	Form	990-T	E	xempt Organi					ax Returr	<b>1</b>	OMB No 1545-0687
					proxy tax und	er se	ction 60	33(e))			2040
			For cal	endar year 2018 or other tax year b	gov/Form990T for in	ntru nti		ending		-	2018
		rtment of the Treasury all Revenue Service	<b>•</b>	Do not enter SSN numbers	•					,	Open to Public Inspection for 501(c)(3) Organizations Only
	A [	Check box if address changed		Name of organization (						D Emp	loyer identification number ployees' trust, see uctions)
9	2 B E	xempt under section	Print	THE KRESGE FOUNDAT:	ON					1	38-1359217
2 U		]501(c <b>//j</b> 03)	10 2017	Number, street, and room or		x, see in	structions				lated business activity code instructions )
C	• <u> </u>	408(e) 220(e)	Туре	3215 WEST BIG BEAVE	ER					┙,	,
1		408A530(a) 529(a)		City or town, state or province TROY, MI 48084	ce, country, and ZIP o	r foreigi	n postal cod	e		5259	90
	C Bo	ock value of all assets end of year	of year								
	<b>ப</b>	3,724,612,		G Check organization type			<u></u>	i01(c) trust	401(a	ı) trust	Other trust
'n,	SH Er			tion's unrelated trades or bus		1			the only (or first) u		and the second s
ENVELOPE	¥ tra			STMENTS IN LIMITED			<del></del>		complete Parts I-V		•
Ä	¥ ae			ce at the end of the previous s	entence, complete Pa	irts I and	d II, complet	e a Schedule	M for each addition	nal trade	e or
Z	<b>S</b> 0	siness, then complete I		oration a subsidiary in an affil	isted aroun or a parer	nt-cuber	diany contro	lled group?			es X No
	<b>6</b> 11			ifying number of the parent co		it aubai	diary contro	iida group		' لـــا	63 [] 140
				MY B. ROBINSON, VP,				Telepho	one number 🕨 2	48-64	13-9630
				le or Business Incon			(A) In	come	(B) Expense		(C) Net
	1 a	Gross receipts or sale	s								
	b	Less returns and allow	vances		Balance -	1c					
	2	Cost of goods sold (S			_	2				_	
	3	Gross profit. Subtract			$\sim$	3			<del>-</del>		
	4 a	Capital gain net incom	•	•	- //v /	4a		670,426.			670,426.
	b			art II, line 17) (attach Form 47	97) 🐧	4b	· · · · · ·	594.			594.
	C E	Capital loss deduction		ts hip or an S corporation (attac	h statement)	4c 5	- 2	183,741.			-2,183,741.
	5 6	Rent income (Schedul		mp or an 3 corporation (attac	i statement)	6		103,711.	·· · · · · · · · · · · · · · · · · · ·		2,103,741.
	7	Unrelated debt-finance	,	ne (Schedule E)		7					
	8			nd rents from a controlled orga	nization (Schedule F)	8					
	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organ	nization (Schedule G)	9				-	
	10	Exploited exempt activ	rity incoi	me (Schedule I)		10					
	11	Advertising income (S		•		11			_		
	12	Other income (See ins		•		12					
		Total. Combine lines			(0	13		512,721.			-1,512,721.
	Га	(Except for c	ontribu	t Taken Elsewhere tions, deductions must be	or enoutoursty deep directly connected	r iimita I with ti	itions on de he unrelate	auctions) d business	income )		
	14			ectors, and trustees (Schedul	87				,	14	·
	15	Salaries and wages	cors, un	cotors, and trastees (ochean	RECE	IVE	$\mathbf{D}$			15	
	16	Repairs and maintena	ance		1 1					16	
ת	17	Bad debts			NOV 1	201	9 80			17	
227	18	Interest (attach sched	dule) (se	e instructions)		, _0.	€9‡	STATEMEN	T 23	18	6,434.
3	19	Taxes and licenses			SOGDE	AI I	17			19	264,000.
-4	20		•	instructions for limitation rule	s) STATEMENT	28, C	SEE	STATEMEN	Т 24	20	0.
	21	Depreciation (attach i		•				21	<u> </u>	-	ļ
	22	,	ımea on	Schedule A and elsewhere or	return			22a	<del>-</del>	22b	<u> </u>
_	23 24	Depletion  Contributions to defe	rrad con	noncation plans						23	<u> </u>
	25	Employee benefit pro		ipensation plans						24	
	26	Excess exempt expen	-	hedule i)						26	
Ź	27	Excess readership co								27	
Ž	28	Other deductions (att					SEE	STATEMEN	г 25	28	75,604.
J	29	Total deductions Ad	ld lines :	14 through 28						29	346,038.
	30	Unrelated business ta	xable in	come before net operating los	s deduction Subtract	line 29	from line 13	3		30	-1,858,759.
	31			oss arısıng ın tax years beginn	-	y 1, 20	18 (see instr	uctions)		31	
	32			come Subtract line 31 from li						32	-1,858,759.
	82370	1 01-09-19 LHA <b>Fo</b> i	Paperv	vork Reduction Act Notice, se	e instructions.					6	Form <b>990-T</b> (2018)

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6-18

Form **990-T** (2018)





1 01111 000 1	(CO TO THE MEDGE LOCKETHION			JU 100.	721		
Part II	Total Unrelated Business Taxable Inco	ome					
33	Total of unrelated business taxable income computed from al	unrelated trades or businesses	(see instructions)		33	-1,858	8,759.
34	Amounts paid for disallowed fringes				34	5.5	5,144.
35	Deduction for net operating loss arising in tax years beginning	p before January 1, 2018 (see in	structions)		35		
36	Total of unrelated business taxable income before specific de						
	lines 33 and 34				36	-1,803	3,615.
37	Specific deduction (Generally \$1,000, but see line 37 instruction	ons for exceptions)			37		1,000.
	Unrelated business taxable income. Subtract line 37 from li	•	line 36		"		
30	enter the smaller of zero or line 36	no oo. Ii iino or is groator than			38	-1,803	3 615
Part I	✓ Tax Computation				<u> </u>		,
39		219/ (0.21)			39		0.
	Organizations Taxable as Corporations Multiply line 38 by		int on line 10 from	•	39		<del></del>
40	Trusts Taxable at Trust Rates See instructions for tax comp	utation, income tax on the amor	ant on tine 38 from.	_	$\vdash$		
	Tax rate schedule or Schedule D (Form 1041)				40		
41	Proxy tax See instructions			<b>•</b>	41		
	Alternative minimum tax (trusts only)				42	<del></del>	
	Tax on Noncompliant Facility Income. See instructions				43	-	
_	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever ap	plies			44		0.
Part V					<del>, , ,</del>		
	Foreign tax credit (corporations attach Form 1118; trusts attach	ch Form 1116)	45a		1		
b	Other credits (see instructions)		45b		4		
C	General business credit Attach Form 3800		45c		1 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d				
е	Total credits. Add lines 45a through 45d				45e		
46	Subtract line 45e from line 44				46		0.
47	Other taxes. Check if from: Form 4255 Form 861	1 🔲 Form 8697 🔲 Form	ı 8866 🔲 Other	(attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)				48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-	B, Part II, column (k), line 2			49		0.
50 a	Payments: A 2017 overpayment credited to 2018		50a	595,228.			
	2018 estimated tax payments		50b		1		
	Tax deposited with Form 8868		50c		1		
	Foreign organizations: Tax paid or withheld at source (see ins	tructions)	50d		7		
	Backup withholding (see instructions)		50e		1		
	Credit for small employer health insurance premiums (attach)	Form 8941)	50f		1		
	Other credits, adjustments, and payments: Form 2439	· · · · · · · · · · · · · · · · · · ·			1		
8	Form 4136 X Other	458,222. Total	▶   50g	458,222.	1 1		
51	Total payments Add lines 50a through 50g	· · · · · · · · · · · · · · · · · · ·	TEMENT 27		51	1 053	3,450.
	Estimated tax penalty (see instructions). Check if Form 2220 i				52	1,000	, 100.
	Tax due If line 51 is less than the total of lines 48, 49, and 52	· —		_	53		
		•			54	1 053	450
-	Overpayment If line 51 is larger than the total of lines 48, 49		. 1		<del>  "   -</del>	1,033	0.
Part V	Enter the amount of line 54 you want: Credited to 2019 estim    Statements Regarding Certain Activities			funded >	55		
	<u> </u>	<del></del>	<u>`</u>				Т
	At any time during the 2018 calendar year, did the organizatio	•		-		Yes	No No
	over a financial account (bank, securities, or other) in a foreig			е			
	FinCEN Form 114, Report of Foreign Bank and Financial Accou	ints If "Yes," enter the name of	the foreign country				+
	here DUNITED KINGDOM	<del> </del>				x	
57	During the tax year, did the organization receive a distribution	from, or was it the grantor of, o	r transferor to, a fo	reign trust?		ļ	X
	If "Yes," see instructions for other forms the organization may	have to file				ľ	
58	Enter the amount of tax-exempt interest received or accrued d						1
	Under penalties of perjury, I devare that I have examined this return, in correct, and complete Declaration of preparer tother than taxpayer) is	ncluding accompanying schedules and	d statements, and to the	best of my knowle	dge and belief	f, it is true,	
Sign		.1 1.	ala nasany knowledg			cuss this return	
Here	Midwell Replace	PRESIDEN	T		-	own below (see	WILLI
	Signature of officer Date	Title			structions)?		No
	Print/Type preparer's name Preparer'	s signature	Date	Check	f PTIN		
Paid			11-7-19	self- employed			
	FOR FODD P. COOK	d B. Cook	11-1-13		P005	40130	
Prepa	CI	· · · · · ·		Firm's EIN ▶			
Use O	200 RENAISSANCE CENTER	SUITE 3900		1			
	Firm's address DETROIT MI 48243	•		Phone no 3	13-396-3	3000	

Form **990-T** (2018)

Page 3

Schedule A - Cost of Good	ls Sold. Enter	method of inven	ntory va	luation N/A						
Inventory at beginning of year	11	·		Inventory at end of year			6			
2 Purchases	2		⊣ -	Cost of goods sold Su		ine 6				
3 Cost of labor	3		_	from line 5 Enter here						
4a Additional section 263A costs			_	line 2		,	7			
(attach schedule)	4a			Do the rules of section	263A (v	with respect to			Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to							
5 Total Add lines 1 through 4b	5		_	the organization?		,,				Х
Schedule C - Rent Income		Property and			ease	d With Real Prop	erty	)		
(see instructions)				,		•	-			
1 Description of property	···		-			,				
(1)	<del></del> -	<u> </u>								
(2)										
(3)		<u>-</u>		· ·						
(4)										
	2 Rent receiv									
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ty exceeds 50% or it							
(1)			-	_		-		_		
(2)										
(3)										
(4)										
Total	0.	Total			0.		-			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	•			0.
Schedule E - Unrelated Del		Income (see	ınstruc	tions)		<u> </u>				
		,				3 Deductions directly co	nnected	with or allocable	9	
				Gross income from or allocable to debt-	/01	Straight line depreciation	(b) Other deductions			
1 Description of debt-fi	nanced property			financed property	(4/	(attach schedule)		(attach sch	edule)	5
(1)										
(2)										
(3)										
(4)										_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))		ons lumns
(1)			<b>†</b>	%			$\dashv$			
(2)				%		-				
(3)				%						
(4)	·			%						
			1			Enter here and on page 1, Part I line 7, column (A)		Enter here and Part I, line 7, co		
					1		.			

0.

Total dividends-received deductions included in column 8

Form 990-T (2018) THE KRE	SGE FOUNDATION							38-135	9217	Page_4
Schedule F - Interest	t, Annuities, Ro	yalties, ar	nd Rents	From Cor	ntrolle	d Organiza	tions	(see ins	tructions	5)
			Exempt	Controlled O	ganızat	ions	<del></del>			
1 Name of controlled organ		Employer lentification number				otal of specified yments made	include	of column 4 to d in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)		•				<del></del>				
(2)									j	
(3)										
(4)										
Nonexempt Controlled Orga	anizations								····	
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) 9 To (see instructions)		9 Tota	al of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		is included zation's		luctions directly connected income in column 10
(1)										•
(2)										
(3)										
(4)										
	Ē			Add columns 5 and 10 Enter here and on page 1, Part I, E			Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)		
Totals		,		, ,,	. •			0.		0.
Schedule G - Investn (see in	nent Income of	a Section	501(c)(7	7), (9), or (1	7) Or	- -				T -
1 P	escription of income			2 Amount of	ncome				asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										<u> </u>
(2)				<u> </u>					<u> </u>	
(3)				<del></del>						<u> </u>
(4)				Fals: bara and a	1					Enter have and an page 1
				Enter here and o Part I, line 9, col	umn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	· [	0.	<u> </u>				0.
Schedule I - Exploite (see ins	d Exempt Activ	ity Incom	e, Other	_		ng Income				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction nrelated ss income	4 Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	net ed	6 Exp attribute colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1						
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I line 10, col (A)	page line 10	ere and on 1, Part I, ), col (B)				-			Enter here and on page 1 Part II, line 26
Totals	<b>▶</b>	0.	0.	<u> </u>						0.
Schedule J - Advertis Part I Income Fron	sing Income(s n Periodicals R			solidated l	Basis					
	<del></del>	ı				<del></del>	-			

Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5 Crculation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						ί
Totals (carry to Part II, line (5))	0.	0.				0.

5	9217	Page	5

Form 990-T (2018) THE KRESGE FOUNDATION

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Crculation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_		
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.			* * * 6	0 .
		Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	* * *	,	***	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	• 1.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		_%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

**SCHEDULE D** (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ 60 to www.irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

THE KRESGE FOUNDATION

38-1359217

SPart I Short-Term Capital Gai	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g	) <sup>*</sup>	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form, 8949, leave this line blank and go to line 1b	*				
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			41,702.		
4 Short-term capital gain from installment sales		4			
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa		6	(		
7 Net short-term capital gain or (loss) Combine				7	41,702.
∜Part II. Long-Term Capital Gai	ns and Losses (See i	nstructions)			1
See instructions for how to figure the amounts to enter on the lines below	(d)	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9, )	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.		-			,
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					1,
Form(s) 8949 with Box E checked					,
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					125,580.
11 Enter gain from Form 4797, line 7 or 9				11	503,144.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7	•	12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine Part III: Summary of Parts I and		n h		15	628,724.
16 Enter excess of net short-term capital gain (lir		l loss (line 15)		16	41,702.
17 Net capital gain. Enter excess of net long-term	ne 7)	17	628,724.		
18 Add lines 16 and 17 Enter here and on Form			·= · /	18	670,426.
Note: If losses exceed gains, see Capital loss	· · · · · · · · · · · · · · · · · · ·				

JWA

# Form

Department of the Treasury Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

38-1359217

THE KRESGE FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your roker and may even tell you which box to check Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long term Note. You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f) See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment (f) combine the result see Column (e) Ir Code(s) with column (g) the instructions PARTNERSHIP FLOW THROUGH 34,940. ACTIVITY - SEE STATEMENT 28 6,762. FORM 6781 PART 1 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

▶

above is checked), or line 3 (if Box C above is checked)

Page 2

Name(s) shown on return Name and		Social security number or taxpayer identification no.					
THE KRESGE FOUNDATION	Ì					38-1	359217
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ition as Form 109	you received any 99-B Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker A su ported to the IR	bstitute S by your
Part II Long-Term. Transaction		ıl assets you held r	nore than 1 year are	generally long term (s	ee instructions	For short term to	ansactions,
see page 1  Note: You may aggregate all codes are required. Enter the	long term transact	ions reported on F Schedule D. line 8a	orm(s) 1099 B showi	ng basis was reported to report these trans	d to the IRS and	d for which no adj n 8949 (see instru	ustments or ctions)
You must check Box D, E, or F below C If you have more long-term transactions than will  (D) Long-term transactions rep  (E) Long term transactions rep	theck only one bo fit on this page for one ported on Form(s	x If more than one b or more of the boxes ) 1099-B showin	ox applies for your long- complete as many form g basis was repor	term transactions complies with the same box checked to the IRS (see	ete a separate For ked as you need	m 8949, page 2, for e	each applicable box
X (F) Long term transactions not	reported to you	on Form 1099-B	<u> </u>			4	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss if you o in column (g)	f any, to gain or enter an amount , enter a code in ee instructions  (g)  Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
DARWING WITH PLOW MURCHAN				the instructions	0000(0)	adjustment	with column (g)
PARTNERSHIP FLOW THROUGH ACTIVITY - SEE STATEMENT 28					1		115,437.
FORM 6781, PART 1							10,143.
				1			
<del></del>							<u> </u>
				<del></del>			
					<del></del>		<del>-</del>
				İ			
			- <del> </del>		<u> </u>		
2 Totals. Add the amounts in columnegative amounts) Enter each total							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E		}			
above is checked), or line 10 (if B	ox F above is ch	necked)	L <u></u>	<u> </u>			125,580.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

### **General Business Credit**

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

Identifying number

THE	KRESGE FOUNDATION	38-13	359217	
Part		MT)		
	(See instructions and complete Part(s) III before Parts I and II)			
1	General business credit from line 2 of all Parts III with box A checked	1		
2	Passive activity credits from line 2 of all Parts III with box B checked   2	1		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3		
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with			
·	box C checked See instructions for statement to attach	4		
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with		-	
_	box D checked See instructions	5		
6	Add lines 1, 3, 4, and 5	6	0	00
'Part				
7	Regular tax before credits	(C)*		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2			
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		•	
	applicable line of your return	7	0	1
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,			
	lines 1a and 1b, or the amount from the applicable line of your return	No.		1
8	Alternative minimum tax	100		
	Individuals Enter the amount from Form 6251, line 11	3.00		1
	Corporations Enter -0-	8	О	1
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 56			
		1		1
` 9	Add lines 7 and 8	9	0	00
•	,	5.28		
10a	Foreign tax credit 10a	1		1
b	Certain allowable credits (see instructions) / 10b		ļ	1
	Add lines 10a and 10b	10c	0	00
				1
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0	00
		1600		1
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12	5		1
	The second			
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See	7.4 8.5		
	instructions 13	1,000		1
14	Tentative minimum tax	1.38		İ
	• Individuals Enter the amount from Form 6251, line 9			1
	• Corporations Enter -0-		1	
	Estates and trusts Enter the amount from Schedule I	T, (\$\frac{1}{2}\)		
	(Form 1041), line 54	1,356		İ
15	Enter the greater of line 13 or line 14	15		1
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	0	00
17	Enter the smaller of line 6 or line 16	17		1
••	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	7.7		1
	or reorganization	,		

Part			<del></del>	
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and el	nter -	0- on line 26	
18	Multiply line 14 by 75% (0 75) See instructions	18	0	
19	Enter the greater of line 13 or line 18	19	0	00_
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	0	00
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	0	00
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	0	ļ
25	Add lines 22 and 24	25	0	00
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0	00
28	Add lines 17 and 26	28	0	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	. 0	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	3,859	
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32			
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33		
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34		
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35		
36	Add lines 30, 33, 34, and 35	36	3,859	00
37	Enter the smaller of line 29 or line 36	37	0	00
38	Credit allowed for the current year. Add lines 28 and 37			
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  • Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51			
	Corporations Form 1120, Schedule J, Part I, line 5c     Estates and trusts Form 1041, Schedule G, line 2b	38	_	00
	• Estates and trusts. Form 1041, Schedule G. line ZD	ან	ı U	100

Form 3800						Page 3
Name(s) sl	hown on return		100	entifying n	umber	
THE K	RESGE FOUNDATION			8 <b>-</b> 1359	217	
Part III	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
	te a separate Part III for each box checked below. See instructions					
	General Business Credit From a Non-Passive Activity E 🔲 Reserved					
	General Business Credit From a Passive Activity F 🗔 Reserved					
	General Business Credit Carryforwards  General Business Credit Carryforwards  G   G   Eligible Small	Rusin	ess Credit Ca	rrvforwa	rds	
	· · · · · · · · · · · · · · · · · · ·	Dusin	caa orcan oa	,10,114		
			addisonal Dark	III aanabu		f
	u are filing more than one Part III with box A or B checked, complete and attach firs	i an a	idditional Part	III COIIIDI		<b>►</b> ⊠
all Pa	arts III with box A or B checked Check here if this is the consolidated Part III		4,	1		
	(a) Description of credit		(b) If claiming the c	credit =	(c) hter the approp	rioto
	any line where the credit is from more than one source, a separate Part III is needed for e	ach	from a pass-thro	ough	amount	liale
pass-thro	pugh entity		entity, enter the	EIN	_	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				ļ
b	Reserved	1b		q		<u> </u>
С	Increasing research activities (Form 6765)	1c				
d	Low-income housing (Form 8586, Part I only)	1d				<u> </u>
е	Disabled access (Form 8826) (see instructions for limitation)	1e		l		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
ï	New markets (Form 8874)	1i			-	
;	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>				<u> </u>
,		<u> </u>				+
k	Employer-provided child care facilities and services (Form 8882) (see	1k				1
	Instructions for limitation)	11				<del> </del>
	Biodiesel and renewable diesel fuels (attach Form 8864)					<del>                                     </del>
m	Low sulfur diesel fuel production (Form 8896)	1m				-
n	Distilled spirits (Form 8906)	1n				├─
0	Nonconventional source fuel (carryforward only)	10			-	┼
р	Energy efficient home (Form 8908)	1p				<del>                                     </del>
q	Energy efficient appliance (carryforward only)	1q		_		<del> </del>
r	Alternative motor vehicle (Form 8910)	1r	-			₩-
S	Alternative fuel vehicle refueling property (Form 8911)	1s				—
t	Enhanced oil recovery credit (Form 8830)	1t_				<u> </u>
u	Mine rescue team training (Form 8923)	1u				<b>↓</b>
٧	Agricultural chemicals security (carryforward only)	1٧_				<u> </u>
w	Employer differential wage payments (Form 8932)	1w				<u> </u>
X	Carbon oxide sequestration (Form 8933)	1x				
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
z	Qualified plug-in electric vehicle (carryforward only)	1z			-	
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			-	
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain					
	other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				1 -
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				<del>                                     </del>
	Work opportunity (Form 5884)	4b				<del>                                     </del>
b	•••	4c		_		-
C	Biofuel producer (Form 6478)	4d				+
d	Low-income housing (Form 8586, Part II)	-				<del>                                     </del>
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	<del></del>		2 222	$\vdash$
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			2,807	<b>├</b>
9	Qualified railroad track maintenance (Form 8900)	4g				₩
h	Small employer health insurance premiums (Form 8941)	4h		-	<del></del>	—
i	Increasing research activities (Form 6765)	4i			1,052	Ь—
j	Employer credit for paid family and medical leave (Form 8994)	4j				<u> </u>
Z	Other	4z				$oxed{oxed}$
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			3,859	00
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			3,859	
					Form 3800	(2018)

		0 (2018)			<del></del>	Page 3
Name	e(s) sl	hown on return			fying number	
	_	RESGE FOUNDATION			1359217	
	rt III		e inst	ructions)		
		te a separate Part III for each box checked below. See instructions				
		General Business Credit From a Non-Passive Activity				
		General Business Credit From a Passive Activity  F Reserved	_	0		
		<u> </u>	Busin	ess Credit Carry	rorwards	
		General Business Credit Carrybacks H Reserved				
		u are filing more than one Part III with box A or B checked, complete and attach firs arts III with box A or B checked. Check here if this is the consolidated Part III	st an a	additional Part III	combining amounts	trom ► □
		(a) Description of credit		(b)	(c)	
		any line where the credit is from more than one source, a separate Part III is needed for eough entity	ach	If claiming the cred from a pass-throug entity, enter the Eli	hl amount	nate
18	a –	Investment (Form 3468, Part II only) (attach Form 3468)	1a			I
ı	)	Reserved	1b			
(	;	Increasing research activities (Form 6765)	1c			1
(	t	Low-income housing (Form 8586, Part I only)	1d			
•	•	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	:	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			<u> </u>
ç	3	Indian employment (Form 8845)	1g			$oxed{oxed}$
t	1	Orphan drug (Form 8820)	1 <u>h</u>			↓
i		New markets (Form 8874)	1i			<del> </del>
j		Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1i</u>			↓
ŀ	(	Employer-provided child care facilities and services (Form 8882) (see				
		instructions for limitation)	1k			<b>_</b>
ı		Biodiesel and renewable diesel fuels (attach Form 8864)	11			<b>↓</b> —
r	n	Low sulfur diesel fuel production (Form 8896)	1m		ļ	<b>↓</b>
ı	1	Distilled spirits (Form 8906)	<u>1n</u>			—
(	)	Nonconventional source fuel (carryforward only)	10			╄
ŀ	)	Energy efficient home (Form 8908)	1p			┼
•		Energy efficient appliance (carryforward only)	1q			┼
r		Alternative motor vehicle (Form 8910)	1r			+-
\$		Alternative fuel vehicle refueling property (Form 8911)	1s		<del> </del>	+-
t		Enhanced oil recovery credit (Form 8830)	1t_	<u> </u>		+-
l.		Mine rescue team training (Form 8923)	1u 1v			+-
١		Agricultural chemicals security (carryforward only)	1w			+-
	v -	Employer differential wage payments (Form 8932)	1w		<del>-</del>	+-
		Carbon oxide sequestration (Form 8933)  Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>n</u>		<del></del>	+
) 2		Qualified plug-in electric vehicle (carryforward only)	1z			$\vdash$
	ıa	Employee retention (Form 5884-A)	1aa			$\dagger$
	b	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	z	Other Oil and gas production from marginal wells (Form 8904) and certain				<u> </u>
•	_	other credits (see instructions)	1zz			
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	. ,	0	00
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3			
48	ì	Investment (Form 3468, Part III) (attach Form 3468)	4a			
k	)	Work opportunity (Form 5884)	4b			
c	:	Biofuel producer (Form 6478)	4c			
C	i	Low-income housing (Form 8586, Part II)	4d			$\perp$
6	<del>)</del>	Renewable electricity; refined coal, and Indian coal production (Form 8835)	4e			
f		Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	81-4104163	320	
ç	3	Qualified railroad track maintenance (Form 8900)	4g			<u> </u>
ŀ	1	Small employer health insurance premiums (Form 8941)	4h		<u> </u>	↓
i		Increasing research activities (Form 6765)	4i			<del> </del>
- 1		Employer credit for paid family and medical leave (Form 8994)	4i	I	1	1

Other

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

5

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320 00

4z

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Form 380 Name(s) s	hown on return		lde	entifyi	ng number	Page 3
` '	RESGE FOUNDATION		138	3-13	59217	
Part II		e inst			<u> </u>	
	te a separate Part III for each box checked below See instructions				<del></del>	
•	General Business Credit From a Non-Passive Activity E Reserved					
	General Business Credit From a Passive Activity  F Reserved					
	_	Busin	ess Credit Car	rrvfor	wards	
	General Business Credit Carrybacks  H Reserved	<b>D</b> uo		,		
	u are filing more than one Part III with box A or B checked, complete and attach firs	at an a	additional Part I	III cor	mbining amounts t	from
	arts III with box A or B checked. Check here if this is the consolidated Part III	,	additional rait i		indining amounts i	<b>▶</b> □
	(a) Description of credit		(b)		(0)	
	.,	ach	If claiming the cr	redit	(c) Enter the appropr	rate
	any line where the credit is from more than one source, a separate Part III is needed for e ough entity	acn	from a pass-thro		amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Criticy; Gritor time			
b	Reserved	1b				
C	Increasing research activities (Form 6765)	1c		$\neg \uparrow$		Ι'
d	Low-income housing (Form 8586, Part I only)	1d	-	$\neg \dagger$		
e	Disabled access (Form 8826) (see instructions for limitation)	1e	<u> </u>			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		<u> </u>		
g g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h		1		
ï	New markets (Form 8874)	1i			<u> </u>	
- ;	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>				
, k	Employer-provided child care facilities and services (Form 8882) (see	<u> </u>				
ĸ	instructions for limitation)	1k	1			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				-
n m	Low sulfur diesel fuel production (Form 8896)	1m	-			
n	Distilled spirits (Form 8906)	1n				-
0	Nonconventional source fuel (carryforward only)	10		<del>-  </del>		
р	Energy efficient home (Form 8908)	1p				
•	Energy efficient appliance (carryforward only)	1q				
q r	Alternative motor vehicle (Form 8910)	1r				<u> </u>
S	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (Form 8830)	1t	-	$\dashv$		
u	Mine rescue team training (Form 8923)	1u				
v	Agricultural chemicals security (carryforward only)	1v		_		
	Employer differential wage payments (Form 8932)	1w		- +		
w	Carbon oxide sequestration (Form 8933)	1x	<del> </del>	_		
X	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>	<del>                                     </del>	$\overline{}$		
y z	Qualified plug-in electric whicle (carryforward only)	1z	<del>                                     </del>	$\dashv$		<del>                                     </del>
aa	Employee retention (Form 5884-A)	1aa	<del>                                     </del>	$\dashv$		t —
aa bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	<del> </del>	$\overline{}$		<del>                                     </del>
	Other Oil and gas production from marginal wells (Form 8904) and certain	125		-+		
ZZ	other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		$\dashv$	<u> </u>	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				55
	Investment (Form 3468, Part III) (attach Form 3468)	4a	<del> </del>	+		
4a h	Work opportunity (Form 5884)	4a 4b	<del> </del>	-+	·	$\vdash$
b	Biofuel producer (Form 6478)	40 4c	<del> </del>	$\dashv$		$\vdash$
C C	Low-income housing (Form 8586, Part II)	4d	<del> </del>			$\vdash$
d		4u 4e	<del> </del>	$\dashv$		<del>                                     </del>
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e 4f	81-334056	1	190	╁─╌
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		01-334036	1	190	<del> </del>
g	Qualified railroad track maintenance (Form 8900)	4g		$\dashv$		<del> </del>
h :	Small employer health insurance premiums (Form 8941)	4h	-	$\dashv$		$\vdash$
i	Increasing research activities (Form 6765)	4i	<del> </del>	$\dashv$		├
J	Employer credit for paid family and medical leave (Form 8994)	4j		-+		-
Z	Other	4z	I	- 1		1

Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Nan	ne(s) s	hown on return		lden	tlfying number	_
ТН	E K	RESGE FOUNDATION		38-	-1359217	
Pa	irt II	General Business Credits or Eligible Small Business Credits (see	e inst			
		te a separate Part III for each box checked below. See instructions				
		General Business Credit From a Non-Passive Activity E 🔲 Reserved				
		General Business Credit From a Passive Activity F Reserved				
			Busin	ess Credit Carr	vforwards	
		General Business Credit Carrybacks  H Reserved		ooo oroun our	,101Walab	
		u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	dditional Bart III	combining amounts	from
•		arts III with box A or B checked. Check here if this is the consolidated Part III	it an c	additional Fait III	combining amounts	<b>▶</b> □
	<u> </u>	(a) Description of credit		(b)	40)	
	_	.,		If claiming the cre	dit Enter the approp	riate
		n any line where the credit is from more than one source, a separate Part III is needed for e ough entity	acn	from a pass-throu entity, enter the E	gn  amount	
	la	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the L		1
	b	Reserved	1b		<u> </u>	+-
			1c			-
	C	Increasing research activities (Form 6765)	1d		<del> </del>	+
	d	Low-income housing (Form 8586, Part I only)			<del></del>	
	e	Disabled access (Form 8826) (see instructions for limitation)	1e			1
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	_1f			<b>-</b>
	g	Indian employment (Form 8845)	1g			-
	h	Orphan drug (Form 8820)	1h			<del> </del>
	i	New markets (Form 8874)	_1i			ļ. —
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>			ļ
	k	Employer-provided child care facilities and services (Form 8882) (see				
		instructions for limitation)	1k			ļ
	I	Biodiesel and renewable diesel fuels (attach Form 8864)	_11			<u> </u>
	m	Low sulfur diesel fuel production (Form 8896)	1m			<u> </u>
	n	Distilled spirits (Form 8906)	<u>1n</u>			
	0	Nonconventional source fuel (carryforward only)	10			
	р	Energy efficient home (Form 8908)	_1p			
	q	Energy efficient appliance (carryforward only)	1q			
	r	Alternative motor vehicle (Form 8910)	1r			
	s	Alternative fuel vehicle refueling property (Form 8911)	1s			
	t	Enhanced oil recovery credit (Form 8830)	1t		,	
	u	Mine rescue team training (Form 8923)	1u			
	٧	Agricultural chemicals security (carryforward only)	1٧			
	w	Employer differential wage payments (Form 8932)	1w			
	x	Carbon oxide sequestration (Form 8933)	1x			
	у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	-		
	z	Qualified plug-in electric vehicle (carryforward only)	1z			
	aa	Employee retention (Form 5884-A)	1aa			1
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain				
		other credits (see instructions)	1zz			
2	!	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	······································	- 0	00
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3	<u>.</u>		+**
	a	Investment (Form 3468, Part III) (attach Form 3468)	4a	·-		$\dagger$
	b	Work opportunity (Form 5884)	4b			· <del> </del> ·
	C	Biofuel producer (Form 6478)	4c			+-
	d	Low-income housing (Form 8586, Part II)	4d		<del></del>	+-
		Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			┼
	e •			47-5038946	2,297	+-
	f ~	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		71-3030340	2,291	<del> </del>
	g	Qualified railroad track maintenance (Form 8900)	4g			+-
	h ·	Small employer health insurance premiums (Form 8941)	4h	47 5030046	1 050	<del> </del>
	i	Increasing research activities (Form 6765)	_4i	47-5038946	1,052	₩
	j	Employer credit for paid family and medical leave (Form 8994)	_4j		<del>-</del>	—
	Z	Other	_4z		<del></del>	<del>  -</del>
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	_5		3,349	
_ 6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	_ 6		3,349	100_

Form 8827

#### **Credit for Prior Year Minimum Tax - Corporations**

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return

► Go to www irs gov/Form8827 for the latest information

Name .		Employer identification number	
THE KRESGE FOUNDATION	38-	1359217	
1 Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	1		
2 Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2	916,444.	
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3		
4 Add lines 1, 2, and 3	4	916,444.	
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.	
6 Enter the refundable minimum tax credit (see instructions)	6	458,222.	
7 Add lines 5 and 6	7	458,222.	
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	458,222.	
b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c.	8b	0.	
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	458,222.	
9 Minimum tax credit carryforward to 2019 Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	458,222.	

. 38-1359217

### THE KRESGE FOUNDATION

FORM 990-T	INTEREST PAID	STATEMENT 23
DESCRIPTION		AMOUNT
STATE INTEREST		6,434.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 18 '	6,434.
FORM 990-T	CONTRIBUTIONS	STATEMENT 24
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PARTNERSHIP FLOW-THROUGH ACTIVITY - SEE STATEMENT 28 CHARITABLE CONTRIBUTIONS	N/A N/A	15,985. 143,666,369.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	143,682,354.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 25
DESCRIPTION		AMOUNT
DELOITTE TAX LLP STATE FEES		75,454. 150.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	75,604.

FORM 990-T	CONTRIBUTIONS SUMMARY	Y	STATEMENT 26
QUALIFIED CONTRI	BUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRI	OR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 20			
FOR TAX YEAR 20			
FOR TAX YEAR 20			
FOR TAX YEAR 20	· <del>- ·</del>		
FOR TAX YEAR 20	017 140,711,870		
TOTAL CARRYOVER		684,277,324	
	AR 10% CONTRIBUTIONS	143,682,354	
TOTAL CONNENT TE	AR IVE CONTRIBUTIONS		<del>_</del> ·
TOTAL CONTRIBUTI	ONS AVAILABLE	827,959,678	
TAXABLE INCOME L	IMITATION AS ADJUSTED	0	
EXCESS 10% CONTR	IBUTIONS	827,959,678	<del>_</del> ,
EXCESS 100% CONT	RIBUTIONS	0	
TOTAL EXCESS CON	TRIBUTIONS	827,959,678	
ALLOWABLE CONTRI	BUTIONS DEDUCTION	-	0
TOTAL CONTRIBUTI	ON DEDUCTION		0

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 27
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		458,222.
TOTAL INCLUDED ON FORM	1 990-T, PAGE 2, PART V, LINE 50G	458,222.