

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES**

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 566

City or town, state or province, country, and ZIP or foreign postal code
WAYNE IL 60184

D Employer identification number: **36-4095011**

E Telephone number: **630-588-8543**

F Name and address of principal officer:
JAMES WINKELMAN
126 FAIRFAX CIRCLE
SUGAR GROVE IL 60554

G Gross receipts \$: **301,134**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.FTEA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **IL**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3 7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4 7**

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5 8**

6 Total number of volunteers (estimate if necessary) **6 0**

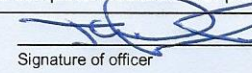
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	60,560	126,515
9 Program service revenue (Part VIII, line 2g)	112,970	98,441
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160	117
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,836	62,253
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	215,526	287,326
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,640	129,207
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,510	118,741
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	212,150	247,948
19 Revenue less expenses. Subtract line 18 from line 12	3,376	39,378
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	82,228	133,779
21 Total liabilities (Part X, line 26)	2,397	14,570
22 Net assets or fund balances. Subtract line 21 from line 20	79,831	119,209

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer:  Date: **8-21-2018**
 Type or print name and title: **JAMES WINKELMAN PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **ANN C. ADELMAN** Preparer's signature: **ANN C. ADELMAN** Date: **08/21/18** Check if self-employed PTIN: **P01077801**
 Firm's name: **GRIECO KURTZKE & ADELMAN LLC** Firm's EIN: **46-0578623**
 Firm's address: **2860 RIVER RD. STE. 350 DES PLAINES, IL 60018** Phone no.: **847-635-0793**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)