Form 990-PF

Department of the Tregard Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending A Employer identification number Name of foundation 26-2791453 Spartan Chassis Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite B -Telephone number (see instructions) 1541 Revnolds Road (517) 543-6400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Charlotte, MI 48813 Check all that apply: Initial return of a former public charity Initial return D 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the 85% test, Name change □ Address change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶ \$ 153,229 (Part I, column (d) must be on cash basis.) Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable expenses per books amounts in columns (b), (c), and (d) may not necessarily equal income purposes the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) 2 Check ► ☐ if the foundation is not required to attach Sch B 73 Interest on savings and temporary cash investments -,4 Dividends and interest from securities √5a Gross rents . ∯ b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 ∿ 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain RECEI' 9 🕏 Income modifications Gross sales less returns and allowance .10a Less: Cost of goods sold Gross profit or (loss) (attach schedule C 11 Other income (attach schedule) OGDEN 110,470 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) . Interest Taxes (attach schedule) (see instructions) . . . Attachment 2 Depreciation (attach schedule) and depletion . . . 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . . Other expenses (attach schedule) 20 Attachment 2 20 23 Total operating and administrative expenses. Add lines 13 through 23 21 21 25 58.800 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 58,821 58,821 26 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) .

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash ⁴ non-interest-bearing	101,580	153,229	153,229
	2	*Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less ⁻ allowance for doubtful accounts ▶			
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a`	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			-
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
	7	instructions. Also, see page 1, item I)	101,580	153,229	153,229
	17	Accounts payable and accrued expenses			Ï
,,	18	Grants payable			1
ĕ.	19	Deferred revenue			j
₹	20	Loans from officers, directors, trustees, and other disqualified persons			j
Liabilities	21	Mortgages and other notes payable (attach schedule)			···
ر تــ	22	Other liabilities (describe ▶)			i
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ □			
alances		and complete lines 24 through 26, and lines 30 and 31.			
ĭ	24	Unrestricted			
쁔	25	Temporarily restricted			1
8	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □			
<u>۳</u>		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds		}	Į
र्	28	Paid-in or capital surplus, or land, bldg., and equipment fund			1
š	29	Retained earnings, accumulated income, endowment, or other funds	101,580	153,229	
₹	30	Total net assets or fund balances (see instructions)	101,580	153,229	
ĕ ∣	31	Total liabilities and net assets/fund balances (see			i
~		instructions)	101,580	153,229	
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances			<u>_</u>
1	Total	net assets or fund balances at beginning of year-Part II, colui	mn (a), line 30 (mus	t agree with	·····
		of-year figure reported on prior year's return)			101,580
2	Ente	r amount from Part I, line 27a		2	51,649
3		r increases not included in line 2 (itemize)			
4	Add	lines 1, 2, and 3		4	153,229
5	Decr	eases not included in line 2 (itemize) ▶		5	· · · · · ·
		net assets or fund balances at end of year (line 4 minus line 5)-F	Part II, column (b), Iir	ne 30 6	153,229
		·			244 55

-	(a) List and describe the kind(LOSSES TOF TAX ON INVESTIF (s) of property sold (for example, real et , or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P—Purchase D—Donation	c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
1a	•					
b						
с						<u> </u>
d						
<u>e</u>				J		<u> </u>
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		in or (loss) (f) minus (g))
a				<u> </u>		
_ <u>b</u>						
_ <u>c</u>			 .			
<u>_d</u>			··· ····			
_ <u> </u>						
	Complete only for assets show	ing gain in column (h) and owned l	by the foundation	on 12/31/69.		i. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or from col (h))
a						
b						
C						
d						
е					,	
2	Capital gain net income or (also enter in Pa enter -0- in Pa			
3		or (loss) as defined in sections line 8, column (c). See instruc				
					ı	
Part		Section 4940(e) for Redu			come	
Was t		ection 4942 tax on the distribut alify under section 4940(e). Do			e period?	☐ Yes ☑ No
1		nt in each column for each yea			ng any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) f nonchantable-use asset	Dis	(d) tnbution ratio divided by col. (c))
	2017	130	0,491	115,8		1.126661
	2016	109	9,753	109,0	83	1 006142
	2015	113	3,777	104,00	68	1.093295
	2014	107	7,057	96,5	02	1 109376
	2013	105	5,601	95,8	12	1 102169
2	Total of line 1, column (d)				2	5 437643
3		r the 5-year base period—div ndation has been in existence			1	1 087529
4	Enter the net value of nonch	aritable-use assets for 2018 fr	om Part X, line	5	4	126,075
5	Multiply line 4 by line 3 .				5	137,110
6	Enter 1% of net investment	income (1% of Part I, line 27b)			6	1
7	Add lines 5 and 6				7	137,111
8	Enter qualifying distributions	from Part XII, line 4			8	58,821
	If line 8 is equal to or greate Part VI instructions.	r than line 7, check the box in	Part VI, line 1b	, and complete that	t part using a	% tax rate. See the

Part '		18—	see ir	struc	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	(CHICAGO SAN)	samati di dagge	1 -0.180.450	GMST-LTM
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2_				
3	Add lines 1 and 2	3			1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5 889 H 558	WARE TO	uerce rus	906499363	在保証
6	Credits/Payments:					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a					
, D	Exemple for organization of tax managed at the second of tax managed at the second of tax managed at tax manage					
C C	Tax para vini approación de sincipio de si					
d 7	Backup withholding erroneously withheld	7	13623420		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10				
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶	11				
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or d	d It	SPECIAL MISSES	Yes	No ·
_	participate or intervene in any political campaign?		: 1	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? instructions for the definition		ļ	1b	· ·	√
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any r	mate	rials			
	published or distributed by the foundation in connection with the activities.		ľ	1c	3866	
C	Did the foundation file Form 1120-POL for this year?			14 15 7	THE P	
d	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		i			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	npose	ed l		24	
Ū	on foundation managers. ▶ \$	•				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. [2		1
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	t, artı	cles	3		₩
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. :	. [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		√
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory direct conflict with the state law remain in the governing instrument?	ions	that	6_	への発	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), ar	nd Par	t XV	7	√	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ Michigan					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	/ Gen	eral	8b		
`.	(or designate) of each state as required by General Instruction G? If "No," attach explanation					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV.	+∠(J)(∜ . If "Y	es,"	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis names and addresses	ting t	their	10	√	
	names and addresses	•	Fo	m 990		(2018)

Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions			
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► Juris Pagrabs Located at ► 1541 Reynolds Road, Charlotte, MI 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
person had advisory privileges? If "Yes," attach statement. See instructions	11		1
Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A The books are in care of ► Juns Pagrabs Located at ► 1541 Reynolds Road, Charlotte, MI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	12		,
Website address ► N/A The books are in care of ► Juns Pagrabs Located at ► 1541 Reynolds Road, Charlotte, MI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indirectly):	13	√	
Telephone no. ► 517- Located at ► 1541 Reynolds Road, Charlotte, MI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?			
Located at ▶ 1541 Reynolds Road, Charlotte, MI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	-543-	6400	
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	8132	040	
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?			▶ 📋
over a bank, securities, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly):			
over a bank, securities, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly):		Yes	No
the foreign country ► Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly):	16		1
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly):			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly):			
1a During the year, did the foundation (either directly or indirectly):			
		Yes	No
(1) Engage in the sale or exchange, or leasing of property with a disgualified person?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	ŀ		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No	ļ		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		لِــا
Organizations relying on a current notice regarding disaster assistance, check here	 -		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	1c		>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	ļ		
6e, Part XIII) for tax year(s) beginning before 2018?			
If "Yes," list the years ▶ 20, 20, 20, 20			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	[
<u>├-</u>	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.]
► 20 , 20 , 20 , 20	i		1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
at any time during the year?			
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	ŀ		
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	j		
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	21		
	3b 4a		
 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its 	₹a		1
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		—	

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Part	VII-B Statements Regarding Activitie	s tor v	Vhich Form	4/20	мау ве г	requii (z u (coma	nueu)			
5a	During the year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt	-		on (sect	tion 4945(e))? .	Yes	✓ No			
	(2) Influence the outcome of any specific publi	c electi	on (see sect	ion 495	5); or to c	arry on	,				
	directly or indirectly, any voter registration d	rive?					☐ Yes	☑ No			
	(3) Provide a grant to an individual for travel, stu	ıdv. or	other similar	purpos	es?		Yes	✓ No			
	(4) Provide a grant to an organization other tha						1	_			
	section 4945(d)(4)(A)? See instructions						Yes	✓ No			
	(5) Provide for any purpose other than religious										
	purposes, or for the prevention of cruelty to							✓ No	1	1	ł
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	sactions fail t	o quali	fy under th	e exce	otions de	scribed			
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regard	ing disa	ster assistan	ce, che	ck here						1
С	If the answer is "Yes" to question 5a(4), does	-				the tax					į
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	✓ No			ĺ
	If "Yes," attach the statement required by Regul	ations s	section 53.49	45-5(d))_						l
6a	Did the foundation, during the year, receive any	funds,	directly or in	directly	, to pay pr	emiums	;				
	on a personal benefit contract?						☐ Yes	✓ No		[
b	Did the foundation, during the year, pay premiur	ns, dıre	ctly or indire	ctly, on	a persona	l benefi	t contract	? .	6b		√
	If "Yes" to 6b, file Form 8870.						_	_			1
7a	At any time during the tax year, was the foundation						Yes Yes		ļ		
b	If "Yes," did the foundation receive any proceed							n? .	7b		 ;
8	Is the foundation subject to the section 4960 ta										ŀ
	remuneration or excess parachute payment(s) d									1	
Pari	VIII Information About Officers, Direct	tors,	rustees, F	ounda	tion man	agers,	Hignly i	ald E	mpioy	ees,	
1	and Contractors List all officers, directors, trustees, and found	lation r	nanagers ar	d their	compens	ation 5	Saa instri	ıctions			
	List all officers, directors, trustees, and round		e, and average		mpensation		Contribution		(e) Expe		
	(a) Name and address	'hau	rs per week	/14		1		-1	(e) Exhe		
	(b) Harris and according				not paid, ter -0-)		byee benefit		other a	allowan	ces
Attacl	nment 4		ed to position		ter -0-)	and def	erred compe	ensation		allowan	
Attacl	· · · · · · · · · · · · · · · · · · ·					and def				allowani	ces 0
	nment 4				ter -0-)	and def		ensation		allowan	
	· · · · · · · · · · · · · · · · · · ·				ter -0-)	and def		ensation		allowani	
	nment 4				ter -0-)	and def		ensation		allowani	
	nment 4				ter -0-)	and def		ensation		allowani	
	nment 4				ter -0-)	and def		ensation		allowan	
	nment 4	devot	ed to position	en	0	and def	erred compe	onsation 0	other a		0
	Compensation of five highest-paid employee	devot	ed to position	en	0	and def	erred compe	onsation 0	other a		0
	nment 4	devot	ed to position	en	0	and def	see instr	onsation 0	other a		0
2	Compensation of five highest-paid employee "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	erred compe	uction:	other a	one, e	0 enter
2	Compensation of five highest-paid employee	devot	ed to position	se inclusiverage	0	and def	see instr	uction:	other a	one, e	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter
2	Compensation of five highest-paid employed "NONE."	devot	er than tho	se inclusiverage	uded on li	and def	see instr	uction:	other a	one, o	0 enter

Par	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)	aid Employees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter	r "NONE."
	' (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
No	e	
		- · · · · · · · · · · · · · · · · · · ·
		. ▶
Par	IX-A Summary of Direct Charitable Activities	 ,
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the nui nizations and other beneficianes served, conferences convened, research papers produced, etc.	umber of Expenses
1	N/A	
	· · · · · · · · · · · · · · · · · · ·	
2		
3		
•		
4		
	X-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 None	Amount
•	NOIRE	
	······································	
2		
All	her program-related investments. See instructions.	
3	None	
-	Add by a d Abyrough O	
ota	Add lines 1 through 3	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign found	ations,
	see instructions.)	, , , _ _	<u></u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	127,995
С	Fair market value of all other assets (see instructions)	1c	C
d	Total (add lines 1a, b, and c)	1d	127,995
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	127,995
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,920
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	126,075
6	Minimum investment return. Enter 5% of line 5	6	6,304
Part		oundation	าร
	and certain foreign organizations, check here ▶ □ and do not complete this part.)	,	
1	Minimum investment return from Part X, line 6	1	6,304
2a	Tax on investment income for 2018 from Part VI, line 5	1 1	
Ь	Income tax for 2018. (This does not include the tax from Part VI.)	<u> </u>	
С	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,303
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,303
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	ł /	
	line 1	7	6,303
Part	XII Qualifying Distributions (see instructions)	, , , ,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	58,821
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	58,821
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,820
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Part	XIII Undistributed Income (see instruc	ctions)			
	•	(a) Corpus	(b) Years pnor to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI	,			6,303
2	Undistributed income, if any, as of the end of 2018	:			
а	Enter amount for 2017 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018	:			
а	From 2013 100,8				
b	From 2014 102,2				
С	From 2015				
d	From 2016				
e	From 2017	540.626			
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII line 4: ► \$ 58,821	,			
а	Applied to 2017, but not more than line 2a .			 	
b	Applied to undistributed income of prior year (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	n			
d	Applied to 2018 distributable amount				6,303
e	Remaining amount distributed out of corpus	52,518			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtractine 4b from line 2b	t			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a tax has been previously assessed	s			
d	Subtract line 6c from line 6b. Taxable amount—see instructions	e			
e ,	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7	Amounts treated as distributions out of corput to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	n			
8	Excess distributions carryover from 2013 no applied on line 5 or line 7 (see instructions).	t 100,813			
9	Excess distributions carryover to 2019 Subtract lines 7 and 8 from line 6a	492,331			
10	Analysis of line 9:				
а	Excess from 2014 102,2	34			
b	Excess from 2015 108,5	76			
С	Excess from 2016 104,3				
d	Excess from 2017 124,7				
е	Excess from 2018 52,5	18			

Form 9	90-PF (2018)					Page 10
Part	XIV Private Operating Founda	ations (see instru	uctions and Part	VII-A, question	9)	
1a	If the foundation has received a rulin	•				
	foundation, and the ruling is effective for					<u> </u>
b	Check box to indicate whether the four		operating founds		ection	3) or 🗌 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 0047	Prior 3 years	1 10 0015	(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
-	each year listed		<u> </u>	<u> </u>	/_/	
	85% of line 2a		<u> </u>	 		
С	Qualifying distributions from Part XII, line 4 for each year listed					
_	•			 		
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c			 		
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:			1		
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		/			
C	"Support" alternative test—enter:					
	(1) Total support other than gross				1	
	investment income (interest,					
	dividends, rents, payments on securities loans (section	/]			
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in			1		
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	/	<u> </u>			
Part		•		he foundation b	nad \$5,000 or mo	re in assets at
	any time during the year-	-see instructio	ns.)			
1	Information Regarding Foundation	•				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but	only if they have co	ontributed more th	nan \$5,000). (See s	section 507(d)(2).)	
	None		· · · · · · · · · · · · · · · · · · ·			
b	List any managers of the foundation					ge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater int	erest.	
	None					·-··
2	Information Regarding Contribution			_		
	Check here ▶ ☐ If the foundation					
	unsolicited requests for funds If the		gifts, grants, etc.,	to individuals or o	organizations under	other conditions,
	complete items 2a, b, c, and d. See ii					
а	The name, address, and telephone no	umber or email ad	dress of the perso	on to whom applica	ations should be add	dressed:
	Attachment 5					
						
b	The form in which applications should		d information and	materials they sho	ould include:	
	Letter, including a copy of 501(c)(3) de	etermination letter				
			<u>-</u>			
	Any submission deadlines.					
	General grants - none			_ 		
d	Any restrictions or limitations on av	wards, such as b	y geographical a	reas, charitable fi	elds, kinds of insti	tutions, or other
	factors:					
	Attachment 6					

	 	•		
Part XV Supplementary Information (cont	inued)			
3 Grants and Contributions Paid During t	he Year or Approv		ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
A44 - 1 1				
Attachment 7	1			
	:			
			J i	
		,	ļ	
			İ	
Total			▶ 3a	58,800
b Approved for future payment				
	j		j	
			•	
			(

	rt XVI	 Analysis of Income-Producing Ac 					
nte	er gros	s amounts unless otherwise indicated.		isiness income (b)	Excluded by sect	on 512, 513, or 514 (d)	(e) Related or exempt function income
1	Prog	ram service revenue:	Business code	Amount	Exclusion code		(See instructions.)
•	a	an service revenue.					
	ъ –						
	c						
	d _						
	е _						
	f _						
	-	ees and contracts from government agencies		** *			
		bership dues and assessments	ļ				
		est on savings and temporary cash investments			44	424	
4		ends and interest from securities			14	124	· · · · · · · · · · · · · · · · · · ·
Э		ental income or (loss) from real estate: ebt-financed property			<u> </u>		
		ebt-financed property		L	 		
6		ental income or (loss) from personal property					
7		rinvestment income					
8		or (loss) from sales of assets other than inventory			-		
9		ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory .					
11	Other	revenue: a					
	b _				<u> </u>		
	c _						
	d _						
	e _					404	
12	Subto	otal. Add columns (b), (d), and (e)			<u> </u>	124	
		A = = 1 (-) (-) (-) (-)				40	124
13	Total					13	124
13 See	Total works	sheet in line 13 instructions to verify calculation	s.)			13	124
13 See Par	Total	-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works t XVI	sheet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
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13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total works it XVI e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
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(2 (3 (4 (5 (6 (6) SI (6 Va	2) Pu 3) Re 5) Re 6) Pe harir the alue	erchases of assertal of facilities, eimbursement an ans or loan guaterformance of seng of facilities, eranswer to any cof the goods, of in any transaction.	ets from a re- , equipmer arrangement arrantees ervices or re- quipment, of the about the assets on or sharing arrangement.	noncharita nt, or other its nembershi mailing lis ve is "Yes s, or servic ng arrange	r assets ip or functs, other ces given	draising so assets, or lete the fol by the repose	ation	ons . mploye	ees . dule. Calation. I	olumn (If the fo	b) shoul undatior	rece rasse	ived	show less	1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c the than vices	faır m recei	y y y arket arket
(3 (4 (5 (6 SI I If Va	3) Re 5) Lo 5) Pe harir the alue	ental of facilities, eimbursement and ans or loan guaterformance of seng of facilities, end answer to any of the goods, of in any transaction.	, equipmer rrangemen irantees ervices or r quipment, of the abo ther assets on or sharii	nt, or other its nembershi mailing lis ve is "Yes s, or servic ng arrange	r assets	draising so assets, or lete the fol by the rep now in colu	licitation paid endowing corting	ons . mploye sched	ees	olumn (If the fo	b) shoul undatior	rece rasse	ived	show less	1b(3) 1b(4) 1b(5) 1b(6) 1c the than	faır m recei	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
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(6 SI I If va	harir the alue	erformance of se ing of facilities, ea answer to any of the goods, of in any transaction	ervices or requipment, of the abother assets on or shari	membershi mailing lis ve is "Yes s, or servic ng arrange	ip or fund its, other i," compl ces given ement, sh	draising so assets, or lete the fol by the rep now in colu	licitation paid en lowing porting limn (d)	ons . mploye sched found	 ees . dule. Ce lation. I	olumn (If the fo	b) shoul undatior	rece rasse	ived	show less	1b(6) 1c the than vices	faır m recei	√ arket arket ved.
SI If va	harir the alue alue	ng of facilities, eanswer to any of of the goods, of in any transaction	quipment, of the abo ther assets on or shari	mailing lis ve is "Yes s, or servic ng arrange	ts, other ," compl ces given ement, sh	assets, or lete the folion by the rep now in colu	paid en lowing porting imn (d)	mployo sched found	ees . dule. Ca lation. I	olumn (If the fo	b) shoul undatior	rece rasse	ived	show less or sen	the than vices	faır m recei	arket ved.
lf Va Va	the alue alue	answer to any of the goods, of in any transaction	of the abo ther assets on or shari	ve is "Yes s, or servicing arrange	e," compl ces given ement, sh	lete the following the repension of the following the foll	lowing porting imn (d)	sched	dule. Co lation. I	olumn (If the fo	b) shoul undatior	rece rasse	ived	less or sen	the than vices	faır m recei	arket ved.
va va	alue alue	of the goods, of in any transaction	ther assets on or shari	s, or servicing arrange	es given ement, sh	by the rep now in colu	oorting imn (d)	found	lation. I	f the fo	undation	rece rasse	ived	less or sen	than vices	faır m recei	arket ved.
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		(a) Name of organi	ization			(b) Type of or	ganizatio	on			(c) De	scriptio	n of re	elations	ship		
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T	Under	penalties of penury, I	declare that I I	nave examined	this return,	including acco	mpanyin	g schedu	iles and s	tatements,	and to the	best of	my kn	owledg	e and b	elief, it	is true,
e)	<u> </u>	100	DIA	arer (other than	n taxpayer) ı		M .	Preside		er has any	knowledge		with	the pre	parer s	hown b	elow?
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d		rint i ype preparer	s name		Preparer's	s signature			1	Date				11	IIN		
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	n if	description of the second of t	described in section 5 If "Yes," complete the (a) Name of organ Under penalties of penury, I correct, and complete Ded Print/Type preparer Only Firm's name	described in section 501(c) (other lif "Yes," complete the following (a) Name of organization Under penalties of penury, I declare that I correct, and complete Declaration of preparety officer or trustee Print/Type preparer's name Prim's name	described in section 501(c) (other than section 1501(c) (o	described in section 501(c) (other than section 501 If "Yes," complete the following schedule. (a) Name of organization Under penalties of penury, I declare that I have examined this return correct and complete Declaration of preparer (other than taxpayer) Print/Type preparer's name Preparer Prim's name	described in section 501(c) (other than section 501(c)(3)) or in If "Yes," complete the following schedule. (a) Name of organization (b) Type of or the correct and complete Declaration of preparer (other than taxpayer) is based on all signature of officer or trustee Date Print/Type preparer's name Preparer's signature Firm's name	described in section 501(c) (other than section 501(c)(3)) or in section of "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Type of organization (d) Type of organization (e) Type of organization (b) Type of organization (c) Type of organization (d) Type of organization (e) Type of organization (f) Type of organization (g) Type of organization (h) T	described in section 501(c) (other than section 501(c)(3)) or in section 5273 If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization Under penalties of penury, I declare that I have examined this return, including accompanying schedule correct and complete Declaration of prepare (other than taxpayer) is based on all information of white the signature of filter or trustee Date Print/Type preparer's name Preparer's signature Firm's name	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization Under penalties of penury, I declare that I have examined this return, including accompanying schedules and scorrect and complete Declaration of prepare tother than taxpayer) is based on all information of which prepare Signature of officer or trustee Print/Type preparer's name Preparer's signature Firm's name Preparer's signature	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, correct and complete Declaration of preparer tother than taxpayer) is based on all information of which preparer has any President Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Firm's name Preparer's signature Date	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) De Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct and complete Declaration of preparer tother than taxpayer) is based on all information of which preparer has any knowledge of the signature of the preparer's name Preparer's signature Preparer's signature Firm's name Firm's name Firm's name	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description (d) Description (e) Description (b) Type of organization (c) Description (d) Description (e) Description (f) Description (g) Description (h) Type of organization (h) Type of organiza	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of reserved in the following schedule in the following sched	described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations (d) Type of organization (e) Description of relations (f) Type of organization (g) Type of organization (h) Type of orga	described in section 501(c) (other than section 501(c)(3)) or in section 527?	described in section 501(c) (other than section 501(c)(3)) or in section 527?

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

2<u>6-2791453</u> **Spartan Chassis Foundation** Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Employer identification number 26-2791453

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Spartan Motors USA, Inc 1541 Reynolds Road Charlotte, MI 48813	\$\$\$110,346	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Part III

Employer identification number

Part III	(10) that total more than \$1,000 for	o <mark>r the year from any</mark> ations completing Pa he year. (Enter this ii	r one contributor. art III, enter the totan formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of exclusively religious, charitable, etc., ee instructions.) \$ \[\]
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
-		(e) Trans	fer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift 	(d) Description of how gift is held
		(e) Trans	fer of gift	
-	Transferee's name, address, a	end ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
}		(a) Trans	fer of gift	
_	Transferee's name, address, a			ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relation	ship of transferor to transferee
_				

Form 990 PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	\$124	\$124
REVENUE AND EXPENSES PER BOOKS	\$124	\$124
		TOTAL
DESCRIPTION	INTEREST INCOME	

26-2791453
NOI
SPARTAN CHASSIS FOUNDATION

Form 990 PF, PART I - OPERATING AND ADMINISTRATIVE EXPENSES

\$1	\$20
Line 18 TAXES - PRIOR YEAR FEDERAL TAX PAID ON INVESTMENT INCOME	Line 23 OTHER EXPENSES - OFFICE SUPPLIES, LICENSING FEE & OTHER
Line 1	Line 2

Form 990 PF, PART VII-A - STATEMENTS REGARDING ACTIVITIES

QUESTION 10. Did any persons become substantial contributors during the tax year? YES

AMOUNTS	\$110,346
NAME AND ADDRESS	SPARTAN MOTORS USA, INC. 1541 REYNOLDS ROAD CHARLOTTE, MI 48813

\$110,346

TOTAL

SPARTAN CHASSIS FOUNDATION

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		c) COMPENSATION	d) CONTRIBUTIONS TO	e) EXPENSE
a) NAME AND ADDRESS	b) TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	(IF NOT PAID, ENTER -0-)	EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ACCOUNT, OTHER ALLOWANCE
THOMAS SCHULZ 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	PRESIDENT 1.00	0\$	0\$	0\$
DOLORES CLEMENS 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	SECRETARY 1.00	0\$	\$0	\$0
JURIS PAGRABS 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	TREASURER 1.00	\$0	0\$	0\$
JON DICKINSON 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	DIRECTOR 1.00	\$0	\$	0\$
SAMARA HAMILTON 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	DIRECTOR 1.00	%	0\$	\$0
MARK BARTLETT 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	DIRECTOR 1.00	\$0	0\$	0\$
RYAN RONEY 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	DIRECTOR 1.00	\$0	0\$	0\$

Form 990 PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DOLORES CLEMENTS 1541 REYNOLDS ROAD CHARLOTTE, MI 48813 517-543-6400

Form 990 PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS LIMITED TO ORGANIZATIONS BENEFITING CHARLOTTE, MICHIGAN AND THE SURROUNDING AREA.

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CENTRAL MICHIGAN UNIVERSITY STUDENT SERVICE COURT MT. PLEASANT, MI 48859	NONE PUBLIC	GENERAL	\$1,500
GUARDIAN ANGELS 106 S. COCHRAN AVE. CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$250
DAVENPORT UNIVERSITY 220 E. KALAMAZOO LANSING, MI 48933	NONE PUBLIC	GENERAL	\$1,500
CHARLOTTE PERFORMING ARTS CENTER 378 STATE STREET CHARLOTTE, MI 48813	NONE . PUBLIC	GENERAL	\$2,500
EATON COMMUNITY PALLATIVE CARE 2675 SOUTH COCHRAN ROAD CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$3,750
EATON AREA SENIOR CENTER 804 SOUTH COCHRAN ROAD CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$2,500

			ATTACHMENT 7
Form 990 PF, PART XV - GRANTS AND CONTRIBUTIONS	IONS PAID DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CASA 1045 INDEPENDENCE BLVD CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$2,500
CAPITAL AREA UNITED WAY 330 MARSHALL STREET SUITE 203 LANSING, MI 48912	NONE PUBLIC	MATCHING	\$29,861
FRATERNAL ORDER OF EAGLES 116 LANSING STREET CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$400
EATON COUNTY SIREN SHELTER 520 ROBINSON CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$5,000
SPECIAL OLYMPICS MICHIGAN 6624 TIMBER RIDGE DRIVE BLOOMFIELD, MI 48301	NONE PUBLIC	MATCHING CONTRIBUTION	\$500
CHARLOTTE ATHLETIC DEPARTMENT 378 STATE STREET CHARLOTTE, MICHIGAN 48813	NONE PUBLIC	GENERAL	\$100

STARTAIN CHASSIS FOUNDATION			20-2791433
			ATTACHMENT 7
Form 990 PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	IS PAID DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AIMA COILEGE	NONF	GENERAL	\$1.500
614 W. SUPERIOR STREET	PUBLIC		
ALMA, MI 48801			
OLIVET COLLEGE	NONE	GENERAL	\$2,000
320 S. MAIN STREET OLIVET, MI 49076	PUBLIC		
LEI DING HANDS ECOD DANTEN	U C Z	IVABINDO	. 5
600 COCHRAN AVE	PUBLIC		
CHARLOTTE, MI 48813			
SOUTHERN NEW HAMPSHIRE UNIVERSITY	NONE	GENERAL	\$1,500
2500 NORTH RIVER ROAD	PUBLIC		
MANCHESTER, INT. USIO			
AMERICAN CANCER SOCIETY	NONE	GENERAL	\$100
1755 ABBEY RD	PUBLIC		
EAST LANSING, MI 48223	,		
EATON COUNTY AGRICULTURAL SOCIETY	NONE	GENERAL	\$274
1025 COCHRAN AVENUE CHARLOTTE. MI 48813	PUBLIC		

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AID DURING	
990 PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	
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90 PF, PART	
Form 5	

	RELATIONSHIP TO SUBSTANTIAL	<u>α</u>	
RECIPIENT NAME AND ADDRESS	CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	GRANT OR CONTRIBUTION	AMOUNT
ANDOMEDA COMMUNITY THEATRE PO BOX 222 CHARLOTTE, MI 48813	NONE ' PUBLIC	GENERAL	\$315
GENERAL FEDERATION OF WOMEN'S CLUB/CHARLOTTE 227 N. BOSTWICK CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$100
CCRESA FIRE SCIENCE PROGRAM 1013 OLD 27, SUITE A ST. JOHNS, MI 48879	NONE PUBLIC	GENERAL	\$250
HAYES GREEN BEACH AUXILARY 321 EAST HARRIS STREET CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$50
EATON CLOTHING & FURNITURE CENTER 135 WASHINGTON STREET CHARLOTTE, MICHIGAN 48813	NONE	GENEŘAL	\$250
OLIVET HIGH SCHOOL 4801 W. BUTTERFIELD HWY OLIVET, MI 49076	NONE PUBLIC	GENERAL	\$100

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26-2791453

			ATTACHMENT 7
Form 990 PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	PAID DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EATON COUNTY 4-H COUNSEL 551 COURTHOUSE DRIVE, SUITE 1 CHARLOTTE, MI 48813	NONE PUBLIC	GENERAL	\$1,000