

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 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: **FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **EUGENE OR 97440**

**D** Employer identification number: **541-464-2692**

**G** Gross receipts \$: **648,503**

**Public Inspection Copy**

**F** Name and address of principal officer:  
**ANDY STAHL**  
**PO BOX 11615**  
**EUGENE OR 97440**

**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)

**H(c)** Group exemption number: \_\_\_\_\_

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

**J** Website: **WWW.FSEEE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1989** **M** State of legal domicile: **OR**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT NATIONAL FORESTS AND TO REFORM THE U.S. FOREST SERVICE BY ADVOCATING FOR ENVIRONMENTAL ETHICS, EDUCATING CITIZENS, AND DEFENDING WHISTLEBLOWERS.			
	2 Check this box <input type="checkbox"/> 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)	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	4	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 39	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 495,222	Current Year: 644,748
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,954	3,713
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59	42
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	497,235	648,503
Expenses	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)	325,191	341,604
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,088		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,051	188,906
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	499,242	530,510	
19	Revenue less expenses. Subtract line 18 from line 12	-2,007	117,993	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 397,205	End of Year: 515,618
	21	Total liabilities (Part X, line 26)	20,787	21,207
	22	Net assets or fund balances. Subtract line 21 from line 20	376,418	494,411

**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: *Andy Stahl* Date: **12/8/20**  
 Type or print name and title: **ANDY STAHL EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **KARI YOUNG** Preparer's signature: \_\_\_\_\_ Date: **11/05/20** Check  if self-employed  PTIN: **P01325552**  
 Firm's name: **JONES & ROTH, P.C.** Firm's EIN: **93-0819646**  
 Firm's address: **PO BOX 10086 EUGENE, OR 97440** Phone no.: **541-687-2320**

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