0	0	51
Technicians	0	0	22	2	0	0	0	1	22	2	1	0	0	0	50
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	1	0	0	0	0	7	0	0	0	0	0	8
Craft Workers	5	0	92	1	0	0	3	1	2	0	0	0	0	0	104
Operatives	3	0	31	3	0	0	0	1	6	0	0	0	0	0	44
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	11	2	193	10	1	0	3	3	66	3	3	0	0	0	295
PRIOR 2021 REPORTING YEAR TOTAL	10	2	187	13	4	0	2	3	75	3	3	0	0	0	302

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Í E									
J027095		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
11801 FARMINGTON RD LIVONIA MI 48151												
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)	•									

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	1	0	0	0	3	0	0	0	0	0	5
First/Mid-Level Officials and Managers	2	1	21	5	2	0	0	2	8	5	1	0	0	2	49
Professionals	0	5	28	8	2	0	0	0	17	14	1	0	0	1	76
Technicians	1	1	5	1	0	0	0	0	9	6	0	0	0	0	23
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	5	1	0	0	0	0	6
Craft Workers	1	0	35	7	0	0	0	1	9	4	0	0	1	0	58
Operatives	0	1	35	6	0	0	0	0	2	0	0	0	0	0	44
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	8	128	27	5	0	0	3	53	30	2	0	1	3	264
PRIOR 2021 REPORTING YEAR TOTAL	5	7	122	32	3	0	0	3	45	24	2	0	1	2	246

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT											
		OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	SY PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
I767186		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
3525 S LAKESHORE DR LUDINGTON MI 49431											
		ENTIFICATION NUMBER (EIN)									

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221111 - Hydroelectric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	S.E.	CIIOI	111 1	VUKKI	ORCE		Race/E								
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		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	IV	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	1	0	11	1	0	0	0	0	1	0	0	0	0	0	14
Technicians	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	1	0	20	0	0	0	1	0	0	0	0	0	0	0	22
Operatives	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	41	1	0	0	1	0	4	0	0	0	0	0	50
PRIOR 2021 REPORTING YEAR TOTAL	3	0	44	1	0	0	1	0	5	0	1	0	0	0	55

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	GY						
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CO	DDE
1 ENERGY F	PLAZA						JA	ACKSC	N			MI		492	01
SECTION C - HI	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
W327335					CI	MS GEN	NERAT	ION OF	PERAT	ING LL	0				
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	
4400 W 4 MII	LE RD						GI	RAYLIN	١G			MI		497	38
	SECTI	ON D -	- EMPI	LOYER	IDENT 382957	ΓΙΓΙCA' '897	TION N	UMBE	R (EIN)			'		
						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER:	NO LO	NGER I	IN BUS	INESS		
SEC	CTION					OR DE			if applic	able)					
			_	-		UNAVA									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (I	Ieadqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
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						INFOR			inicitis i	5 I Cucia	ii Contre				
		ы				wer Dis									
	SE	CTION	V H - V	VORKF	ORCE	DEMO									
							Race/E								
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	or La	atino 			IV.	lale					Fer	nale 			1
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	o o	첉첉	_	a a a	nerican Indian Alaska Native	e K	d)	eri eri	_	ajia Isli	nerican Indian Alaska Native	e K	Total
	Male	Female	White	ck or Afric American	Asian	aw	밀밀	lor	White	Black or	Asian	aw	밀밀	lor	
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				<u>}aa</u>		er F	l ⊒e l	0 0		fi _		er F	ner Ala	0	
				۳.		울동	Ĭ	≥		⋖		울	Ā	≥	
							_								
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0 2	0	0	0	0	0	0 2
Craft Workers	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0 0 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
CONTENT 2022 NET ONTING TEAN TOTAL	TOTAL 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
PRIOR 2021 REPORTING YEAR TOTAL	0	0	20	0	0	0	0	0	3	0	0	0	0	0	23
		OT OTT		I TIOD TI	L C D C	COLLE		TDIO		1	l	L	l		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56163 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 48066 27432 Groesbeck Hwy. ROSEVILLE MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander **Two or More Races** American Indian or Alaska Native American Indian or Alaska Native More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male ᇹ Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Professionals Technicians 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT											
		OVER IDENTIFICATION									
OFS COMPANY ID	SECTION D EMILE	EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS .	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	SY PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE								
FT51708		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
4100 WEST M76 WEST BRANCH MI 48661											
		ENTIFICATION NUMBER (EIN)									

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

) DE	CHON	v п – v	VUKKI	URCE	DEMO									
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	0	1	9	0	0	0	0	0	4	0	0	0	0	0	14
Technicians	0	0	12	0	0	0	0	0	3	0	0	0	0	0	15
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	0	0	49	0	0	0	1	0	2	0	0	0	1	0	53
Operatives	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	78	0	0	0	1	0	15	0	0	0	1	0	96
PRIOR 2021 REPORTING YEAR TOTAL	0	0	74	0	0	0	1	0	17	0	0	0	1	0	93

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT													
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
M149641													
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE												
1 ENERG	Y PLAZA	JACKSON	MI	49201									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
I767076		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													
201 MURNER ROAD GAYLORD MI 49735													
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)													

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221112 - Fossil Fuel Electric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	URCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT											
		OVER IDENTIFICATION											
OFS COMPANY ID	SECTION D EMILE	EMPLOYER NAME											
M149641 CMS ENERGY													
ADDRES	SS .	CITY/TOWN	STATE	ZIP CODE									
1 ENERG	SY PLAZA	JACKSON	MI	49201									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
1166121		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
821 HAS	TINGS ST	TRAVERSE CITY	MI	49684									
		ENTIFICATION NUMBER (EIN)											

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		порил	<u>.</u>		Fen	nale			
	J					<u> </u>									
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	1	15	0	0	0	0	0	3	0	0	0	0	0	20
Professionals	0	0	16	0	0	0	0	0	8	0	0	0	0	0	24
Technicians	0	0	8	0	0	0	1	0	3	0	0	0	0	1	13
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	49	1	0	0	0	0	1	0	0	0	0	0	51
Operatives	0	0	3	0	0	0	0	0	2	0	0	0	1	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	2	93	1	0	0	1	0	19	0	0	0	1	1	119
PRIOR 2021 REPORTING YEAR TOTAL	1	1	86	1	0	0	1	0	18	0	0	0	1	1	110

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	SECTION A - T	YPE OF REPORT												
	ESTABLISH	MENT REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
M149641														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	SY PLAZA	JACKSON	MI	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ.											
M664302		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
2742 NORTH W	/EADOCK HWY	ESSEXVILLE	MI	48732										
		ENTIFICATION NUMBER (EIN)												

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
			1					•							
		anic					Not	Hispan	ic or L	atino					1 1
	or La	atino			M	ale					Fen	nale			1 1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	36	0	0	0	1	0	2	0	0	0	0	0	41
Professionals	0	0	41	0	2	0	1	0	9	0	0	0	0	0	53
Technicians	1	0	10	0	0	0	0	0	6	0	0	0	0	0	17
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	4	0	82	0	0	0	1	0	2	0	0	0	0	0	89
Operatives	2	0	29	0	0	0	1	0	3	0	0	0	0	0	35
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	0	198	0	2	0	4	0	25	0	0	0	0	0	238
PRIOR 2021 REPORTING YEAR TOTAL	9	0	205	1	2	0	4	0	30	0	0	0	0	0	251

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
M149641 CMS ENERGY													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
W328336		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
5131 HAC	CKETT RD	SAGINAW	MI	48603									
		ENTIFICATION NUMBER (EIN)											

381266836

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisn	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры			Fen	nale			
	J					1									
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Technicians	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	1	14	1	0	0	0	0	1	0	0	0	0	0	17
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	17	1	0	0	0	0	5	0	0	0	0	0	24
PRIOR 2021 REPORTING YEAR TOTAL	0	0	15	1	0	0	0	0	4	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

	DECITO:::11	YPE OF REPORT MENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
M149641 CMS ENERGY													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
FH11332		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
6543 W BUTTI	ERFIELD HWY	BELLEVUE	MI	49021									
		ENTIFICATION NUMBER (EIN)											

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	<i>(</i> C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2021 REPORTING YEAR TOTAL	2	0	74	0	0	0	2	1	1	0	0	0	0	0	80

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56152 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 111 E. 12 Mile Rd **MADISON HEIGHTS** 48071 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION II - WORKFORCE DEMOGRAFIIC DATA															
Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	or More Races	White	Black or African American	Asian	e Hawaiian or Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	Blac	0	Nativ Other	Amer Alk	Two	0	Afric	0	Native Other Pa	Amer	Two	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	1	0	0	0	0	0	1	5
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	3	0	33	9	0	0	3	0	0	0	0	0	0	0	48
Laborers and Helpers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	39	10	0	0	3	1	2	0	0	0	0	1	59
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		YPE OF REPORT MENT REPORT		
	SECTION B – EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
I 767212		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4950 PARTF	RIDGE RD, F	MARION	MI	49665
	SECTION D EMDLOVED ID	ENTIFICATION NUMBER (FIN)		·

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•	,						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	18	0	1	0	0	0	0	0	0	0	0	0	19
Operatives	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	25	0	1	0	0	0	3	0	0	0	0	0	30
PRIOR 2021 REPORTING YEAR TOTAL	1	0	21	0	1	0	0	1	2	0	0	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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Expiration Date: 08/31/2024

SECTION A TYPE OF DEPORT

ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
M149641 CMS ENERGY												
ADDRESS CITY/TOWN STATE ZIP CO												
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
A515734		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1125 WEST GREEN STREET HASTINGS MI 49058												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisn	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры							
	J					1						nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	3	0	0	0	0	0	4	0	0	0	0	0	7
Technicians	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	23	1	0	0	0	1	3	0	0	0	0	1	29
Operatives	0	0	11	0	0	0	0	1	0	0	0	0	0	0	12
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	47	1	0	0	0	2	10	0	0	0	0	1	61
PRIOR 2021 REPORTING YEAR TOTAL	0	0	41	1	0	0	0	2	7	0	0	0	0	1	52

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

			1										
	SECTION A - T	TYPE OF REPORT											
ESTABLISHMENT REPORT													
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
M149641 CMS ENERGY													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERG	SY PLAZA	JACKSON	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if:	applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL N	JAME										
I 767241		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
8613 P	INE RD	MARION	MI	49665									
			SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310										

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisn	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры							
	J					1						nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	8	0	0	0	0	1	1	0	0	0	0	0	10
Operatives	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	1	5	0	0	0	0	0	18
PRIOR 2021 REPORTING YEAR TOTAL	0	0	13	0	0	0	0	1	4	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT												
ESTABLISHMENT REPORT												
SECTION B - EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
M149641 CMS ENERGY												
ADDRESS CITY/TOWN STATE ZIP CODE												
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
M664331		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
17000 CRC	SWELL ST	WEST OLIVE	MI	49460								
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	0	34	5	0	0	0	1	5	0	1	0	0	0	48
Professionals	2	1	24	0	0	0	0	0	5	0	0	0	0	0	32
Technicians	0	0	17	1	0	0	0	0	3	0	1	0	0	0	22
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	8	1	108	5	0	0	2	2	8	1	0	0	1	0	136
Operatives	2	2	45	4	0	0	0	2	2	0	0	0	0	0	57
Laborers and Helpers	0	0	8	0	0	0	0	1	0	1	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	14	4	237	15	0	0	2	6	27	2	2	0	1	0	310
PRIOR 2021 REPORTING YEAR TOTAL	13	4	240	16	0	0	2	5	27	1	2	0	1	0	311

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56086 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE **SAGINAW** 48609 2119 River Rd. MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander **Two or More Races** American Indian or Alaska Native American Indian or Alaska Native More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male ᇹ Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Professionals

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

2400 WEISS ST

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

48602

MI

SECTION A – TYPE OF REPORT

ESTABLISHMENT REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 1166110 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SAGINAW

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hist	anic					Not	Hispan	ic or L	atino					
		atino			М	ale									
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	28	4	0	0	0	0	18	1	0	0	0	0	52
Professionals	2	2	31	1	0	0	0	0	28	1	0	0	0	1	66
Technicians	1	2	22	2	0	1	0	0	39	4	0	0	0	0	71
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	2	4	9	3	0	0	0	1	48	18	1	0	0	0	86
Craft Workers	4	0	71	2	1	0	0	1	3	0	0	0	0	0	82
Operatives	5	0	24	0	0	0	0	0	1	1	0	0	0	0	31
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	14	9	187	12	1	1	0	2	137	25	1	0	0	1	390
PRIOR 2021 REPORTING YEAR TOTAL	15	9	190	10	1	2	1	2	151	23	1	0	0	1	406

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 08/31/2024				
				TION A							•					
		SECT		S – EMP				TION								
OFS COMPANY ID		SECI	IONE	- ENIP	LUYE	K IDEN		OYER N	AME							
M149641								ENER								
ADDRESS							C	TY/TOW	/N			STATE		ZIP CC	DDE	
1 ENERGY	PLAZA						J	ACKSO	N			MI		4920	01	
SECTION C -	HEADQU	JARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTEI					NAME					
I767021						CON	ISUME			CO		~				
HEADQUARTERS OR ESTABLISH 115 WEST			DRESS					TY/TOW ACKSO				STATE		ZIP CC 4920		
TIO WEST			EMEDI	OVED	IDENT	ELEXA						IVII		4320	J 1	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310																
				EMPL							ann					
YES (Employer Is Eligible				-							NGER	IN BUS	INESS			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE																
☐ VES (Single-Establish	ment Emr		_	-					ent Em	nlover is	s Federa	1 Contra	ctor)			
 ■ YES (Single-Establishment Employer is Federal Contractor) ■ YES (Multi-Establishment Employer is Federal Contractor) ■ YES (Headquarters is Federal Contractor) ■ YES (Non-Headquarters Establishment is Federal Contractor) 																
A IES	(11eauqua			ne or Mo	. —	,		•					actor)			
				ON G - N					inches i	3 I cucia	ii Contii					
			22112	22 - Elec	ctric Po	wer Dis	stributio	n								
SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
	Hior	oanic						tnnıcıtı Hispan		otino					-	
		atino			N	lale	NOL	пізран	lic or L	auno	Fer	nale			-	
						_									1	
				ᇤ		Native Hawaiian or Other Pacific Islande	٥٥	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		
JOB CATEGORIES		0		Black or African American		iiar	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra	Row Total	
	Male	Female	White	r Af	Asian	awa	i i	ore	White	A Š Š	Asian	awa	l Na	ore	Total	
	≥	Fer	≥	ck or Afric American	Š	e H	icar	Σ	≥	Black or an Amer	×	e H	icar	Ž		
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				"		Ž	₹	≥		⋖		Ž	₹	_≥		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
DDIOD 2024 DEDODTING VEAT TOTAL		0	2		0	0	0	_	4	0	^	^		0	2	
PRIOR 2021 REPORTING YEAR TOTA		O SECTION	2 2N. I	WORK	FORC	O F SN A D	O SHOT I	0 DEDIOI	1	0	0	0	0	0	3	
	i	SEC 110	JN I —	WORK	ORC	L SNAP	SHULL	LKIUI	J							

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 08/31/2024				
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		CECT				R IDEN		TION								
OFS COMPANY ID		SECI	ION E	- ENIP	LUYE	K IDEN		OYER N	AME							
M149641								ENER								
ADDRESS							C	TY/TOW	/N			STATE		ZIP CC	DDE	
1 ENERGY	PLAZA						J	ACKSO	N			MI		4920	01	
SECTION C -	IEADQU	JARTEI	RS OR									able)	•			
HQ/ESTABLISHMENT-LEVEL UNIT ID 1767010					HEAD	(UARTEI	RS OR ES ISUME				NAME					
HEADOUARTERS OR ESTABLISH	MENIT I EX	ZEL ADE	DECC			CON		TY/TOW				STATE	1	ZIP CC	NDE	
6505 S SWAN			IKE33					EWAYO				MI		4933		
		CTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
380442310 SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligit										NO LO	NGER I	IN BUSI	INESS			
s	ECTION					OR DE			if applic	able)						
☐ YES (Single-Establish	ment Emi		_	-					ent Em	nlover is	Federa	l Contra	ctor)			
	(Headqua	-														
A 1ES	(пеацциа				. —	r E.S (N ı-Headqu		•					actor)			
			ECTIO)N G – 1	NAICS	INFOR	MATIC	N								
	- SI	CTION				DEMO			ТА							
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
	Hisp	oanic						Hispan		atino						
	or L	atino			N.	lale	l				Fen	nale				
				_		or der	<u>ه</u>	es		ے		or der	o l	es		
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row	
332 3711 23311123	Male	Female	White	ck or Afric American	Asian	wai fic ls	Na Ind	ore	White	Black or an Amer	Asian	wai fic Is	Na I	ore	Total	
	₽	Fen	₹	k or	As	Ha acil	can	Ž	₹	3lac an A	As	Ha acif	can	Ž		
				lac A		tive er P	neri Ala	0		frica		tive er P	neri Ala	0		
				"		동	₹	≛		⋖		s 등	₹	₽		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
Craft Workers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	11	0	0	0	0	0	1	0	0	0	0	0	12	
PRIOR 2021 REPORTING YEAR TOTA	L 1	0	10	0	0	0	0	0	1	0	0	0	0	0	12	
		SECTIO	ON I –	WORK	FORC	E SNAP	SHOT	PERIO)		-					

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT												
	SECTION B – EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
GP12303		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
3030 M 40 HAMILTON MI 49419												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
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		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	2	0	1	0	0	0	5
Technicians	0	0	8	0	0	0	0	0	2	0	0	0	0	0	10
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	42	0	0	0	0	1	1	0	0	0	0	0	44
Operatives	0	0	1	0	0	0	1	1	1	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	57	0	0	0	1	2	6	0	1	0	0	0	67
PRIOR 2021 REPORTING YEAR TOTAL	0	0	58	0	0	0	1	2	6	1	1	0	0	0	69

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMP 2022 EMPLOYER	EEOC Standard Form 100 (SF 100 Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024			
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1 ENERG	Y PLAZA	JACKSON	MI	49201
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if ap	plicable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME	
JO63402		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
11556 DI	XIE HWY	BIRCH RUN	MI	48415
		DENTIFICATION NUMBER (EIN) 0442310		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
XYES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONG	ER IN BUSINE	SS
	SECTION F – FEDERAL CONTR Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) EI): UNAVAILABLE		
☐ YES (Single-Establi	shment Employer is Federal Contracto	r) 🗶 YES (Multi-Establishment Employer is Fe	deral Contractor)
X YE	S (Headquarters is Federal Contractor	YES (Non-Headquarters Establishment is I	Federal Contracto	or)
	X YES (One or More	Non-Headquarters Establishments is Federal C	ontractor)	

SECTION G – NAICS INFORMATION 221122 - Electric Power Distribution SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	VH-V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	18	0	0	1	0	1	0	0	0	0	0	0	20
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	29	0	0	1	0	1	0	0	0	0	0	0	32
PRIOR 2021 REPORTING YEAR TOTAL	7	0	87	2	0	0	1	1	6	0	0	0	1	0	105

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT												
ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	SY PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE									
I 767221		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1220 SOUTH KALAMAZOO MARSHALL MI 49068												
		ENTIFICATION NUMBER (EIN)										

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution
SECTION H - WORKEORCE DEMOCRAPHIC DATA

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Professionals	0	0	8	0	0	0	0	0	3	0	0	0	0	0	11
Technicians	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	15	1	0	0	0	0	8	0	0	0	0	0	24
PRIOR 2021 REPORTING YEAR TOTAL	0	0	13	1	0	0	0	0	5	0	0	0	0	0	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

	DECITO:::11	YPE OF REPORT MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
I 766974		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
119 N S	TATE ST	CARO	MI	48723
		ENTIFICATION NUMBER (EIN)		

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
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		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
PRIOR 2021 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56130 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 409 S. Cooper **JACKSON** MI 49201 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander **Two or More Races** American Indian or Alaska Native American Indian or Alaska Native More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male ᇹ Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Professionals Technicians 0 Sales Workers Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 n 0 0 0 Craft Workers 0 Operatives 0 29 0 0 0 0 0 0 0 0 0 0 0 30

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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Laborers and Helpers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

Service Workers

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE.	NT 1)					ation Dat		
						E OF RI					'				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	.GY						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
1 ENERGY P	Ι ΔΖΔ						.14	ACKSO	N			MI		4920)1
														7020	, ,
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	CADQU	ARTE	RS OR	ESTAB	HEADO	IENT-L	EVEL.	IDENT	IFICA	TION (1: Γ-LEVEL	applica	ible)			
`					HEADQ						NAME				
M664287						CON	ISUME			CO					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	PRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
1935 W PARN	ALL RD)					JA	ACKSO	N			MI		4920)1
	SECTI	ON D -	EMPI		IDENT 380442	TIFICA	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	FLIGI	RILITY	v						
X YES (Employer Is Eligible										NO LOI	IGER I	N BUSI	NESS		
				-		OR DE									
SEC	JIIOIV.					UNAVA			паррпс	aoic					
☐ YES (Single-Establishme	ont Eman		_	-					out Em		Endone	1 Comtuo	atam)		
	_	-													
X YES (H	[eadquai	rters is I	Federal	Contrac	tor) 🔀	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		X	ES (Or	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	1 Contra	actor)			
						INFOR									
			22112	22 - Elec	ctric Po	wer Dis	tributio	n							
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp						Not	Hispan	ic or L	.atino					
	or La	atino			М	ale					Fen	nale			
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u> </u>	o o	ck or Afric American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	9 E	س ا	o Je	_	aii	nerican Indian Alaska Native	е Ж	Total
	Male	Female	White	or A eric	Asian	a a	n la	<u>[</u>	White	Black or an Amer	Asian	aw ific	n Ir a N	<u>1</u>	
	≥	Fe	≥	ᇵ	Ä	ac =	ica	- -	≥	Bla an	₹	ac =	ica Iska	<u> </u>	
				lac A		er ţi	ner. Ala	0				er F	ner Ala	0	
						E S	An ,	≥		¥		P a	An ,	≥	
						0						0			
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	0	11	0	0	0	0	0	1	0	0	0	0	0	13
Professionals Table in income	4	0	42	3	3	1	0	0	8	0	0	0	0	0	61
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	2	1	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	5	0	57	3	3	1	0	0	12	1	0	0	0	0	82
DDIOD 2024 DEPORTING VEAR TOTAL	4		62	4	1	1	0		40	2	1	0	0	0	00

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT										
		OVER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
M149641		CMS ENERGY								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1 ENERG	SY PLAZA	JACKSON	MI	49201						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E							
J027051		CONSUMERS ENERGY CO								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
311 E MICI	HIGAN AVE	BATTLE CREEK	MI	49017						
		ENTIFICATION NUMBER (EIN)								

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

				VOICICI			Race/E								
	Hisp	anic	Not Hispanic or Latino												
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	5	0	0	0	0	0	8
Professionals	0	0	12	0	1	0	0	0	5	2	0	0	0	0	20
Technicians	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	59	2	0	0	0	0	1	0	0	0	0	1	63
Operatives	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	82	2	1	0	0	0	15	2	0	0	0	1	105
PRIOR 2021 REPORTING YEAR TOTAL	1	0	81	2	0	0	0	0	17	2	0	0	0	1	104

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	SY PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E								
I767405		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1016 16TH ST NW, STE 500 WASHINGTON DC 20036											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	<i>(</i> C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
PRIOR 2021 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	1	1	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

	SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT											
	SECTION B – EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
M149641	CMS ENERGY											
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERGY PLAZA JACKSON MI 4920												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
B230294		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1000 GRA	ND OAKS	HOWELL	MI	48843								
		ENTIFICATION NUMBER (EIN) 0442310										

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	8	1	0	0	0	0	5	0	0	0	0	0	14
Professionals	0	0	8	0	0	0	0	1	10	0	0	0	0	0	19
Technicians	0	0	3	0	0	0	0	0	5	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	20	0	0	0	0	0	3	0	0	0	0	0	23
Operatives	0	0	18	1	0	0	0	0	4	0	0	0	0	0	23
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	58	2	0	0	0	1	28	0	0	0	0	0	89
PRIOR 2021 REPORTING YEAR TOTAL	0	0	50	2	0	0	0	0	23	0	0	0	0	0	75

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56103 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 11109 CHICAGO DRIVE **ZEELAND** 49464 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221122 - Electric Power Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					1
		atino			М	ale					Fen	nale]
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	6	0	0	0	0	0	1	0	1	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	1	18	1	0	0	0	0	0	0	0	0	0	0	20
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	1	26	1	0	0	0	0	1	0	1	0	0	0	31
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
M149641	CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1 ENERG	SY PLAZA	JACKSON	MI	49201						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE							
I 767001		CONSUMERS ENERGY CO								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
108 EAST	THIRD ST	CLARE	MI	48617						
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)								

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	5	0	0	0	0	0	4	0	0	0	0	0	9
Technicians	0	0	11	0	0	0	0	0	4	0	0	0	0	0	15
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	28	0	0	0	0	0	0	0	0	0	0	0	28
Operatives	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	49	0	0	0	0	0	9	0	0	0	0	0	5 8
PRIOR 2021 REPORTING YEAR TOTAL	0	0	42	0	0	0	0	0	6	0	0	0	0	0	48

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTEKT	M OKW	AHO	NE	OKI (EEO-	COM	IONE	1111)				Expir	ation Dat	e: 08/31	/2024
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						NT REF									
OES COMPANIVID		SECT	TION E	<u> – EMP</u>	LOYE	R IDEN		ATION OYERN	A NATE						
OFS COMPANY ID M149641								ENER							
ADDRESS								TY/TOV				STATE		ZIP CO	
1 ENERGY	PLAZA						JA	ACKSC	N			MI		492	01
SECTION C -	HEADQU	JARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
I 766864						CON	ISUME	RS EN	ERGY	CO					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOV				STATE		ZIP CO	
4164 ALLEGAN	DAM RO	DAD					Α	LLEGA	.N			MI		490	10
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)					
					380442										
_						FILING									
X YES (Employer Is Eligi	ole to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
S	ECTION								if applic	able)					
			-			UNAVA									
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES	(Headqua	rters is l	Federal	Contrac	tor) 💢	YES (N	Ion-Head	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
	(1					-Headqu		_							
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		3.				INFOR									
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		oanic					Not	Hispar	ic or L	atino.]
	or L	atino			M	ale				1	Fer	nale			
				⊑		<u>p</u>	p	ces		ᄝ		p &	١٥	ces	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
	<u> </u>	Female	ţe	ck or Afric American	ᇣ	ic vai	Na In	<u> </u>	<u>t</u> e	Black or	Asian	ic vai	Na In	<u>e</u>	Total
	Male	E	White	o je	Asian	Ę ₽	ka a	₽	White	acl	l Sign	Fa H	ka a	Θ	
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						ᄝ	⋖	F		`		Z	⋖	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
DDIOD 2024 DEDOCTIVO VEAS TOTA		0	2	^	^	0	0	0	4	0	^	0	0	0	2
PRIOR 2021 REPORTING YEAR TOTA	L 0	0	2	0	0	0	0	0	1	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		YPE OF REPORT		
		MENT REPORT		
	SECTION B – EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Ι Ε	
I766902		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
696 N PORT C	CRESCENT ST	BAD AXE	MI	48413
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Operatives	1	0	3	0	0	0	0	0	1	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	7	0	0	0	0	0	3	0	0	0	0	0	11
PRIOR 2021 REPORTING YEAR TOTAL	1	0	7	0	0	0	0	0	3	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME **CONSUMERS ENERGY CO** 767351 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4521 E ERIE RD **ERIE** 48133 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA

	<u> 2F</u>	CTION	1 TT — 1	VOICICI	ORCE	DEMO	OIUII I	HC DA	171						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	4	0	0	0	0	0	2	0	0	0	0	0	9
Toohnisions						U	U	•	_						
Technicians	0	0	2	0	0	0	0	0	0	1	0	0	0	0	3
Sales Workers	0	0	•				_			1 0	0	0	0	0	3
			2	0	0	0	0	0	0	1					0
Sales Workers	0	0	2	0	0	0	0	0	0	1 0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0 0	0	0 0	0 0	0 0	0 0	0 0	1 0 0	0	0	0	0	0
Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers	0 0	0 0	2 0 0	0 0 0 1	0 0 0	0 0 0	0 0 0 0	0 0 0 0	0 0 0	1 0 0	0 0	0 0	0 0	0 0	0 0 18
Sales Workers Administrative Support Workers Craft Workers Operatives	0 0 0 0	0 0 0 0	2 0 0 17	0 0 0 1 0 0	0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0	1 0 0 0	0 0 0 0	0 0 0	0 0 0 0	0 0 0 0	0 0 18 1
Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers	0 0 0 0 0	0 0 0 0 0	2 0 0 17 1 0	0 0 0 1 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	1 0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0 0	0 0 18 1
Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers	0 0 0 0 0 0 0 0	0 0 0 0 0 0	2 0 0 17 1 0	0 0 0 1 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	1 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 18 1 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER I	NFORM	IATIO.	NKEI	OKI (EEO-	I COM	PONE	N I 1)					ration Dat		
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		OF CO		STABLE				TTON							
OFS COMPANY ID		SECI	ION E	B – EMP	LOYE	R IDEN		OYER N	AME						
M149641								ENER							
								TY/TOW				CT A TE		7ID ()(NDE .
ADDRESS	D. 474											STATE		ZIP CC	
1 ENERGY								ACKSO				MI		492	J1
SECTION C - 1	<u>IEADQU</u>	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE					NAME				
I766947						CON	ISUME			CO					
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADI	DRESS				Cl	TY/TOW	VN			STATE		ZIP CO	DDE
805 BRID	GE ST						JA	ACKSO	N			M		492	03
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTION	ON E -	EMPL	80442 OYER		ELIGI	BILITY	Y						
XYES (Employer Is Eligib										NO LO	NGER	IN BUS	INESS		
S	ECTION								if applic	able)					
—			_	tity ID (
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor) 🔼	YES (I	Multi-Es	tablishm	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES	(Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		X v	ES (Ot	ne or Mo	re Non	-Headar	arters F	stablish	ments i	s Federa	ıl Contr	actor)			
				ON G - N						s i cacia	ir contro				
				22 - Elec											
	SF	ECTION		VORKF					TA						
							Race/E	thnicit	у						
		oanic					Not	Hispan	ic or L	atino.					
	or L	atino			M	lale				1	Fer	nale			1
						. 5									
				⊑		<u>p</u>	٥	ces		묾		<u>p</u>	۱ و (ces	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
	<u>o</u>	Female	<u>i</u>	ck or Afric American	an	ic kai	Na In	<u>e</u>	<u>t</u> e	Black or an Amer	Asian	ic Aai	Ind Nai	ē	Total
	Male	e l	White	e e	Asian	Ę ₽	ka a	è	White	acl	l Si	F Pa	an	Š	
		ш.	_	출 된	`	P e	asl	ō	_	<u>a</u> <u>a</u>	`	a e	ric	ō	
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						Z	⋖	ŕ		`		Z	▼	É	
Function / Continue Officials and Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	0	4	0	0	0	0	0	5
PRIOR 2021 REPORTING YEAR TOTA	L 0	1	1	0	0	0	0	0	2	0	0	0	0	0	4
		SECTION	NI _	WORK	FORCI	F SNAP	L SHOT I	PEDIOI	<u> </u>	<u> </u>		<u> </u>	<u> </u>		1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		YPE OF REPORT		
		IMENT REPORT		
	SECTION B – EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	Y PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
CK59288		CMS GENERATION OPERATING LLC		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
5315 ENE	ERGY DR	FLINT	MI	48505
		ENTIFICATION NUMBER (EIN)		

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	12	1	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	5	1	0	0	1	0	0	0	0	0	0	0	7
Laborers and Helpers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	29	2	0	0	1	0	3	0	0	0	0	0	35
PRIOR 2021 REPORTING YEAR TOTAL	1	0	26	3	0	0	1	1	3	0	0	0	0	0	35

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

ESTABLISHMENT REPORT													
SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
M149641 CMS ENERGY													
ADDRESS CITY/TOWN STATE ZIP CODE													
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Ι Ε										
M664254		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													
135 W TRAIL ST JACKSON MI 49201													
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)													

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~~			OKKI			Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры	<u>.</u>		Fen	nale			
	J					<u> </u>				1 1					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	0	0	17	0	0	0	0	0	3	0	0	0	0	0	20
Technicians	0	1	18	1	0	0	0	0	8	0	0	0	0	0	28
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	48	1	0	0	0	0	14	0	0	0	0	0	64
PRIOR 2021 REPORTING YEAR TOTAL	1	1	51	2	1	0	0	0	15	0	0	0	0	0	71

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
ESTABLISHMENT REPORT

ESTABLISHIVIENT REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	1 ENERGY PLAZA JACKSON MI 49201											
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

CONSUMERS ENERGY CO 766920

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS ZIP CODE CITY/TOWN STATE 16440 190TH AVE **BIG RAPIDS** 49307 MI

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Technicians	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	17	0	0	0	1	0	1	0	0	0	0	0	19
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	27	0	0	0	1	0	5	0	0	0	0	0	33
PRIOR 2021 REPORTING YEAR TOTAL	1	0	23	0	0	0	1	0	3	0	0	0	0	0	28

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		YPE OF REPORT MENT REPORT											
	SECTION B – EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME													
M149641 CMS ENERGY													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
I767252		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1235 POST DRIVE BELMONT MI 49306													
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310													

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~~			OKK			Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Professionals	1	0	4	0	0	0	0	0	4	0	0	0	0	0	9
Technicians	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	1	0	26	0	0	0	2	0	1	0	0	0	0	0	30
Operatives	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	42	0	0	0	2	0	13	0	0	0	0	0	59
PRIOR 2021 REPORTING YEAR TOTAL	2	1	36	0	0	0	2	0	13	0	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													ation Dat		
						NT REF									
OFS COMPANY ID		SECT	TION E	<u> – EMP</u>	LOYE	R IDEN	TIFICA EMPI	ATION OYER N	AME						
M149641								ENER							
												OTATE		7ID CC	NDF.
ADDRESS	N A 7 A							TY/TOV				STATE		ZIP CC	
1 ENERGY F								ACKSC				MI		4920	Ji
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			<u>MENT-L</u> DUARTEI						able)			
1766891					пеарс	-	ISUME				NAME				
		EL LEE	DEGG			CON						0T + TF		770.00	DE
HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOV				STATE		ZIP CC	
6051 STATE R								SCOD				MI		4875	50
	SECTI	ON D -	EMPI	LOYER	IDEN': 380442	CIFICA' 1 <mark>310</mark>	TION N	UMBE	R (EIN)					
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE															
Unique Entity ID (UEI): UNAVAILABLE															
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
SECTION G – NAICS INFORMATION 221122 - Electric Power Distribution															
	SE	CTION	V H – V	VORKF	ORCE	DEMO									
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino	F				-
	Or La	atino _			IV.	lale					Fer	nale 			1
						- <u>-</u>	_	က္ခ		_		_ <u>=</u>		Ñ	
				ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	l or	Two or More Races	Row
JOB CATEGORIES		<u>o</u>		Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	8		eri o	_	iii Sis	American Indian Alaska Native	Š.	Total
	Male	Female	White	ck or Afric American	Asian	aw ific	드	ore	White	Black or	Asian	lic ax	드 꿈	0.0	lotai
	2	Fe	⋝	S E	×	ac H	icar	Ϋ́	≥	an,	ĕ	ac H	ska	با .	
				<u>ac</u>		er F	neri Ala	0 0] j		er F	Pe <u>r</u>	0	
				m		N E	An ,	≱		₹		¥ ¥	¥	<u>,</u> ≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 11 0												11		
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	L 0 0 13 0 0 0 0 0 0 0 0 0 1 0												14		
PRIOR 2021 REPORTING YEAR TOTAL	1	0	14	0	0	0	0	0	0	0	0	0	1	0	16
		SECTION	ON I –	WORK	FORC	E SNAP	SHOT I	PERIO	D						

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

ESTABLISHMENT REPORT												
SECTION B - EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
M149641 CMS ENERGY												
ADDRESS CITY/TOWN STATE ZIP CODE												
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
J027073 CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2613 E MA	NUMEE ST	ADRIAN	MI	49221								

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
•								•							
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			IV	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals	1	1	5	0	0	0	0	0	4	0	0	0	0	0	11
Technicians	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	1	0	43	1	0	0	1	0	0	0	0	0	0	0	46
Operatives	0	0	8	1	0	0	0	0	0	0	0	0	0	0	9
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	2	67	2	0	0	1	0	8	0	0	0	0	0	82
PRIOR 2021 REPORTING YEAR TOTAL	2	1	58	2	0	0	1	0	6	0	0	0	0	0	70

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/202 SECTION A – TYPE OF REPORT													2024		
				TION A STABLI											
		CECT		B – EMP				TION							
OFS COMPANY ID		SECI	IONI	- ENII	LUIE	KIDEN		OYER N	AME						
M149641								ENER							
ADDRESS							C	TY/TOW	/NI			STATE		ZIP CC	DE
1 ENERGY								ACKSO				MI		4920	
		ADDED	DC OD	ECE A D	T TOTT	ADDITE A				TION (C 1:			4320	J 1
SECTION C - I	<u>1EADQU</u>	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
1767423					HEAD		SUME				TVAIVIL				
	AENTE I EX	TEL ADE	ND ECC			001						OTE A TEXT	-	7ID 00	DE
HEADQUARTERS OR ESTABLISHI 68536 A		EL ADL)KESS					TY/TOW				STATE		ZIP CC 4909	
00000 A												IVI		4908	99
	SECTI	ON D -	EMPI	LOYER	IDENT 380442		TION N	UMBE	R (EIN)					
V VEC (Employen In Elicib				EMPL						NO LON	VCED I	IN DITC	NECC		
	yer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
S	Unique Entity ID (UEI): UNAVAILABLE														
VEC (Cinal Establish	tablishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
X YES	S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas														
	CT			peline T VORKF											
	SE.	CHON	v н – v	VUKKI	ORCE		Race/E								
	Hier	anic						Hispan	•	atino					-
		atino			M	lale	NOL	Пэрап		atino	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	or	es	
IOD CATECODIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	do do	<u> =</u>	بو	ck or Afric American	_	ije s	nerican Indian Alaska Native	ė	يو	o n	_	ia i	ndi Iati	ė. L	Total
	Male	Female	White	or /	Asian	lie da ∃ie	= e	Θ	White	Black or an Amer	Asian	lije	ın İ	ē	
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						ᄬᇴ	₹	_≥		◀		žŧ	Ā	, ≥	
Franchis (Ossisal and Official and M															
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives														9	
Laborers and Helpers															
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	12	0	0	0	0	0	2	0	0	0	0	0	14
PRIOR 2021 REPORTING YEAR TOTA	L 0	0	9	1	0	0	0	0	4	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT										
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
M149641		CMS ENERGY								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1 ENERG	SY PLAZA	JACKSON	MI	49201						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	I E							
I 767054		CONSUMERS ENERGY CO								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
12201 PLEAS	ANT LAKE RD	MANCHESTER	MI	48158						
		ENTIFICATION NUMBER (EIN) 1442310								

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	1	2	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	7	1	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	12	2	0	0	0	0	2	0	0	0	0	0	17
PRIOR 2021 REPORTING YEAR TOTAL	0	1	12	3	0	0	0	0	2	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT		
		OYER IDENTIFICATION		
OFS COMPANY ID	SECTION D EMILE	EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS .	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
J027104		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1325 WRI	GHT AVE	ALMA	MI	48801
		ENTIFICATION NUMBER (EIN)		

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	6	0	0	0	0	0	15
Professionals	1	0	11	0	0	0	0	0	9	0	1	0	0	0	22
Technicians	0	0	10	0	0	0	0	1	6	0	0	0	0	0	17
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	1	3	1	0	0	0	0	0	40	1	0	0	0	0	46
Craft Workers	4	0	40	0	0	0	0	0	0	0	0	0	0	0	44
Operatives	0	0	10	0	0	0	0	1	1	0	0	0	0	0	12
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	6	3	82	0	0	0	0	2	63	1	1	0	0	0	158
PRIOR 2021 REPORTING YEAR TOTAL	7	2	79	1	0	0	0	1	51	0	0	0	0	0	141

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		YPE OF REPORT MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	SY PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
P157214		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1100 E WASHINGTON GREENVILLE MI 48838											
		ENTIFICATION NUMBER (EIN)									

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

				OKK			Race/E								
	Hisn	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		opa		44	Fen	nale			
	<u> </u>					1									
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Technicians	0	0	4	0	0	0	0	0	4	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	34	0	0	0	2	0	2	0	0	0	0	0	38
Operatives	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	52	1	0	0	2	0	9	0	0	0	0	0	64
PRIOR 2021 REPORTING YEAR TOTAL	0	0	45	1	0	0	2	0	8	0	0	0	0	0	56

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTEKTI	II OKWI	AHO	NE	OKI (EEO-	I COM	IONE	111)				Expir	ation Dat	e: 08/31	/2024
				TION A							•				
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	GY						
ADDRESS							CI	TY/TOV	VΝ			STATE		ZIP CC	DDE
1 ENERGY	PLAZA						JA	ACKSC	N			MI		4920	01
SECTION C – H	FADOL	ARTE	RS OR	FSTAR	HOLE	AFNT-I	EVEL	IDENT	TEICA	TION G	fannlies	hle)	- I		
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS OK							Γ-LEVEL		tore)			
W327172							SUME								
HEADQUARTERS OR ESTABLISHM	ENIT LEX	TEL ADE	DECC									OT A TE		ZID CC	NDF.
*		EL ADL	JKESS					TY/TOV				STATE		ZIP CC	
16900 POL	.K 51						VVE	ST OL	IVE			MI		4940	50
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTION 1	ON F	EMPL	380442		FLIC	DII IT	V						
X YES (Employer Is Eligibl										NO LO	NCER I	IN RHSI	INESS		
	CTION										TOEK	II DOS	ITTEOD		
SE	CHON			tity ID (п аррпс	able)					
□ V PC (C: 1 E + 11:1			-							1 .	г 1	1.0			
☐ YES (Single-Establishr	_	-													
X YES (Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		XY	ES (O	ne or Mo	ore Non	-Headaı	arters F	stablish	ments i	s Federa	l Contra	actor)			
				ON G - 1											
		υ.		22 - Ele											
	SE	CTION		VORKF					TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	.atino					1
	or La	atino			M	lale					Fer	nale			
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IOD CATEOODIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u> </u>	به	ck or Afric American	_	aji s	<u> </u>	e E	o o	Black or	_	aji s	ati g	ė.	Total
	Male	Female	White	Pri S	Asian	ii a	a Z	ō	White	₽ç	Asian	as	<u>-</u>	<u>[</u>	
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						- 0						- 0			
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	10	1	0	0	0	0	3	0	0	0	0	0	14
Professionals	0	0	36	0	0	0	1	0	8	0	0	0	0	0	45
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	55	1	0	0	1	0	12	1	1	0	0	0	71
				_	_				4-						0-
PRIOR 2021 REPORTING YEAR TOTAL	0	0	68	0	0	0	0	0	15	1	1	0	0	0	85

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	5201101111	YPE OF REPORT MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if ap	plicable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME	
1166090		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
530 W V	VILLOW	LANSING	MI	48901
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~~			VOICICI	01102		Race/E								
	Hist	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	3	0	0	0	0	0	1	1	0	0	0	0	5
First/Mid-Level Officials and Managers	2	0	41	0	1	0	0	0	21	4	0	0	0	1	70
Professionals	1	3	43	3	0	0	0	1	38	5	0	0	0	3	97
Technicians	1	0	20	3	0	0	0	0	18	0	0	1	0	1	44
Sales Workers	0	0	7	1	0	0	0	0	3	0	0	0	0	0	11
Administrative Support Workers	0	11	16	1	0	0	1	0	47	12	1	0	0	1	90
Craft Workers	3	0	100	2	0	0	1	0	1	0	0	0	0	0	107
Operatives	6	1	36	0	0	0	2	0	4	0	0	0	0	0	49
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	13	15	266	10	1	0	4	1	133	22	1	1	0	6	473
PRIOR 2021 REPORTING YEAR TOTAL	15	14	237	9	2	0	2	1	130	22	3	1	1	8	445

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ	
JA29514		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
120 FRON	T AVE SW	GRAND RAPIDS	MI	49548
		ENTIFICATION NUMBER (EIN)		

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VURKE	URCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT		
	ESTABLISE	IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE	
W327137		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
9777 HON	NOR HWY	HONOR	MI	49640
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	14	0	0	0	1	0	0	0	0	0	0	0	15
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	18	0	0	0	1	0	0	0	0	0	0	0	19
PRIOR 2021 REPORTING YEAR TOTAL	0	0	14	0	0	0	1	0	0	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56064 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1850 Bay City Rd. **MIDLAND** 48642 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	6	0	0	0	0	0	0	0	0	0	1	0	8
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	0	33	3	0	0	1	0	2	0	0	0	0	0	40
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	41	3	0	0	1	0	2	0	0	0	1	0	50
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT														
ESTABLISHMENT REPORT														
SECTION B – EMPLOYER IDENTIFICATION														
OFS COMPANY ID EMPLOYER NAME														
M149641 CMS ENERGY														
ADDRESS CITY/TOWN STATE ZIP CODE														
1 ENERG	1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
W327720	DI	EARBORN GENERATION OPERATING LLC	;											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
3001 MILLER RD DEARBORN MI 48120														
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		•										

383465358

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino		,	M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	16	4	0	0	0	0	0	0	0	0	0	0	20
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	31	4	0	0	0	0	1	0	0	0	0	0	36
PRIOR 2021 REPORTING YEAR TOTAL	0	0	33	4	1	0	0	0	1	0	0	0	0	0	39

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
ECTADI ICUMENT DEDODT

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT														
	SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID														
M149641 CMS ENERGY														
ADDRESS CITY/TOWN STATE ZIP CODE														
1 ENERGY PLAZA JACKSON MI 49201														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſΕ											
BC34860		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
409 SOUTH COOPER JACKSON MI 49201														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310														

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L.	CIIOI	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2021 REPORTING YEAR TOTAL	0	0	5	1	0	0	0	0	2	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT													
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
M149641 CMS ENERGY													
ADDRESS CITY/TOWN STATE ZIP CODE													
1 ENERGY PLAZA JACKSON MI 49201													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E										
I767331		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
69333 OMO RD ARMADA MI 48005													
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310													

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
•								•	•						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	1	1	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	12	0	0	0	0	0	0	0	0	0	0	0	12
Operatives	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	15	1	1	0	0	0	2	0	0	0	0	0	19
PRIOR 2021 REPORTING YEAR TOTAL	0	0	16	1	1	0	0	0	3	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT														
ESTABLISHMENT REPORT														
SECTION B - EMPLOYER IDENTIFICATION														
OFS COMPANY ID EMPLOYER NAME														
M149641 CMS ENERGY														
ADDRESS CITY/TOWN STATE ZIP CODE														
1 ENERGY PLAZA JACKSON MI 49201														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
GF46694		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
4925 W PROGRESS DR LUDINGTON MI 49431														
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)													

380442310

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221115 - Wind Electric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L.	CIIOI	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	1	0	0	0	0	0	11
PRIOR 2021 REPORTING YEAR TOTAL	0	0	13	0	0	0	0	0	2	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56121 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1530 E. Jolly Rd **LANSING** 48910 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION

221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	0	54	2	0	0	0	1	0	0	0	0	0	0	58
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	70	2	0	0	0	1	0	0	0	0	0	0	74
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT									
ESTABLISHMENT REPORT									
SECTION B – EMPLOYER IDENTIFICATION									
OFS COMPANY ID	EMPLOYER NAME								
M149641	CMS ENERGY								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE					
1 ENERG	SY PLAZA	JACKSON	MI	49201					
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME								
I767304									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
4141 142	2ND AVE	HAMILTON	MI 49419						
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310									

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
•	•														
	Hispanic		Not Hispanic or Latino												
		or Latino		Male				Female							
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	6	0	0	0	0	0	2	1	0	0	0	0	9
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	2	1	0	0	0	0	12
PRIOR 2021 REPORTING YEAR TOTAL	1	0	5	0	0	0	0	0	3	1	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	FURN	AHO	NKEI	OKI (EEO-	I COM	PONE.	N I I)					ation Dat		
						E OF RI NT REF					,				
		SECT	ION E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
M149641							CMS	ENER	GY						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
1 ENERGY I	PI A7A							ACKSO				MI		4920	
		ADEE	DC OD	DOT A D	I ICIIN	ADDITO T				ELONI (C 1:			1020	
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	HEADO	ILAPTEI	EVEL.	TARLIS	HMENT	ΠΟΝ (11 Γ-LEVEL	t applica	ible)			
J027084					HEAD		ISUME				INAIVIL				
						CON									
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
35350 KELI	Y RD						MOUN	IT CLE	MENS			MI		4804	13
	SECTI	ON D -	EMPI		IDENT 380442	TIFICA' 310	TION N	UMBE	R (EIN)					
	\$	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER I	NO LO	NGER I	N BUSI	INESS		
SE	CTION					OR DE			f applic	able)					
			_	-		UNAVA									
☐ YES (Single-Establishn	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishn	ent Em	ployer is	Federal	Contra	ctor)		
X YES (Headana	rters is l	Federal	Contrac	tor) 💢	YES (N	Ion-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
_ 120 (Touchqua					,		-							
									ments 1	s Federa	1 Contra	ictor)			
		S.				INFOR									
	SF	CTION	J H – V	VORKE	ORCE	DEMO	GRAPE	HC DA	TA						
				· OILLI	ORCE		Race/E								
	Hisp	anic						Hispan		atino					
		atino			M	lale					Fen	nale			
				ا ۔ ا		हैं व	ō	es		ے		Native Hawaiian or Other Pacific Islander	o l	es	
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	o o	i ţi.	_	<u>:≅</u> <u>S</u>	ndį.	9 E	س ا	or Jer	_	<u>ië</u> <u>IS</u>	ati	9	Total
	Male	Female	White	ck or Afric American	Asian	ii a ∣	nerican Indian Alaska Native	<u>5</u>	White	Black or an Amer	Asian	a a	n la	5	
	≥	- E	≥	ا الله	Ä	F S	ica	- -	≥	Bla an	Ä	ac =	ica Isk	2	
				<u>ac</u>		er E	Ala	0		- ji		er F	Ala	0	
						Native Hawaiian or Other Pacific Islander	An .	≥		₹		물	A	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	9	6	0	0	0	0	6 9	2	0	0	0	0	25
Professionals Technicians	0	0	10 4	0	0	0	0	0	7	1	0	0	0	1	24 13
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	2	0	49	12	1	0	1	0	10	2	0	0	2	0	79
Operatives Laborers and Helpers	0	0	46 0	0	0	0	0	0	0	0	0	0	0	0	54 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	118	25	2	0	1	0	39	8	0	0	3	1	199
PRIOR 2021 REPORTING YEAR TOTAL	2	0	114	19	2	0	1	1	35	8	0	0	3	1	186

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
ESTABLISHMENT DEDODT

ESTABLISHMENT REPORT														
	SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID		EMPLOYER NAME												
M149641 CMS ENERGY														
ADDRESS CITY/TOWN STATE ZIP CODE														
1 ENERGY PLAZA JACKSON MI 49201														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
W327148		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
1325 TIPPY DAM ROAD WELLSTON MI 49689														
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)													

380442310

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

221111 - Hydroelectric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2021 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
M149641		CMS ENERGY								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1 ENERG	Y PLAZA	JACKSON	MI	49201						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ИE							
W327161		CONSUMERS ENERGY CO								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
4501 40TH ST KENTWOOD MI 49512										
		ENTIFICATION NUMBER (EIN) 0442310								
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ED DIT IN C DI LOIDIT INI								

### SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

## SECTION G - NAICS INFORMATION

221112 - Fossil Fuel Electric Power Generation

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	3	0	0	0	0	0	0	0	0	0	1	0	4
Technicians	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	17	0	0	0	0	0	0	0	0	0	0	0	17
Operatives	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	26	1	0	0	0	0	2	1	0	0	1	0	31
PRIOR 2021 REPORTING YEAR TOTAL	0	0	24	1	0	0	0	0	1	1	0	0	1	0	28

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

	SECTION A - T	TYPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	Y PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ.								
JQ32545		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
701 Beck St JONESVILLE MI 49250											
		ENTIFICATION NUMBER (EIN) 0442310									

### SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221115 - Wind Electric Power Generation

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	S.E.	<i>(</i> C1101	111 1	ORIGI	ORCE	DEMO	Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					1
	or La	atino			М	lale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2021 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	1	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	R INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0 Expiration Date: 08/31/202  SECTION A – TYPE OF REPORT														
			SECT	TION A	- TYP	E OF RI	EPORT								
			E	STABLI	SHME	NT REF	PORT								
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M149641							CMS	ENER	GY.						
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
1 ENERGY F	PLAZA						JA	ACKSC	N			MI		4920	01
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	'IFICA'	TION (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
P157223						CON	SUME	RS EN	ERGY	CO					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
1801 W MAIN	STREE	Т					0	woss	0			MI		4886	<b>37</b>
	SECTI	ON D -	- EMPI	LOYER	IDEN	ΓΙΓΙCA	TION N	UMBE	R (EIN	<u>)</u>			1		
					380442	310									
Warrage 1 1 Fig. 11						FILING				NO 1 01	CED	N. DEIG	DIEGO.		
X YES (Employer Is Eligible				-							NGER I	IN BUSI	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	'OR DE UNAVA	SIGNA'	TION (	if applic	able)					
<b>—</b> • • • • • • • • • • • • • • • • • • •			_									. ~ .			
☐ YES (Single-Establishm	_	-													
X YES (I	Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		X Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	establish	ments i	s Federa	l Contra	actor)			
			ECTIO	ON G - 1	NAICS	INFOR	MATIO	N							
						wer Dis									
	SE	CCTION	N H – V	VORKE	ORCE	DEMO									
							Race/E								1
		oanic atino			M	la <b>l</b> e	Not	Hispan	IIC OF L	.atino	Fer	nale			1
	OI L	auno		1	10	laic				1	1 61	laic			-
	'					or	<u> </u>	တ္သ		_		z ja	<u> </u>	S	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	40	ᆲ道	_	Native Hawaiian ther Pacific Islan	nerican Indian Alaska Native	2		e e	_	l ig ig	nerican Indian Alaska Native	2	Total
	Male	Female	White	ck or Afric American	Asian	iji 🥉	드	0.0	White	Black or	Asian	iji s	드	<u> </u>	
	Σ	<u>ē</u>	≥	중 분	∛	ac I	car	Σ	≥	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<del>%</del>	ac ±	Ska	Σ	
	'	_		<u>ac</u>		j Š	eri Na:	Ō		H . iž		i e	eri Na	0	
				₩		at le	Am /	Ž		₹		the st	Am /	ĭŽ	
						-0	`					-0	`		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	5	1	0	0	0	0	15
Professionals Technicians	0	0	9	0	0	1	0	0	3	0	0	0	0	0	14 10
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Craft Workers	2	0	35	0	0	0	0	0	1	0	0	0	0	0	38
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	1	0	7
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	68	0	1	1	0	0	15	1	0	0	1	0	89
PRIOR 2021 REPORTING YEAR TOTAL	2	0	62	0	0	1	0	0	14	1	1	0	1	0	82
	1 '	1	1	1	I	1	I	I	1	1	1	1	ı		1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA **JACKSON** 49201 MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

382726436

### SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

**CONSUMERS ENERGY CO** 

CITY/TOWN

**ROBERT LEE** 

STATE

TX

ZIP CODE

76945

### SECTION G - NAICS INFORMATION

221115 - Wind Electric Power Generation

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VURKE	URCE	DEMO									
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

JQ32534

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

190 Cemetery Road

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

# SECTION A TYPE OF DEPORT

ESTABLISHMENT REPORT												
OFS COMPANY ID	SECTION B - EMPLO	DYER IDENTIFICATION  EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERGY PLAZA JACKSON MI 49201												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>I</b> E									
W327368		CMS GENERATION OPERATING II INC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
201 EXECUTIVE PARKWAY NEW BERN NC 28562												
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

161340712

## SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
•								•	•						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	1	2	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	10	2	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	1	19	2	1	0	0	0	3	0	0	0	0	0	27
PRIOR 2021 REPORTING YEAR TOTAL	1	1	21	1	1	0	0	0	3	0	0	0	0	0	28

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56112 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1540 Four Mile Rd NW **WALKER** 49544 MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221122 - Electric Power Distributior SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander Two or More Races American Indian or Alaska Native American Indian or Alaska Native More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male ᇹ Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Professionals Technicians 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Sales Workers Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 n 0 0 0 Craft Workers 0 Operatives 0 0 12 0 1 0 0 0 0 0 0 0 0 0 13 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0

SECTION I – WORKFORCE SNAPSHOT PERIOD

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12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

Service Workers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT  ESTABLISHMENT REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	SY PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
W327183		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
124 W ALLEGAN, STE 1800 LANSING MI 48933												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

380442310

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	3	1	0	0	0	0	3	0	0	0	0	0	7
PRIOR 2021 REPORTING YEAR TOTAL	0	0	3	1	0	0	0	0	4	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT											
ESTABLISHMENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERGY PLAZA JACKSON MI 49201											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E								
M664364		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE										
10021 MARINE CITY HWY IRA MI 48023											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

## SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~~			OKK			Race/E								
	Hisn	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		поры			Fen	nale			
	J					<u> </u>				1 1					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	1	9	0	0	0	0	0	0	0	0	0	0	0	10
Technicians	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	21	0	0	0	0	0	0	0	0	0	0	0	21
Operatives	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	44	1	0	0	0	0	3	0	0	0	0	0	49
PRIOR 2021 REPORTING YEAR TOTAL	0	1	43	2	0	0	0	0	4	0	0	0	0	0	50

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER II	NFORM	IATIO.	NKEI	OKI (	EEO-	I COM	PONE	N I 1)					ation Dat		
						E OF RI NT REF					•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
M149641							CMS	ENER	.GY						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
1 ENERGY	PLAZA						J	ACKSO	N			MI		4920	01
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
JA29536						CON	ISUME	RS EN	ERGY	CO					
HEADQUARTERS OR ESTABLISH	1ENT-LEV	VEL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	)DE
505 JONES\	ILLE RD	)					CO	LDWAT	ΓER			MI		4900	36
	SECTI	ON D -	EMPI		IDEN 380442	TIFICA'	TION N	UMBE	R (EIN	)	•		•		
						FILING									
X YES (Employer Is Eligib				-							NGER I	IN BUSI	NESS		
Si	ECTION					OR DE: UNAVA			if applic	able)					
☐ YES (Single-Establish	T		_							1	. E. J	1 C	-4		
· -	_	-													
X YES	(Headqua					,		•					actor)		
						ı-Headqı			ments i	s Federa	l Contra	actor)			
		S				INFOR ower Dis									
	SE	ECTION				DEMO			TA						
							Race/E								
		oanic					Not	Hispan	ic or L	atino					
	or L	atino		I I	M	lale	I				Fen	nale			
						<u>د</u> د	يا	က္ခ		_		r er	_	ŵ	
				an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	0	<u>o</u>	o o	Black or African American	_	ajis	nerican Indian Alaska Native	e R	o o	or neri	_	aiis	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A eric	Asian	as j	n a	/lor	White	Black or an Amer	Asian	law ific	in Ir	Лoг	
		R	<	Are	⋖	Pac	rica	or	<	Bla	⋖	'e H Pac	rica ask	٥٠	
				<u>BB</u>		atj.	E E	٥		\fri		ativ	me Al	Q.	
						Zg	⋖	ŕ		`		Z	⋖	É	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	1	0	31	1	0	0	1	0	0	0	0	0	0	0	34
Operatives  Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	_ 2	0	40	1	0	0	2	0	3	0	0	0	0	0	48
BRIOD 2004 DEPOSITIVO VEAS	0	0	20		0	0	_				0	0	_	0	40
PRIOR 2021 REPORTING YEAR TOTA		O SECTION	38	WORK	FORCI	0 E SNAP	2 SHOT I	0 DEDIOI	4	0	0	0	0	0	46
	i	SEC H	) N I —	WOKK	r UKUl	L SNAP	SUOLI	LKIUI	U						

12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT											
ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
M149641		CMS ENERGY									
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE										
1 ENERG	Y PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
FH11343		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
700 E STERNBERG RD NORTON SHORES MI 49441											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

## SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	8	0	0	0	0	0	8	0	0	0	1	0	17
Professionals	0	0	13	0	0	0	1	0	6	0	0	0	0	1	21
Technicians	1	0	7	2	0	0	0	1	3	0	0	0	0	0	14
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	3	1	0	0	0	0	4
Craft Workers	2	0	41	1	0	0	0	0	1	0	0	0	0	0	45
Operatives	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	73	4	0	0	1	1	22	1	0	0	1	1	107
PRIOR 2021 REPORTING YEAR TOTAL	3	0	77	3	0	0	1	2	17	2	0	0	2	1	108

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT											
ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
M149641 CMS ENERGY											
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1 ENERG	SY PLAZA	JACKSON	MI	49201							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE								
M664243		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
1975 W PARNALL RD JACKSON MI 49201											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

## SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

						DEMO	Race/E								
	Hist	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
							A .	Two				0	,		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	3	0	0	0	0	0	2	0	0	0	0	0	6
Professionals	0	0	6	1	0	0	1	0	1	1	1	0	0	0	11
Technicians	0	0	4	0	0	0	0	0	4	1	0	0	0	0	9
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	7	2	0	0	0	0	6	1	0	0	0	0	16
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	23	3	0	0	1	0	13	3	1	0	0	0	45
PRIOR 2021 REPORTING YEAR TOTAL	1	0	21	3	0	0	0	0	14	3	0	0	0	0	42

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID												
M149641 CMS ENERGY												
ADDRESS CITY/TOWN STATE ZIP CODE												
1 ENERG	Y PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
I767263		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
9440 NAPIER ROAD NORTHVILLE MI 48167												
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

# SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
•								•	•						
		anic					NOt	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	2	1	0	0	0	0	1	1	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	8	1	0	0	0	0	3	0	0	0	0	0	12
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	14	3	0	0	0	0	5	1	0	0	0	0	23
PRIOR 2021 REPORTING YEAR TOTAL	0	0	15	2	0	0	0	0	4	1	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT											
ESTABLISHMENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
M149641		CMS ENERGY									
ADDRES	SS .	CITY/TOWN	STATE	ZIP CODE							
1 ENERGY PLAZA JACKSON MI 49201											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ.								
JA29525		CONSUMERS ENERGY CO									
HEADQUARTERS OR ESTABLIS	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE										
2219 CHAPIN ST JACKSON MI 49201											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

380442310

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	•						
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	1	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	20	0	0	0	0	0	0	0	0	0	0	0	20
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	25	1	0	0	0	0	2	0	0	0	0	0	28
PRIOR 2021 REPORTING YEAR TOTAL	0	0	27	0	0	0	0	0	2	0	0	0	0	0	29

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		YPE OF REPORT MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	Y PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
1166066		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4000 CLA	Y AVE SW	GRAND RAPIDS	MI	49548

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

## SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
	112		I						•	-4!					
		anic					NOt	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
First/Mid-Level Officials and Managers	6	1	45	3	0	0	0	0	17	1	0	0	0	0	73
Professionals	5	1	100	2	3	0	0	1	34	8	1	0	1	1	157
Technicians	1	4	37	5	0	0	0	0	35	3	1	0	0	3	89
Sales Workers	0	0	7	0	0	0	0	0	1	0	0	0	0	1	9
Administrative Support Workers	1	7	10	1	0	0	0	0	50	9	1	0	0	2	81
Craft Workers	7	1	92	4	2	0	1	3	4	0	0	0	0	0	114
Operatives	0	0	13	2	0	0	0	1	3	2	1	0	1	0	23
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	21	14	306	17	5	0	1	5	145	23	4	0	2	7	550
PRIOR 2021 REPORTING YEAR TOTAL	21	12	308	17	5	0	1	5	153	28	4	0	0	6	560

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													ontrol Nu ation Dat		
						E OF RI					,				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
M149641								ENER							
ADDRESS								TY/TOV				STATE		ZIP CC	
1 ENERGY P								ACKSC				MI		4920	)1
SECTION C – HE HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			<u>MENT-L</u> DUARTEI						ıble)			
GP12297					HEADQ	•	ISUME				NAME				
HEADOUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	DRESS			001		TY/TOV				STATE	1	ZIP CC	DE
165 W MICHIGA			ACLOS					ACKSC				MI		4920	
			EMPI			ΓΙΓΙCA				)					
		SECTIO	ON E -		380442 OYER	310 FILING	G ELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUSI	INESS		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)					
						UNAVA			••	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
X YES (H	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
						INFOR									
						wer Dis									
	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI Race/E								
	Hisp	anic						Hispan	-	atino					-
		atino			M	ale					Fen	nale			
												r			
				⊑		Native Hawaiian or Other Pacific Islander	٥٥	Two or More Races		a		Native Hawaiian or Other Pacific Islander	or 3	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian other Pacific Islan	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian oı Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	awa fic I	Na Sa	ore	White	Black or an Amer	Asian	iwa fic I	l Inc	ore	Total
	Ž	Fer	⋛	k o	As	H ₂	car	ŗ	₹	3lac	As	H ₂	car ska	Σ	
				lac A		tive	neri Ala	0 0		Ţ.		tive er F	neri Ala	0	
				"		도 등 등	₹	≥		∢		윤	Ar	, ≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	5	1	0	0	0	0	2	1	0	0	0	0	9
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	7	1	0	0	0	0	8	1	0	0	0	0	18
CORRENT 2022 REPORTING TEAR TOTAL	<u>'</u>	U	/		U	U	U	U	0		U	U	U	v	10
PRIOR 2021 REPORTING YEAR TOTAL	1	1	9	1	0	0	0	0	8	1	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT IMENT REPORT		
	SECTION B – EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
I766938		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
100 N EAS	T STREET	BOYNE CITY	MI	49712
		ENTIFICATION NUMBER (EIN)		

## SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

# SECTION G - NAICS INFORMATION

221113 - Nuclear Electric Power Generation

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•	,						
		anic					NOt	Hispan	IC Or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	3	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	3	0	0	0	0	0	3	0	0	0	0	0	6
Technicians	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	27	0	1	0	1	0	0	0	0	0	0	0	29
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	41	0	1	0	1	0	4	0	0	0	0	0	48
PRIOR 2021 REPORTING YEAR TOTAL	1	0	38	0	0	0	1	0	4	0	0	0	0	0	44

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A – TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME M149641 **CMS ENERGY** ADDRESS CITY/TOWN STATE ZIP CODE 1 ENERGY PLAZA 49201 JACKSON MI SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC56185 **CONSUMERS ENERGY CO** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3250 Middlebelt **INKSTER** MI 48141 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 380442310 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) XYES (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 221210 - Natural Gas Distribution SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Other Pacific Islande Native Hawaiian or Other Pacific Islander **Two or More Races** American Indian or Alaska Native American Indian or Alaska Native More Races African American **Black or African** Native Hawaiian Native Hawaiian Row **JOB CATEGORIES** American Black or Total Female White Asian White Asian Male ᇹ Two Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Professionals Technicians 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Sales Workers Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 n 0 0 0 Craft Workers 0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

null

Operatives

Laborers and Helpers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		TYPE OF REPORT  IMENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME	,									
M149641 CMS ENERGY												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	SY PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
GF46683		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
3741 W H	OPPE RD	UNIONVILLE	MI	48767								
		ENTIFICATION NUMBER (EIN)										

## SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221115 - Wind Electric Power Generation

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	<i>(</i> C1101	111 1	ORIGI	ORCE	DEMO	Race/E								
								•							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	15	0	0	0	0	0	0	0	0	0	0	0	15
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	0	1	0	0	0	0	0	19
PRIOR 2021 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	0	1	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		TYPE OF REPORT  IMENT REPORT										
		OVER IDENTIFICATION										
OFS COMPANY ID	SECTION D - EMILEC	EMPLOYER NAME										
M149641		CMS ENERGY										
ADDRES	SS .	CITY/TOWN	STATE	ZIP CODE								
1 ENERG	SY PLAZA	JACKSON	MI	49201								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
<b>I</b> 767414		CONSUMERS ENERGY CO										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
8720 PECKINS RD LYONS MI 48851												
		ENTIFICATION NUMBER (EIN)										

380442310

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221111 - Hydroelectric Power Generation

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
PRIOR 2021 REPORTING YEAR TOTAL	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

		MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
M149641		CMS ENERGY		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1 ENERG	SY PLAZA	JACKSON	MI	49201
SECTION C	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>I</b> E	
I767296		CONSUMERS ENERGY CO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4131 138TH	AVE RTE 1	HAMILTON	MI	49419
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

380442310

### SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

# SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

	J.L	C1101	111 1	VUKKI	ORCE		Race/E								
								•							
		anic					Not	Hispan	ic or L	atıno					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Technicians	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	14	0	0	0	0	0	4	0	0	0	0	0	18
PRIOR 2021 REPORTING YEAR TOTAL	0	0	14	0	0	0	0	0	4	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT													
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME														
M149641 CMS ENERGY														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	Y PLAZA	JACKSON	MI	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>I</b> E											
FH11376		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
14500 DI	XIE HWY	HOLLY	MI	48442										
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)												

380442310

### SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

## SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
								•								
		anic					Not	Hispan	ic or L	atıno					1	
	or Latino		Male							Female						
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	11	1	0	0	0	0	3	0	0	0	0	0	15	
Professionals	0	0	9	0	1	0	0	0	4	0	0	0	0	0	14	
Technicians	1	0	8	1	0	0	0	0	6	1	0	0	0	0	17	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	1	1	0	0	0	0	1	0	0	0	0	1	4	
Craft Workers	1	0	29	1	0	0	0	0	4	1	0	0	0	0	36	
Operatives	0	0	26	0	0	0	0	1	4	0	0	0	0	0	31	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTAL	2	0	84	4	1	0	0	1	22	2	0	0	0	1	117	
PRIOR 2021 REPORTING YEAR TOTAL	2	0	76	2	1	0	0	1	21	2	0	0	0	1	106	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT													
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME													
M149641	149641 CMS ENERGY												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
1 ENERG	SY PLAZA	JACKSON	MI	49201									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
J027126		CONSUMERS ENERGY CO											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1100 WASH	INGTON ST	MIDLAND	MI	48640									
		ENTIFICATION NUMBER (EIN)											

## SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•							
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	4	1	0	0	0	0	5	0	0	0	0	0	10
Professionals	1	0	10	0	0	0	0	0	6	0	0	0	1	0	18
Technicians	1	0	11	0	0	0	0	0	3	0	0	0	0	0	15
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	1	1	34	2	1	0	1	0	1	0	0	0	0	0	41
Operatives	0	1	10	0	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	2	70	3	1	0	1	0	17	0	0	0	1	0	98
PRIOR 2021 REPORTING YEAR TOTAL	3	2	60	3	1	0	0	0	15	0	0	0	1	0	85

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT														
	ESTABLISHMENT REPORT													
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME														
M149641 CMS ENERGY														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	SY PLAZA	JACKSON	MI	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
1166088		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
2500 E C	CORK ST	KALAMAZOO	MI	49001										
_	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)	·											

380442310

### SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

### **SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•							
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	23	5	0	0	0	1	3	1	0	0	0	0	34
Professionals	2	0	31	2	1	0	0	2	9	0	0	0	0	0	47
Technicians	2	0	16	1	1	0	1	0	5	1	1	0	0	0	28
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	2	0	0	0	0	0	5	1	1	0	0	0	9
Craft Workers	3	0	94	5	2	0	1	0	1	0	0	0	0	0	106
Operatives	1	0	22	2	0	0	1	0	3	0	0	0	0	0	29
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	0	189	15	4	0	3	3	26	3	2	0	0	0	254
PRIOR 2021 REPORTING YEAR TOTAL	8	1	192	18	4	0	3	3	25	3	1	0	0	0	258

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

	ESTABLISHMENT REPORT													
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
M149641 CMS ENERGY														
ADDRES	S	CITY/TOWN	STATE	ZIP CODE										
1 ENERG	Y PLAZA	JACKSON	MI	49201										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>I</b> E											
<b>I</b> 767197		CONSUMERS ENERGY CO												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
5035 PRO0	GRESS DR	LUDINGTON	MI	49431										

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

380442310

### SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

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X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

221122 - Electric Power Distribution

# SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•	•						
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	18	0	0	0	0	0	0	0	0	0	0	0	19
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	29	0	0	0	0	0	1	0	0	0	0	0	32
PRIOR 2021 REPORTING YEAR TOTAL	2	0	23	0	0	0	0	0	1	0	0	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)